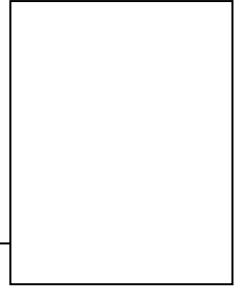


# SHRINIVAS CHARITABLE TRUST (Regd.)

Raghvendra Nagar, Herwatta Kumta 581332. Telephone (08386) 224391



## APPLICATION FOR ADMISSION TO GOLD AGE HOME, KUMTA

### PERSONAL HISTORY

APPLICANT'S FULL NAME:

Shri /Smt:

\_\_\_\_\_

(First name)

\_\_\_\_\_

(Father Name)

\_\_\_\_\_

( surname)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AGE : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ IN WORDS : \_\_\_\_\_

(With proof )

Educational qualification :

last occupation :

Fathers name

Mothers name

Spouse name

No of children

Sons/daughters

Hobbies

Special intrest

Food habits/ timings

food allergies if any

Please mention your normal food

The food which you like

**If you are having any ailment such as diabetics,heart problem etc please mention clearly**

**Any**

**Note if you have medical report please hand over to us which helps us for further treatment**

**Name and address of relatives:**

**001 shri smt**

**Address/phone**

**Relationship**

**002 shri/smt**

**Address phone**

**Relationship**

**03**

**DECLARATION BY THE APPLICANT**

**I have carefully read and understood the rules and regulation applicable for inmates for admission to shrinivas charitable trust's GOLD AGE HOME and here by confirm that the terms and conditions have been here by completely accepted by me and i will abide all the conditions in force and revised from time to time.**

**I hereby indemnify shrinivas charitable trust against loss and damages that may be caused to shrinivas charitable trust on any account that the trust may constitute as damages during my course of stay/ accommodation in GOLD AGE HOME and that i will not hold the trust responsible in any manner for any mishap that may cause while conducting normal administrative function/ routine activities.**

**I further state that in the event of death, if no relative comes forward to claim the body within the stipulated time, i hereby authorise the management to perform the rites and rituals. I do hereby absolve the management of any complications that may arise in the circumstances.**

**I further declare that in event of death, my personal belongings may be handed over to my legal heir mentioned below.**

**Name**

**Address**

**Signature of the applicants**

**date**

**04 RECOMMENDATION BY A RESPONSIBLE PERSON:**

**I have known the person for        years, considering the circumstances of his her present position i recommend him/her for the admission to shrinivas charitable trust's GOLD AGE HOME as resident member**

**Name**

**Address**

**Mobile/ phone**

**Signature**

**Date**

**05 ENDORSEMENT BY A RELATIVE :**

**The applicant is related to me. I have ascertained the need and profound desires of the applicant to become a resident member of shrinivas charitable trust's GOLD AGE HOME and therefore, recommend his/her, admission as such a member. I hold myself responsible for the financial and the other liabilities that the applicant may incur because of failure to pay the dues or to comply to rules and regulation of shrinivas charitable trust's GOLD AGE HOME**

**Name**

**Address**

**Mobile/ phone**

**Signature of applicants**

**Date:**

**06**

**PANEL DOCTOR'S REPORT**

**I have examined shri/smt \_\_\_\_\_ aged \_\_\_\_\_ as medically and consider  
him/her fit for admission.**

**I don't consider him/her fit for admission for the following reasons:**

**(Signature of the doctor)**

**07 MANAGEMENT**

**Application No**

**Accepted**

**Rejected**

**Intimation sent :**

**Signature**

**08 For office use only:**

**Payment 1)monthly expense**

**2 cash/cheque**

**3 Dated:**

**Admission allotted in room no:**

**Cot No:**

**Office superintendent )\**

**09 FORMAT OF LETTER FROM INMATE'S RELATIVE**

**FROM**

**ADDRESS**

**DATE**

**To ,**

**The president  
Shrinivas charitable trust**

**Herwta kumta Karnataka**

**Respected sir,**

**Thanks for admitting my father /mother/relative**

**Shri/smt**

**In GOLD AGE HOME of shrinivas charitable trust, i hereby wish to inform you that i will take up the whole responsibility and care in case of his/her severe sickness or abnormal behaviour.i undertake to take him/her back to residence and also assure you that i will look after his/her financial problems/dues if any to the trust**

**Thanking you**

**Yours faithfully.**

**Applicants relative**

**DECLARATION**

**I shri/smt**

**Resident of**

**Do hereby declare that shri smt \_\_\_\_\_ who is being admitted to SHRINIVAS CHARITABLE TRUST'S GOLD AGE HOME, Rghvendra nagar herwatta,kumta is my**

**And i take full responsibility and i hereby undertake and authorise you to shift him from SHRINIVAS CHARITABLE TRUST'S GOLD AGE HOME in case he/she is to be hospitalised or as advised by the committee of SHRINIVAS CHARITABLE TRUST'S and that i agree that he will be re admitted to shrinivas charitable trust only on the approval of your panel doctors after recovery.**

**Date**

**Place**

**DEPONENT**