

Allocation of Responsibility

Area/Responsibility	NGO/Contact Person	Email ID/ Phone number
M – Ward	1. TISS 2. Ms. Sunita Korpe, Pratham	sunitakorpe@yahoo.com
From Kurla to Mulund	Ved Education Trust – ms. Mangal T. Gaikwad and Ms. Charushila R. Chavan	ujjwala2001@yahoo.com <u>25151613</u>
1. Xerox of areas where YUVA is working (Xerox attached) 2. YUVA will also give details of deaths in Jogeshwari	Ms. Phoebe Simon, YUVA	phoebe.s@yuvaindia.org 24155250, 24116393 24116394
L Ward	Ms. Sonia Cardoz, Nirmala Niketan	soniacardoz78@rediffmail.com 22002615
Dombivili	Mr. Avinash Kamble, Marathi Bharti	avinashbk@rediffmail.com 9224128773
P North	Dolphy, Bombay Catholic Sabha	personnelpeople@vsnl.net aarmiktravels@vsnl.net bcsabha@vsnl.net 9820226227, 26662585
Antop Hill, Behrampada, Nampada, Wadala	Shakeel, NBA	
Thane District	Advocate Raj Kumar	Gopal Fruit Shop, Khangaon Naka, Kalwaiwi, Thane 9322744200
K East	Mr. Prasad Manjrekar, Action AID	prasadmanj04@yahoo.co.in 23435072 23436070
Raigad	Ms. Sonia Cardoz, Nirmala Niketan	soniacardoz78@rediffmail.com 22002615
Maharashtra	1. Kamini, Action Aid 2. Rural Communes	
Mumbai – to co-ordinate with NGO Council	Karmayog	info@karmayog.org

CHART NO. 1

**CHART FOR THOSE WHOSE DEAD BODIES HAVE BEEN RECOVERED
AND COMPENSATION PAID**

S.NO.	WARD	NAME	ADDRESS & TEL NO.	AGE OF DECEASED	DATE OF DEATH	CAUSE OF DEATH	NAME OF HEIRS	AMOUNT RECEIVED*	

* If inadequate compensation reasons for the same.

CHART NO. 2

CHART FOR THOSE WHO DIED DUE TO FLOODS AND WHOSE DEAD BODIES HAVE BEEN RECOVERED BUT COMPENSATION NOT PAID

S.NO.	WARD	NAME	ADDRESS & TEL NO.	AGE OF DECEASED	DATE OF DEATH	CAUSE OF DEATH	NAME OF HEIRS	Remarks (see below)

Remarks:

1. Whether application for compensation was given?
2. To whom was the Application addressed?
3. Please attach copy of application.
4. Whether death certificate available, if yes please attach a copy.
5. Reasons for not granting compensation.

CHART NO.3

CHART FOR THOSE WHO DIED DUE TO FLOOD RELATED DISEASES BUT COMPENSATION NOT PAID

S.NO.	WARD	NAME	ADDRESS & TEL NO.	AGE OF DECEASED	DATE OF DEATH	CAUSE OF DEATH	NAME OF HEIRS	Remarks (see below)

Remarks:

1. What was the nature of disease?
2. Whether medical records are available? If so attach a copy.
3. Whether death certificate available, if yes please attach a copy.
4. Whether application for compensation was given?
5. To whom was the Application addressed?
6. Please attach copy of application.
7. Any reasons given for rejecting compensation.

CHART NO.4

CHART FOR THOSE WHO ARE MISSING

S.NO.	WARD	NAME	ADDRESS & TEL NO.	AGE OF MISSING PERSON	DATE FROM WHICH MISSING	NAME OF HEIRS	Remarks (see below)

Remarks:

1. When was the person last seen and by whom?
2. Whether FIR or any other complaint filed? If yes, attach copy.
3. Whether application for compensation was given?
6. To whom was the Application addressed?
7. Please attach copy of application.
8. Reasons for not granting compensation.