



Ontario Regional Malayalee Association

Snehapoorvam ORMA-A helping Hand for the needy

Application

1.Name of the child : -----

2.Age of the child :-----

3.Address & Contact No :-----

4.Family Details :

SL No	Name	Relation	Occupation / Student	MonthlyIncome	Health Status	Where you living currently	Member of any NGO's/ SHG/ Clubs	Remarks

5.Type of house

- Own / Rented/Govt Land/Institutional Homes/Other Please Specify:
- Thatched/concrete/ asbestos/Other Please Specify
- No of rooms :
- Land in cents :

6.Debts/ loans :No/Yes (Specify where and how much)

7.Possession of Vehicles: Bicycle/Bike/Auto/Others Please specify:-----

8. Are you getting any Socio Economic Support from other sources: No/Yes Specify:-----

9.Brief explanation of socio economic Condition of family:

Any documents to support this: No/Yes Specify-----

10. Description of the Health condition of the Child:

11. Treatment Details (if applicable)

- Name of the Hospital:-----
- Doctors Name:-----
- Amount spent so far:Rs.-----
- Amount Required:-----

Are you able to attach doctor certificate along with your application No/Yes

12. What kind of support expecting from ORMA

- Financial ,Rs.....
- Material ,Specify:-----
- Other Specify:-----

13. Reference person's details to contact

Name:-----

Position:-----

Phone No:-----

Name of the applicant

Signature of the Applicant

Date: -----

Place:-----