

3. Scheme Submitted

Signature of senior most
Secretary of the State Department
Concerned

NB:

1. If the Scheme is above Rs 5.00 Crore, the `scheme is to be submitted only after approval of TAC.
2. * As per revised guidelines dated 16th Jan 2012, for assistance under State infrastructure that States shall first use its provision under the budget for regular maintainance and repair.

Extent of damage due to natural calamities

Nature & period of natural calamity:

SI No	Item	Details
1.	Name of the affected district	
2.	Total number Circle & names and number of affected circles	
3.	Number of Villages affected	
4.	Population affected (in Lakh)	
5	Total Land Area affected (in lakh hac)	
6	Cropped Area affected(in lakh ha)	
	i) Total cropped area affected(in lakh ha)	
	ii) Estimated loss to crops (Rs in lakh)	
	iii) Area where cropped damage was more than 50%	
7	Houses damaged:-	
	(a)No of houses damaged(Landslide & Floods)	
	(i) Fully damaged pucca houses	
	(ii) Fully damaged kutcha houses	
	(iii) Severely damaged pucca houses	
	(iv) Severely damaged kutcha houses	
	(v) Partially damaged houses (pucca+kutcha)	
	(vi) No of huts damaged	
	(b) Estimated value of damage to houses (Rs in lakh)	
8.	No of human lives lost	
9	No of persons with grievous injuries	
10	No of persons with minor injuries	
11.	Animals lost	
	(a) No of big animals lost	
	(b) No of small animals lost	
	(c) No of poultry (birds) lost	

12.	Damage to Public properties:- (c) In physical terms (sector wise details should be given- eg length of State Roads damaged, length of District Roads damaged, length of Village roads damaged, No of bridges damaged, No of culverts damaged, No of school buildings damaged etc.	
	(b)Estimated value of the damage to public properties	
13.	Estimated total damage to houses, crops and public properties (excluding GR) GR Cattle Others (excluding GR) TOTAL	

Master Register for Relief Camp

Part A: Profile of the Camp Population :

Name of Village _____

Name of Mouza _____

Name of Police Station _____

Sl. No.	Name of the Head of family with father's / husbands name	Age	Sex	Name of other family members	Age	Sex	Total members			Date of entry in Relief Camp	Date of leaving of the Camp	Remarks
							Adult	Minor	Total			
1	2	3	4	5	6	7	8	9	10	11	12	13

Part B: Details of Relief / Aid

Details of Relief Items Distributed

Date	Articles	Scale for Adult/Minor	Quantity Issued	Name of Recipient	Signature of Recipient	Signature of Distributing Officer
1	2	3	4	5	6	7