# ROTA FOUNDATION

*Reach Out to All*

Section 8 License Number: 176331

80G Registered

NITI AAYOG Darpan ID: WB/2026/1001219

## SELF RELIANCE SUPPORT FOR INCOME GENERATION APPLICATION FORM

Application No.: _____ Date: _____ / _____ / _____

### 1. APPLICANT INFORMATION

Full Name: _____

National ID / Passport No.: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Other

Mobile Number: _____

Email Address: _____

Current Address: _____

_____

Monthly Household Income: _____ Number of Family Members: _____

### 2. PROPOSED INCOME GENERATION ACTIVITY

Type of Business / Trade / Activity: _____

Have you previously operated this business or a similar activity? ☐ Yes ☐ No

If Yes, please describe your experience:

_____

_____

### 3. FINANCIAL REQUIREMENT

**Purpose of Assistance** (Please tick):

☐ Equipment ☐ Machinery ☐ Livestock ☐ Raw Materials

☐ Vehicle ☐ Shop Setup ☐ Other (Please specify): _____

**Estimated Total Cost:** _____

**Amount Requested from ROTA Foundation:** _____

### 4. EXPECTED OUTCOMES

Estimated Monthly Income after Support: _____

Number of Family Members Benefiting: _____

How will this support help you become self-reliant?

_____

_____

### 5. DOCUMENTS ATTACHED (Please tick)

☐ National ID ☐ Trade Certificate ☐ Business Plan ☐ Bank Details

☐ Cost Quotations / Proforma Invoices ☐ Photos (if applicable) ☐ Other (Please specify): _____

### 6. DECLARATION

I confirm that the assistance will be used solely for the stated purpose. I understand that ROTA Foundation may verify the information before making a decision.

**Applicant Signature:** _____ Date: _____

### 7. FOR OFFICE USE ONLY

Application Received By: _____ Date: _____

Documents Verified: ☐ Yes ☐ No Field Verification: ☐ Yes ☐ No

Committee Decision: ☐ Approved ☐ Rejected ☐ Pending Date: _____

Approved Amount: _____ Officer Signature: _____

Remarks: _____

_____


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