

Provincial Disaster Management Authority (PDMA)

Relief Rehabilitation & Settlement Department Government of Khyber Pakhtunkhwa



Phone: (091) 9210975, Fax: (091) 9214025 www.pdma.gov.pk

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Appendix-II

PROFORMA FOR RELIEF COMPENSATION IN CASE(S) OF MAJOR AND GREIVOUS INJURY		
1.	Date Of Incident	_
2.	Date of RFS report	_
3.	Name, Father/Husband name, and CNIC Injured	-
4.	Address	-
5.	Nature of disability/loss of limb(s)	
	Checklist of the requisite documents to be attached	_
(a)	Attested CNIC of the injured or attested Form-B (in case of minor) [Y/N]	
(b)	Original Medical Certificate issued by the District Medical Board ascertaining therein th type of injury (major/grievous) and recommendations thereof. [Y/N]	
<u>INITIA</u>	TED/REPORTED BY:	
Halqa	Patwari or Moharrar: (Name, Signature and stamp)	
<u>CERTIF</u>	FICATION OF ASSESSMENT:	
Chairm	nan of Assessment Committee: (Name, Signature and stamp)	
<u>VERIFI</u>	ED FOR PLACEMENT BEFORE DDMU:	
DDMO	Concerned: (Name, Signature and stamp)	
	OVED BY (signs of all members of DDMU): mber(s) DDMU:	
All IVIE	חומפון אויסט.	
(i) <u>(Naı</u>	me(s), Signature(s) and stamp(s))	

Chairman of DDMU: (Name, Signature and stamp)

