



# ORUMA CHARITABLE TRUST

ஒருமா சாரிடபுள் டிரஸ்ட்  
**Application for Financial Aid**  
(Reg.No.794/2009)

Date					Unit Code			
Referred By					Mobile			
<b>BENEFICIARY'S DETAILS</b>								
Beneficiary Name								
Address								
Sex		Age		Phone		Occupation/Standard		
Number of Earning Persons						Monthly Family Income		
<b>DEPENDANT'S DETAILS</b>								
SL.No	Name			Relation		Age	Occupation	
<b>APPLICATION DETAILS</b>		Help Required for						
Required Amount				Amount that can be taken by Self				
<b>BANK DETAILS</b>		Name						
Account Number						IFSC:		
Cheque in Favour Of								
<b>ENCLSOURES (Tick Applicable)(Minimum ID Proof Compulsory)</b>								
<input type="checkbox"/> Aadhaar <input type="checkbox"/> Ration <input type="checkbox"/> Bonafide Certificate Fees Structure <input type="checkbox"/> Mark List <input type="checkbox"/> Beneficiary Account <input type="checkbox"/> Medical Documents								
<b>DECLARATION</b>		I hereby declare that the information furnished above is TRUE and RELEVANT.						
Place				Date			Signature	

**For Office Use Only**

<b>ENQUIRY DETAILS:</b>			
Enquired By		1.	2.
Signature			
Approved Amount			No of Months (if Monthly)
Unit President Name			Signature