

LOCAL STAKEHOLDERS' UNION ASSEMBLY REPORT

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

(A) Event Information

Program Name FACER - Flood Affected Communities Engagement For Recovery

Event Name/Type Local Stakeholders Union Assembly

Location/Venue

District

Tehsil

Union

Event Date (day/month/year)

Duration

Facilitator Name

Organized by (implementing CSO)

(B) Participants Information

S#	Name	Gender (M/F)	Age (Yrs)	Father Name	Designation (e.g. UC Sec, CCB Member, LCA Delegate, General Public etc.)	Organization (e.g. UC, CCB, LCA, CBO, NGO etc.)	ID Card Number	Address	Mobile Number	Signature
1										
2										
3										

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