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

(For Poor & Underprivileged People)

Date:___ / ___ / ____

Section I - Applicant's Personal Information:

(First Name):_____ Marital Status: ☐Married ☐Un-married (Tick)

(Last Name):_____

Date of Birth:_____(dd/mm/yyyy) Age: ____ Email: _____

Address: _____ Phone: _____

City/Town:_____ State:_____Pin Code: _____

Health Condition: ☐Cancer ☐TB ☐Heart Problem ☐Diabetes (Tick) ☐Other: _____Submit detailed history of disease

Section II – Applicant's Family Information (if Applicant is minor):

Guardian/ Parents: Husband Name/ Father's Name Mother's Name

Husband/Father's Profession: _____ Mother's Profession_____

Monthly House Hold Income: Rs. _____ Total No. of Members in the Family: _____

Section III - Applicant's Current Hospital/Clinic Details:

Hospital Name: _____

Doctor' Name: _____

Address: _____ City/Town: _____

State:_____Pin Code: _____ Phone: _____

Admission No.: _____ Estimated Cost: Rs._____

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Section IV – Bank Details of the Hospital for Funds Transfer: IFSC Code:

Account No.: _____ Name on the A/C: _____

Bank Name: _____ Branch: _____

Address: _____ City/Town: _____

State:_____Pin Code: _____ Phone: _____

Section V – Bank Details of the Patient for Funds Transfer: IFSC Code:

Account No.: _____ Name on the A/C: _____

Bank Name: _____ Branch: _____

Address: _____ City/Town: _____

State:_____Pin Code: _____ Phone: _____

Section VI – Miscellaneous Information:

Whether Applied for Healthcare assistance with OMDC earlier? ☐YES ☐NO

If Yes, Application No.:_____and Date of approval_____

Have any of your brothers or sisters applied for or sanctioned educational assistance with/from us?
☐YES ☐NO
If "Yes" please give details: _____
_____
_____

Section VII – 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 standsrejected and no money will be paid.

DOCUMENTS TO BE ENCLOSED:

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1. Copy all medical prescriptions and investigative reports.
2. Proof of permanent residence. Submit following documents.
   Copy of Ration Card, Voter's ID, Aadhar Card
3. Photo copy of Bank Account pass book.
4. Affix Passport size photo to the application also attach postcard size photos as patient
5. Details of hospital bills applicable and photo copies of receipts.
6. Hospital details and Treatment cost Estimation letter.
7. Copy of latest Income certificate issued by government. Above all documents should be inn English.
8. Detailed History of the health issue, family background and financial details of the family.

Section VIII – Parent/Legal Guardian and Applicant's Signature:

I/We Solemnly affirm that the above information/documents provided by us is/are true to the best of our knowledge.

Signature of Parent/Legal Guardian **Signature of the Applicant**

Organization For Management and Development Center (OMDC) Office Use Only

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

If Application is rejected, please specify the reason:

_____

_____

Authorized Signatory: **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. Applications approval is subjected to the availability of funds. The priority will be given first to the applications of poor candidates.