



# Markaz Orphan Care

Karanthur, Kunnamangalam, Kozhikode, Kerala, India-673571

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Photo

**Eligibility criteria:** A child whose father died and is below 14 years only can apply for this scheme (divorced/abandoned cases will not be considered).

**Documents to be submitted:** 1). Two passport size photos of the Child 2). Copy of Birth certificate of child 3). Copy of Death certificate of father 4). Aadhar card Copy of the Child 5). Copy of bank passbook of child/ mother.

**NB:** Fill the application in capital letters only.

Name of Orphan:..... Name of Father :.....  
Name of Grand Father:..... Name of Mother :.....  
Name of Mothers Father:..... Male/ Female :.....  
Date of Birth:...../...../..... Age:..... Aadhar No :.....  
Name of Present Guardian :..... Relation with Orphan :.....  
Date of Death (Father) :...../...../..... Cause of Death :.....  
Mother Alive/not :..... If not / Date of Death :...../...../.....  
Cause of Death :..... Mother Re-married/ not :.....  
No. of Brothers and Sisters:..... Male :..... Female :.....  
Monthly Income: ..... Monthly Expense :.....  
Type of House : Own House  Rental  Flat  Others :.....  
Name of School :..... Class :.....  
Name of Madrassa :..... Class:.....  
If not Studying , reason :.....  
Health Status :.....  
Sponsorship detials, if any :.....  
House No./ Name :..... Place :.....  
Post Office :..... Panchayath :.....  
District :..... State :..... Pin:.....  
Mobile 1 :..... Mobile 2 :.....

## DECLARATION

I confirm the truth of all statements made by me in this application and certify that above information are true to the best of my knowledge and belief.

Date :

Guardian :

Signature :

## ACKNOWLEDGEMENT

I, ..... the under signed, on behalf of .....  
(name of the Org.) do hereby certify that the applicant..... is known to me personally and most eligible to receive assistance from your organization as of my knowledge and investigation.

Position with seal:

Mobile Number :

Signature with date:

**For office Use Only**

Application No :..... ID No :.....  
Received Date :..... Date :.....  
Received by :..... Remarks :.....