Screen - 1

Covid Care

Submit Button

Whats Your district(Drop Down)

Whats Your State(Drop down)

Whats Your Request(Drop Down)

List of Requirements

* Oxygen
* Ventilators
* Beds
* Medicines
* Blood

Screen -2

Flat List

District

state

Phone Number

Feed Back Screen

Submit Button

Reason(Text Input)

What’s Your feed back(Drop Down)

Values

Genuine

Not the number I want

Fake (Report)

Database Structure

Collections

* Oxygen collection:-
  + Name : ‘’
  + Number : ‘’
  + State : ‘’
  + District : ‘’
* bed collection:-
  + Name : ‘’
  + Number : ‘’
  + State : ‘’
  + District : ‘’
* ventilator collection:-
  + Name : ‘’
  + Number : ‘’
  + State : ‘’
  + District : ‘’

Input Screen

Name

Number

state

Number of things

What are you giving(Drop Down)

Submit Button

District