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Application Form for OMDC School Equipment Support Program

		Date:	(dd/mm/yyyy)
Section I – NGO / Schoo	l /Organization Informati	on:	
Name of the School	:		
Address			
Tatal Neverbar of Ottob	lanta Danastiin o foana T	his Owners and	
Total Number of Stud	ents Benefiting from T	his Support:	
Purpose/Reason for S	Support:		
Details of Students in the	Group		
S.No.	Age Between	No Of Student	Class
	_		_

Declaration

OMDC

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 School Equipment Support Program.



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 - Miscellaneo	us Information:			
Whether Applied for School Equipment Support Program with OMDC earlier? □YES □NO If				
Yes, Application No.:				
□YES □NO		oned School Equipment Support Program with/from us?		

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

Section V - Authorized Organization Representative /:

Signature/ Approved by Chairman / Executive Trustee

I/We Solemnly affirm that the above information/documents in the solution of t	ments provided by us is/are true to the best of our
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:	

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.

Date:

(dd/mm/yyyy)