**LOCAL BODIES**

**MUNICIPAL COUNCIL, PORT BLAIR**

 (As on 31.12.2019)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.** | **Particulars** | **Unit** | **2019** |
| 1. |  No. of Council | No. |  |
| 2. |  Municipal Area | Sq. Km. |  |
| 3. |  No. of Members  | No. |  |
|  (i) Elected | “ |  |
| - Male  | “ |  |
| - Female  | “ |  |
|  (ii) Nominated | “ |  |
| - Male  | “ |  |
| - Female  | “ |  |
| 4. | Total water tap connection | No. |  |
| 5. |  Total check dam/Reservoir | “ |  |
| 6. |  Others if any (please specify) | “ |  |
| 7. |  Requirement of water for one person per day |  |  |
| Male  | ltrs /day |  |
| Female | ltrs /day |  |
| 8. | Domestic requirement of water for small family (2 Adult + 2 children) per day | ltrs /day |  |
| 9. | Ward wise households  | No. |  |
| 10. | Building license issued  | “ |  |
| Completion Certificate issued  |  |  |
| 11.  | Godown with capacity | “ |  |
| 12. | No. of shop let out to public |  |  |
| 13 | No. of Private shops |  |  |
| 12. | Any other (please specify) |  |  |

|  |  |
| --- | --- |
| **Particulars** | **No.** |
| Water Treatment plant commissioned by PBMC |  |
| Waste Treatment Plant  |  |
| Sewage Treatment Plant |  |
| Alternate Energy/Power Plant  |  |
| Solar Energy /Power plant  |  |
| Stray animals Shelter homes  |  |
| Registered Slaughter house  |  |
| Toilets constructed in Slums (if any)under Sanitation or Swach Bharat Abhiyan etc. (please specify) |  |
|  |  |

**Category wise No of commercial establishment in Port Blair Municipal area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. | Type of Establishment |  No.  | Sl. | Type of Establishment |  No.  |
| 1. | Hotel |  | 10 | Clinic |  |
| 2 | Lodges |  | 11 | laboratory |  |
| 3 | FPS shop  |  | 12 | Stationary shop |  |
| 4 | Textile shop |  | 13 | Parlour shop |  |
| 5 | Hardware shop |  | 14 | Backery |  |
| 6 | Paint shop  |  | 15 | Jewellary |  |
| 7 | Barber shop |  | 16 | Two wheeler mechanic shop |  |
| 8 | Tea stall |  |  |  |  |
| 9 | Pharmacy shop |  |  | Others if ANY |  |