







Table (3) Info on household members with disabilities (Answer no. 2 for Quest. 17 in Table 1)

Handicapped Individual Code	Type of Disability			Reason of Disability		
	1. Blind 2. Blind in 1 eye 3. Deaf 4. Mute 5. Deaf & Mute	6. Mentally Disabled 7. Lost 1 hand or both 8. Lost 1 leg or both	9. Polio 10. Partial or Full Paralysis 11. Other Disabilities (specify)	1. Born with 2. Birth defect 3. Epidemic 4. Other diseases 5. Mental/Physical abuse	6. Injury/Accident 7. Aging 8. Others 9. Does not know	
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Table (4) Data on Individuals Outside the Country

Question	1. Yes	2. No	If (Yes) how many by gender		
			Male	Female	Total
1. Is there any member of this household staying outside the country temporarily for a any other reason?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. No. of members staying abroad, and countries where they are staying	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
3. Is there a neighboring household entirely residing abroad?	No. of its members	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>

Summary Info:

6 Years or more											Connection to Public Utilities												
Individual status towards work					Nature of work						Marital Status						Water Utility		Electricity		Sewage Authority		
Underage	Works	Unemployed worked before	Recently unemployed	Outside Labor Force	Underage	Permanent	Temporary	Seasonal	Casual	Job Stability	Underage	Never Married	Contractually married	Married	Divorced	Widow (er)	Connected	Not connected	Connected	Not connected	Connected	Not connected	
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\* Has any household member been suffering from a physical, medical, or mobility problem for a long period (6 months or more) that prevents from independently performing daily life activities easily?









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Form No. 4/1 P.C . 2006

## Register of Buildings & Their Components

Number of units by page
<input type="text"/>

Shyakhya / City / Village. No

Ser. No. of the register in Shyakhya / City / Village

Questionnaire No.

Building units & Data their detail data															
Building census No.	Connecting To Utilities			Total units in the building	Unit ser. No. in the building	Unit type	Unit site	Current purpose	Type of possession	Household ser. No. Name of household head	The units used for housing			Units used for work	
	1 -Public Network 2 -Others 3 -Nil										Number of household members				Census No. of establishment & Possessor name or Trade name
	Water	Elect	Sewage								Male	Female	Total		
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	
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### Summarized Data

Total units by page	Type of unit Question no. (18)							Current purpose Question no. (20)								Number of households Question no. (22)	Number of establishments Question no. (26)	
	The whole building	One floor or more	One flat	One room or more	One shop or more	Garage	Other	Housing	Work	Housing & work	Public house	Closed occupants overseas	Closed occupants resident in another house	unoccupied	Other			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
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