



Under Shree Krishna Trust
APPLICATION FORM FOR ADMISSION

1. Name of applicant
2. Date of Birth 3. Age.....
4. Permanent Address with Pin code.....
5.
.....
6. Marital Status: Single/Married/widower/widow/separated/divorced
7. Name of the Spouse (if alive).....
8. Name(s) of Children, if any along with their address(es), Phone No & E-mail address(es)
 - (a) Name.....(Son/daughter)
Address
 -
Phone No.....(Residence)
 - (Office)..... Cell Ph No
 - Email Address
 - (b) Name.....(Son/daughter)
Address
 -
Phone No.....(Residence)
 - (Office)..... Cell Ph No
 - Email Address
 - (c) Name.....(Son/daughter)
Address
 -
Phone No.....(Residence)
 - (Office)..... Cell Ph No

Email Address

(d) Name.....(Son/daughter)

Address

Phone No.....(Residence)

(Office)..... Cell Ph No

Email Address

9. Name(s) of nearest Relative / Local Guardian along with Full Address(es), Phone No. & E-Mail Address who can be contacted in case of emergency

(a) Name.....

Address.....

Phone No(Residence).....

Cell No Email Address.....

Zerox of voter ID card.....

(b) Name.....

Address.....

Phone No(Residence).....

Cell No Email Address.....

Zerox of voter Id card.....

10. Educational qualification:

11. Last Professional Position held, if any.....

12. Hobbies/Interest in special activities.....

13. Health Conditions:

(a)Any Chronic illness(es).....(yes/No)If Yes give

Details.....

(Attach latest blood sugar/ECG/urine testing report)

(b) Any serious illness(Yes/No)

If Yes give details

(b) Any infectious diseases(es).....(Yes/No)

If Yes give Details.....

If you 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 Medical Certificate.

Med-claim if any.....

If Yes details of the Med-claim Policy.....

.....
Financial Status: (Your Annual Income/Income of your Guarantor as per the tax return for the last financial year)

14. Financial Support

(In case you are going to meet your financial obligation, details of your bank account with copy of your Bank statement for last 1 year).

Name of the bank.....

Name of Branch.....

Savings/Current A/c No.....

Any other information.....

15. Name & Address with Ph No of guarantor

(applicable only in case where applicant is not paying his/her expenses)

1. Name.....(Relation).....

Address.....

.....

Phone No.....(Residence).....(Office).....

Cell No.....Email Address.....

Voter card (Photo copy)

16. Name & address of Referees

Name.....

Address.....

Phone No(residence).....(office).....

17. Are you applying for staying in an old age home for the first time Yes/No

18. If yes why do u want to come to an Old Age Home?

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19. If answer to question "No" then give reasons for not joining any other old age home earlier

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I/we hereby solemnly consent to authorize the managers of M/S Shree Krishna Sevasharam(Old Age Home) located at

To perform the last rites of my/our candidate
under the following circumstances. In case of the unfortunate demise of our candidate, I/we understand that we will be intimated about the same as soon as possible by phone, sms, or email by Shree Krishna Sevasharam Authorities. In the event of no action/time bound commitment in this regard from our end the authorities could go ahead with performing the last rites after 6 hours of issuance of the death certificate.

Date:

Signature of the Applicant

Date:

Signature of the Guarantor (if applicable)

Introducer's Name.....