

**Name of the Organization** (IN CAPITAL LETTERS)**Registration Number** (IN CAPITAL LETTERS)

Address for Correspondence (IN CAPITAL LETTERS)

Contact Numbers

E-Mail Address (PLEASE PROVIDE A VALID EMAIL ADDRESS ONLY)

Chief Contact Person (IN CAPITAL LETTERS)

Details of the Programme

What would be the HIGHLIGHT of the Programme?

Duration of the Programme (NUMBERS ONLY)

In which district(s) the Programme will be carried out? (TICK MARK WHICHEVER APPLICABLE)

Expected Outreach of the Programme (IN NUMBERS)

Target Group (TICK MARK WHICHEVER APPLICABLE)



Himachal Pradesh State Disaster Management Authority (HPSDMA)

Who will be the Programme Partners? (TICK MARK WHICHEVER APPLICABLE)

HPSDMA	☐	DDMA	☐	PRIVATE COMPANIES	☐	LOCAL CBOs	☐	OTHERS	☐
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How will you carry out the Programme Documentation (TICK MARK WHICHEVER APPLICABLE)

Photography	☐	Video Making	☐	Programme Report	☐	Blog / Website	☐	Social Media	☐
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Available Resources for Programme Implementation (NUMBERS ONLY)

TEAM	Staff / Members:			Volunteers:				AVAILABLE FUNDS (IN RUPEES)							
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Resources and/or I.E.C. Material required for the Programme (BASED ON ACTUAL NEEDS)

S. No.	Particulars	Quantity
1		
2		
3		
4		
5		

Will you ensure proper documentation & reporting of the Programme? (TICK MARK THE APPROPRIATE ONE)

YES	☐	NO	☐
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"I declare the information provided in this Programme Planning Sheet is correct and true in every aspect".

SIGNATURE		DATE	
NAME		PLACE	
DESIGNATION			

NOTE: Kindly send the duly filled-in form at the following address, alongwith a Covering Letter addressed to The Additional Chief Secretary (Revenue) to the Government of Himachal Pradesh.

Himachal Pradesh State Disaster Management Authority (HPSDMA)

Disaster Management Cell,
Department of Revenue,
Himachal Pradesh Secretariat
Shimla 171 002

Or e-mail the scanned copy of the duly filled-in form at: **sdma-hp@nic.in**

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