

Application Form for Food Packages Distribution Program-OMDC

(For Poor & Underprivileged People)

		Date:	(dd/mm/yyyy)
Section I–NGO/School/Organiz	ation Information:		
Name of the Organization	:		
Address	:		
Total Number of People Bei			
Purpose/Reason for Suppor	t:		
Details of People in the Group			
S. No. Age B	Setween	No Of People	Location

Declaration

We here by certify that the information provided above is accurate and truthful to the Best of our knowledge. We acknowledge that providing false or misleading information may result in disqualification from the Food Packages Distribution Programme.



Section II-Bank Details for Funds Transfer: IFSCCODE#

Account No.:		Name on the A/C:			
Bank Name:		Branch:			
Address:		City/Town:			
State:	Pin Code:	Phone:			
Section III –Miscellaneous Information:					
Whether Applied for Food packages Distribution Program with OMDC earlier? □YES□NO If					
Yes, Application No.:					
Have any of your brothers or sisters applied for or sanctioned Food packages Distribution Program with/from us? YES □NO					
ir "Yes" please give deta	aiis:				

Section IV-Instructions & Required Documents to be submitted to OMDC:

<u>Important Note:</u> If any declaration or document is found to be false, then your application stands rejected and no money will be paid.

DOCUMENTSTOBEENCLOSED:

- 1. Copy of birth certificate of the Applicant.
- 2. Latest Income certificate of the parents issued by the government.
- 3. Photo copy of previous course (class) marks duly attested by the principal.
- 4. Bona fide certificate issued by institution where presently studying.
- 5. Proof of permanent residence. Submit the following documents. Copy of Ration Card, Voter's ID and Aadhar Card.
- 6. Photo copy of Bank Account passbook of the student's applicant.
- 7. A fix Passport size photograph to the application.
- 8. Details of Fee applicable and photo copies of Fee receipts.
- 9. Photo copy of allotment/enrollment/application from Institution.
- 10. Copy of parents death certificate in case of an Orphan

Section V-Authorized Organization Representative/:

I/We Solemnly affirm that the above information/documents provided by us is/are true to the best of our knowledge.				
Authorized Organization Representative Name	Signature of the Representative			
Office Use Only (OMDC)				
Application No.:	Application Status: □ Approved	□Rejected		
If Application is rejected, please specify there as on:				
Signature/Approved by Chairman/Executive Trustee	 Date:	(dd/mm/yyyy)		

NOTE: Filled in application form along with copies of all supporting documents should be sent to us in PDF format only for consideration to omdc.foundation@gmail.com. If the file size is big we suggest you to zip the file and send to us. Applications with incomplete information and missing documents will not be considered. Applications should be submitted to us as early as possible in the beginning of academic year. Applications consideration and approval is subjected to the availability of funds.