



OMDC

Organization For Management and Development Center.

638/2377, Rajarani, Suryavihar, Gadamahavir Road, Garrage Chhack, Oldtown,
Po- Oldtown, PS-Lingaraj, Dist-Khordha, State-Odisha, Pin-751002.

Mobile No : +91 8018488934, +91 9114637869

Email: omdc.foundation@gmail.com, Web Site : <http://www.omdcngo.com>

Application Form for Scholarship (In Group)

Date: _____(dd/mm/yyyy)

Section I – NGO / School /Organization Information:

Name of the School : _____

Address : _____

Total Number of Students in the Group: _____ (*Attached List Of Data Sheet*)

Purpose/Reason for Scholarship: _____

Details of Students in the Group

S.No.	Student Name	Age	Class/Grade



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Section II – Bank Details for Funds Transfer: IFSC CODE

Account No.: _____ Name on the A/C: _____
Bank Name: _____ Branch: _____
Address: _____ City/Town: _____
State: _____ Pin Code: _____ Phone: _____

Section III – Miscellaneous Information:

Whether Applied for Educational assistance with OMDC earlier? ☐ YES ☐ NO If Yes,

Application No.: _____

Have any of your brothers or sisters applied for or sanctioned educational assistance with/from us?

☐ YES ☐ NO

If "Yes" please give details: _____

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

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

DOCUMENTS TO BE ENCLOSED:

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. Bonafide 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 pass book of the student's applicant.
7. Affix 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



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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 Authorized Organization Representative

Office Use Only

Application No.: _____

Application Status: ☐ Approved ☐ Rejected

If Application is rejected, please specify the reason:

Signature/ Approved by Executive Director

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.