DISTRICT DISASTER MANAGEMENT AUTHORITY
GOVERNEMNT OF SINDH

BENEFICIARY RELIEF FORM (FOR DDMA USE ONLY)

DATE

BENEFICIARY INFORMATION

Beneficiary Name:

CNIC:

Family Size:

District:

Tehsil:

Union Council:

Village/Town:

Beneficiary Picture

Fingerprint Right

Fingerprint Left

Event Information:

Event Date:

Event : **Riverine Flood**

- ☐ Village Submerged
- ☐ Access Road Damaged
- ☐ House Partially Damaged
- ☐ House Completely Damaged
- ☐ Livelihood Damaged
- ☐ Crop Damaged

Injuries (if any): _____

Casualities (if any): _____

Livestock Loss (if any): _____

Event : **Rain Induced Flood**

- ☐ Village Submerged
- ☐ Access Road Damaged
- ☐ House Partially Damaged
- ☐ House Completely Damaged
- ☐ Livelihood Damaged
- ☐ Crop Damaged

Injuries (if any): _____

Casualities (if any): _____

Livestock Loss (if any): _____

- This form is to be used in case of non availability of any digital device that could be used to access online BIM Portal.
- The information collected using this form shall be later in corporated to BIM Portal via https:app.pdma.gos.pk/bim/

Event : **Cyclone**

- ☐ Village Submerged
- ☐ Access Road Damaged
- ☐ House Partially Damaged
- ☐ House Completely Damaged

Injuries (if any): _____

Casualities (if any): _____

Missing Person (if any): _____

Event : **Tsunami**

- ☐ Village Submerged
- ☐ Access Road Damaged
- ☐ House Partially Damaged
- ☐ House Completely Damaged

Injuries (if any): _____

Casualities (if any): _____

Missing Person (if any): _____

Event : **Storm Surge**

- ☐ Village Submerged
- ☐ Access Road Damaged
- ☐ House Partially Damaged
- ☐ House Completely Damaged

Injuries (if any): _____

Casualities (if any): _____

Missing Person (if any): _____

Event : **Earthquake**

- ☐ House Partially Damaged
- ☐ House Completely Damaged

Injuries (if any): _____

Casualities (if any): _____

Event : **Drought**

- ☐ Crop Loss
- ☐ Livelihood Resource Loss

Event : **Fire**

- ☐ House Partially Damaged
- ☐ House Completely Damaged

Injuries (if any): _____

Casualities (if any): _____

Livestock Loss (if any): _____

Assets/Belongings Burnt (if any):

_____

_____

Beneficiary Status:

- ☐ In Relief Camp
- ☐ With Relatives
- ☐ At Native Dwelling
- ☐ On Road Side or Elevated Temporary Shelter
- ☐ Other

RELIEF INFORMATION

S#	Item	Specifications	Quantity

Comments:

DATA ENTRY OPERATOR INFORMATION

Name:

Designation:

Department and District:

Signature with Stamp: