



DISTRICT DISASTER MANAGEMENT AUTHORITY GOVERNMENT OF SINDH



BENEFICIARY RELIEF FORM (FOR DDMA USE ONLY)

DATE _____

BENEFICIARY INFORMATION

Beneficiary Name:	Beneficiary Picture
CNIC:	
Family Size:	
District:	Fingerprint Right
Tehsil:	
Union Council:	Fingerprint Left
Village/Town:	

Event Information:

Event Date: _____	
Event : Riverine Flood <input type="checkbox"/> Village Submerged <input type="checkbox"/> Access Road Damaged <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged <input type="checkbox"/> Livelihood Damaged <input type="checkbox"/> Crop Damaged Injuries (if any): _____ Casualties (if any): _____ Livestock Loss (if any): _____	Event : Rain Induced Flood <input type="checkbox"/> Village Submerged <input type="checkbox"/> Access Road Damaged <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged <input type="checkbox"/> Livelihood Damaged <input type="checkbox"/> Crop Damaged Injuries (if any): _____ Casualties (if any): _____ Livestock Loss (if any): _____

Event : Cyclone <input type="checkbox"/> Village Submerged <input type="checkbox"/> Access Road Damaged <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged Injuries (if any): _____ Casualties (if any): _____ Missing Person (if any): _____	Event : Tsunami <input type="checkbox"/> Village Submerged <input type="checkbox"/> Access Road Damaged <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged Injuries (if any): _____ Casualties (if any): _____ Missing Person (if any): _____
Event : Storm Surge <input type="checkbox"/> Village Submerged <input type="checkbox"/> Access Road Damaged <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged Injuries (if any): _____ Casualties (if any): _____ Missing Person (if any): _____	Event : Earthquake <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged Injuries (if any): _____ Casualties (if any): _____
Event : Drought <input type="checkbox"/> Crop Loss <input type="checkbox"/> Livelihood Resource Loss	Event : Fire <input type="checkbox"/> House Partially Damaged <input type="checkbox"/> House Completely Damaged Injuries (if any): _____ Casualties (if any): _____ Livestock Loss (if any): _____ Assets/Belongings Burnt (if any): _____

Beneficiary Status:
<input type="checkbox"/> In Relief Camp <input type="checkbox"/> With Relatives <input type="checkbox"/> At Native Dwelling <input type="checkbox"/> On Road Side or Elevated Temporary Shelter <input type="checkbox"/> Other

RELIEF INFORMATION

S#	Item	Specifications	Quantity

Comments: _____

DATA ENTRY OPERATOR INFORMATION

Name: _____
Designation: _____
Department and District: _____
Signature with Stamp: _____

- 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 incorporated to BIM Portal via <https://app.pdma.gos.pk/bim/>