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 Medical Assistance and Equipment Support

(For Poor & Underprivileged People)

Date:_____(dd/mm/yyyy)

Section I – Hospital / Organization Information:

Name of the Hospital : _____

Address : _____

_____

_____

Total Number of Patients Benefiting from This Support: _____.

Purpose/Reason for Sponsorship: _____

_____

_____

_____

_____

Declaration

We hereby 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 Medical Assistance and Equipment Support program.

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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 Medical Assistance and Equipment Support program with OMDC earlier?

☐YES ☐NO If Yes, Application No.: _____

Have any of your brothers or sisters applied for or sanctioned Medical Assistance and Equipment Support program 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 standsrejected 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 the Representative

Office Use Only (OMDC)

Application No.: _____ **Application Status:** ☐Approved ☐Rejected

If Application is rejected, please specify the reason:

_____

_____

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 thefile 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.