



OIL AND NATURAL GAS CORPORATION LIMITED
SAHAYOG TRUST

Annexure-A

Affix Photo

APPLICATION FOR FINANCIAL ASSISTANCE FROM SAHAYOG TRUST

Category of Applicant : (Please tick) i. Regular/Separated ONGC employees ii. Tenure Based/Contingent employee iii. Casual/Contractual worker iv. Any other(please Specify) _____	Financial Assistance requested for (Please tick) i. Medical Treatment ii. Pursuing Higher Education iii. Marriage of dependent daughter iv. Any other purpose(Furnish Details) _____
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1. Details of Applicant:-

ONGC Employee/Ex-Employee/Tenure Based/Contingent i. Name _____ ii. Designation _____ iii. CPF No. _____ iv. Place of posting/ Last Place of posting(in case of separated employees) _____ v. Work Centre where personal file is retained (in case of separated employees) _____ vi. Date of joining in ONGC _____ vii. Date of Separation _____ viii. Reason of Separation(Retirement/Vol. Retirement/Death/ Resignation) _____ ix. Nos. of dependents(with relationship) _____ x. Total Benefits (Amount) received on separation _____ xi. Gross Annual Income _____	Contractual Worker/Other i. Name _____ ii. Name of the contractor _____ iii. Place of work/ work centre _____ iv. Nos. of years worked under current contract _____ v. Total years worked for ONGC under different contracts _____ vi. Nos. of dependents(with relationship) _____ vii. Gross Annual Income _____ viii. Source of Funding _____
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2. Details of Beneficiary for whom assistance is required (If not self):-

- Name of Beneficiary _____
- Relationship with the applicant _____
- Financial assistance Required for(with details) _____

3. Details of Financial Assistance received from Sahayog Trust on previous occasion(s) (if any):-

- Purpose _____
- Amount received _____
- Name of the beneficiary & Relationship with the applicant _____
- Month & Year of release of financial assistance _____

Contd...2/-

4. Amount of financial assistance requested (Rs.) _____

5. Document furnished along with application(please tick against furnished document)

In case of marriage	In case of Medical Treatment	In case of higher education
<ul style="list-style-type: none">▪ Latest proof of employment such as photocopy of Identity card, pay slip ,certificate from the Employer(ONGC)contractor or any other valid proof.▪ Proof of dependency such as copy of school leaving certificate/ration card/voter ID etc indicating the name of daughter or any other valid proof.▪ Marriage invitation card▪ Photograph of marriage▪ Marriage Regn. Certificate from local or any other Govt. authorities or certificate from the religious institution where the marriage was solemnized.	<ul style="list-style-type: none">▪ Latest proof of employment such as photocopy of Identity card, pay slip ,certificate from the Employer(ONGC)contractor or any other valid proof.▪ Dependency declaration/ certificate in case of parents/spouse.▪ Copy of ration card showing parents/spouse's name.▪ Proof of medical treatment i.e. Discharge summary or Proof of Hospitalization or Doctor's prescription.▪ Original medical bills.▪ In case of wards, copy of school leaving certificate/ration card/voter ID etc indicating the name of the wards.▪ Source of funding in such cases where large amount of reimbursement is sought.	<ul style="list-style-type: none">▪ Latest proof of employment such as photocopy of Identity card, pay slip ,certificate from the Employer(ONGC)contractor or any other valid proof.▪ Fee structure & copy of I/Card of the institution/bonafide student's certificate from the institution.▪ Original fee receipts.▪ Copy of school leaving certificate/ ration card indicating the name of ward(s).▪ Source of funding.

Date _____

(Signature of the Applicant)

Address _____

Mobile/Contact No. _____

The details/particulars furnished by the applicant are verified

Date _____

Signature of Incharge, HR-ER/
Contractor concerned with office seal

Note: Details to be verified by Incharge,HR/ER in case of Regular / Separated /Tenure Based/ Contingent Employees and the details in respect of contractual workers to be verified by the contractor concerned.