



Provincial Disaster Management Authority (PDMA)
Relief Rehabilitation & Settlement Department
Government of Khyber Pakhtunkhwa
Civil Secretariat, Peshawar.
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Appendix-II

PROFORMA FOR CIVILIAN VICTIMS COMPENSATION IN CASE(S) OF INJURED

1. Date Of Incident _____
2. Date of RFS report _____
3. Name, Father/Husband name, CNIC and Address of the Injured _____

4. Address _____
5. Nature of disability/loss of limb(s) _____

6. Cause of Injury _____

Checklist of the requisite documents to be attached

(a)	Attested CNIC of the injured or attested Form-B (in case of minor)	Yes/No
(b)	Original Medical Certificate issued by the District Medical Board ascertaining therein the type of injury (major/grievous) and recommendations thereof	Yes/No
(c)	FIR under 7 Anti-Terrorism Act, 1997	Yes/No

INITIATED/REPORTED BY:

Halqa Patwari or Moharrar: (Name, Signature and stamp)

CERTIFICATION OF ASSESSMENT:

Chairman of Assessment Committee: (Name, Signature and stamp)

VERIFIED FOR PLACEMENT BEFORE DDMU:

DDMO Concerned: (Name, Signature and stamp)

APPROVED BY (signs of all members of DDMU):

All Member(s) DDMU:

(i) (Name, Signature and stamp)

(ii) (Name, Signature and stamp)

(iii) (Name, Signature and stamp)

Chairman of DDMU: (Name, Signature and stamp)

