

**Devolution Trust for Community Empowerment**

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**SECTORAL CLASSIFICATION OF SCHEMES FORM****Campaign Code:****FOR OFFICIAL USE ONLY**

*This form is used to record the exclusive sectoral classification of schemes formed in the Union Council CCB Mobilization Training.*

*Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.*

**(A) Union Council Basic Information**

1	Name of District	
2	Name of Tehsil/Town	
3	Union Council (required)	a. Union Council Name:
		b. Union Council Number (if available):

**(B) Union Council Exclusive Classification of Schemes' List**

4	Name of Sector	Name of Subsector	Description of Proposed CCB Schemes
1			
2			
3			
4			

	Name of Sector	Name of Subsector	Description of Proposed CCB Schemes
5			
6			
7			
8			
9			
10			

<b>Filled By</b>	Name :
	Designation:
	Organization:
	Signature:
	Date(Day/Month/Year):