

APPLICATION FORM



APPLICATION NUMBER.....

A. Personal Information

Name (in block letters)

Date of Birth..... Age.....Sex: Male / Female

Address.....

.....

P.S..... Pincode.....Phone No.....

Mobile No..... Email ID

Marital Status - Single / Married / Widow / Widower / Separated / Divorced

Identification Mark.....Occupation.....

Last Professional Position held (if any).....

Educational Qualification.....

Hobbies / Interest in special activities.....

Religion.....Native Language.....

Other Languages known.....Applying for the 1st time in old age home?.....

If 'Yes' why do you want to come to an Old Age Home?

.....

.....

If answer to above question is 'No', then give details of previous old age home and reasons for leaving.

.....

Any other information that you would like to share.....

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⇒ **Type of Room – Single / Couple / Twin sharing/ Double- Deluxe**

⇒ **Floor Choice.....Ground/ 1st /2nd.**

⇒ **If Twin sharing --- Bed choice.....North side/South side**

⇒ **Relationship with co-resident if any.....**

⇒ **AC or Non AC**

⇒ **Non-Veg / Veg / Any other dietary restriction.....**

⇒ **Any other choice, pls specify.....**

⇒ **Personal care needed.....NO / YES. If Yes, pls specify.....**

B. Family Background & Contact Person

Name of Spouse

Name(s) of children if any along with their full address (es), occupation, phone no. & email address (es)

1) Name..... (Son / Daughter)

Address.....

.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

2) Name..... (Son / Daughter)

Address.....
.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

3) Name..... (Son / Daughter)

Address.....
.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

Name(s) of nearest Relative / Local Guardian / Contact person to be contacted in case of any emergency.

1) Name.....

Address.....
.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

Signature.....

2) Name.....

Address.....
.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

Signature.....

C. Health

Please download the “Medical Documentation” from our website and go through it carefully.

Ht.....Wt.....Blood Group.....Physical Condition.....

.....Mental Condition.....

Any chronic illness (es).....(Yes / No) If yes*.....

DM / HT / IHD / Asthma / Cancer / Parkinsonism / Alzheimer / Arthritis

If yes, give details*

Any serious illness (es)(Yes / No) If yes, details*.....

Any infectious disease (es).....(Yes / No) If yes, details *.....

If you have had any form of heart surgery / kidney transplant / treatment of cancer / any other major illness / surgery etc. in the past, please give date of such illness and treatment done and present status of health with relevant medical certificates.

Enclose Xerox of latest medical prescription stating all medicines currently used.

Details of local doctor or hospital where last shown.....

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Name of doctor or medical agency to be contacted in medical emergency

.....Phone No.....

Address

Medicclaim YES / NO.....If yes, details*.....

***Details (please annexe separate sheet wherever applicable)**

D. Financial Status/Guarantor details

Your Annual Income / Income of your Guarantor:

Source of Income.....

PAN card details.....

Your financial details (In case you are going to meet your financial obligation)

Details of your / Guarantor's account with copy of bank statement for last 1 (One) year :

Name of the Bank & Branch.....

Saving / Current A/c No.....

Name of Account holder.....

Guarantor Details (in case where applicant is not paying his / her expense)

Name.....

Relation.....

Address.....

.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

Signature Of Guarantor (if applicable).....

E. Enclosures (Self attested copies)

- | | |
|--|--------------------------|
| 1. Aadhar Card | 6. Medical Prescription |
| 2. PAN Card | 7. Medical certificate |
| 3. Address proof if other than aadhar card | 8. Mediclaim papers |
| 4 Last year Tax Return | 9. Test Reports |
| 5 Bank Statement last one Year | 10. Four passport photos |

F. Declaration of Last Rites

In the unfortunate event of my death, efforts will be made by **Sanchari** to contact any one of the persons nominated by me for the purpose named above. In case such person / persons fails or neglects to satisfactorily respond in a timely manner or fails or neglects to take custody of the body within 8 hours of the demise or within 4 hours of the contact, the last funeral rites will be performed by **Sanchari** at my costs in such manner as it may, at its sole discretion, deem fit and proper.

Notwithstanding the aforesaid, I wish and direct **Sanchari** that even in the event of its failure to contact such nominated person despite efforts, the acts of the last funeral rites should be performed at my costs after 8 hours.

Further, I direct that in the event that **Sanchari** carries out my last funeral rites, **Sanchari** shall be and / or be deemed to have relieved and discharged of and shall not be liable to entertain any complaint or grievance whatsoever by any person whatsoever including my family members regarding the medical treatment of alleged negligence of any sort or the last funeral rites. Nonetheless and in addition thereto, **Sanchari** shall not be held liable or responsible by any person whatsoever for its acts of performing my last funeral rites.

G. Nominee to receive the security deposit

Name.....

Address.....

.....

P.S.....Pin Code.....Phone No.....(R)

OccupationPhone No.....(O)

E mail.....Phone No.....(Mbl)

H. Observation of Rules and Regulations

I have gone through and fully understood the rules and regulations framed by Sanchari and the monthly charges in addition to the security deposit payable by me and I agree and undertake to observe, fulfill and perform my obligations and responsibilities thereunder and to execute necessary documents as may be required of by Sanchari in regard thereto.

I. Declaration of Financial Obligation

Total Security DepositInitial Deposit.....

Balance payment..... Monthly rental charges.....

Mode of payment.....Payment by

I hereby enclose Cheque/pay order/DD no.....dated.....for Rs.....drawn onin favour of Wellness Olde Foundation towards token advance of security deposit for the accommodation applied by me for your consideration in your Healthy ageing home, Sanchari. I understand that the balance of Rs..... will be paid by me prior to my moving in at Sanchari and then only will I get the resident status.

Dated thisday of20

Applicant Signature

Witness Signature

Name

Name.....

Address.....

Address.....

Signature of Guarantor (if applicable).....

Name

Address.....

For office use

Application No.....Checked and Approved for Admission.....
Notified on

Details of balance amount of the security deposit Rs.....paid by cheque/pay order/DD no.....dated.....drawn on

Details of monthly rent Rs.....cash/chequeno.....dated.....
drawn on

Admission in Sanchari onin Room No.....

Authorised Signatory
For Wellness Olde Foundation