



OPCAR FOUNDATION (Regd.)

(A Registered Public Charitable Trust for Integrated Human Welfare)

Admn. Office: D-2, Golf View Apartments, Saket, New Delhi-110017

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(2 Copies)
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APPLICATION FORM

Aid for Destitute Females/Widows/Impaired Persons

1. Name (in Block letters) _____
2. Husband's / Father's Name _____
3. Residential Address _____

4. Contact No. _____
5. Date of Birth _____
6. Qualification _____ (if student, mention class & enclose copy of Mark sheet)
Annual / Monthly income: ₹ _____
in words _____ (Enclose Income Certificate)
7. Any other Aid/Assistance, if any _____
8. Family Details _____

9. If Impaired (Category - %) _____ (Enclose Medical Certificate)
10. Aid/Help required in which form : _____
11. Name of the Bank & Branch _____
12. Bank Account No. _____
13. Aadhar Card No. _____
14. Getting Financial Aid since _____ years.
15. Recommended by _____

I certify that the information given above is correct to the best of my knowledge and belief.
(Grant of a Financial Aid is absolute privilege of the OPCAR FOUNDATION).

Note: Application should be submitted by 22th August

Place: _____

Date: _____

Signature of the Applicant

FOR OFFICIAL USE ONLY

GRANTED / REJECTED Financial aid of ₹ _____ (in words _____)

Vide Cheque No. _____ Dated _____ in Annual Function / OPCAR MELA Sept. / Oct. / Jan. 20

Remarks : _____

Place : _____

Date: _____

Founder Chairperson / Director
OPCAR FOUNDATION (Regd.)