

APPLICATION CUM ADMISSION FROM

Information about the Applicant

Passport

Size

Photo

Name (in Block Letters) Smt./ Shri./Ms _____

Address: _____

_____ P.S.: _____ Pin Code _____

City / Town: _____ State : _____

Mobile No. : _____ Email Id.: _____

Approximate Duration of Stay: _____

Preference (please Tick) Single occupancy | Double occupancy
 AC Non – AC | AC Non-AC

PART I – PERSONAL INFORMATION

1. Father's / Husband's Name : _____

2. Gender : Male Female 3. Date of Birth : _____

4. Identification Mark(s) : _____

5. Religion : _____ 6. Native Language : _____

7. Other Languages Know : _____

8. Marital Status :- Married / Single / Widow / Widower / Separated / Divorced

9. Occupation : (Present) _____

(Last) _____

10. Educational Qualification : _____

11. Hobbies and interests : _____

12. Reasons for staying at Senior Citizen : _____

Home : _____

13. In case of double occupancy, name and relationship of co-inhabitant

Name : _____ Relationship : _____

PART II – FAMILY BACKGROUND

1. Name of Spouse : _____

Occupation : _____

Address : _____

P.S. _____ Pin Code _____

Mobile No. : _____ Email : _____

2. Details of Children :

Name of Spouse : _____

Occupation : _____

Address : _____

P.S. _____ Pin Code _____

Mobile No. : _____ Email : _____

PART III – IMMEDIATE CONTACT PERSON

Name of either of the persons to be contacted in case of emergency:

1. Name : _____

Occupation: _____

Address: _____

P.S. _____ Pin Code _____

Mobile No. : _____ Email : _____

2. Name : _____

Occupation : _____

Address : _____

P.S. _____ Pin Code _____

Mobile No. : _____ Email : _____

PART IV – MEDICAL HISTORY

1. Height: _____ 2. Weight: _____ 3. **Blood Group** : _____

4. Health Condition . _____

5. Mental Condition.: _____

6. Put “√” mark if the applicant suffers from any of the following illnesses :

(a) Diabetes (b) Hypertension (c) Heart disease

(d) Cancer (e) Arthritis (f) Parkinson

(g) Other illnesses (Please Specify). :

N.B. You may attach a separate sheet if required.

PART V – FINANCIAL DETAILS

1. Yearly income : _____

2. Source of income : _____

3. Income – tax PAN : _____

PART VI – ENCLOSE FOLLOWING SELF ATTESTED DOCUMENT :

1. Aadhar Card 2. Income- tax PAN Card 3. Health Certificate (Original)

4. Last Financial Year Income – tax Return 5. Bank Statement (Last One Year)

6. 4 Passport sized photographs

7. Address proof (if it be other than that of Aadhar Card) 8. Medical Test Reports

PART VII – OBSERVATION OF RULES AND REGULATIONS

I have gone through and fully understood the Rules and Regulations framed by Apnalay and the monthly charges (in addition to Security Deposit) payable by me and I agree and undertake to observe fulfil and perform my obligations and responsibilities there under and to execute necessary documents as be required of by Apnalay in regard thereto.

PART VIII – LAST RITES

- (I) in the unfortunate event of my death, efforts will be made by APNALAY to contact any one of the persons nominated by me for the purpose and named above. In case such person 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 APANALAY at my costs in such manner as it may, at its sole discretion, deem fit and proper.
- (II) Notwithstanding the aforesaid, I wish and direct APANALAY 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.
- (III) Further, I direct that in the event of my last funeral rites being performed by Apnalay, Apnalay 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, Apnalay shall not be held liable or responsible by any person whatsoever for its acts of performing my last funeral rites.

PART IX – PAYMENT DETAILS

I Hereby enclose Cheque/Pay Order/DD/No. _____ Dated _____
for Rs. _____ Drawn On _____ In
the favour of Inner Wheel Club of Central Calcutta Trust – APNALAY towards Security
deposit for the accommodation applied by me for your consideration in your Senior Citizen
Home – APPNALAY

DATED THIS _____ DAY OF _____ 20 _____

Witnesses : (Preferably by the Immediate Contact Person) (APPLICANT)

1. Signature : _____

Name : _____

Address : _____

2. Signature : _____

Name : _____

Address : _____

FOR OFFICE USE

Checked and approved for admission

For INNER WHEEL CLUB OF CENTRAL

CALCUTTA

Trustee/ Authorized Signatory