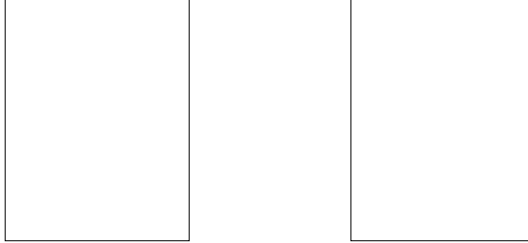


SIES SENIORS HOME

Plot 1-D, Sector V, Sri Chandrasekarendra Saraswathi Vidyapuram,
Adi Sankara Marg, Nerul, Navi Mumbai 400 706

APPLICATION FOR ADMISSION TO SIES SENIORS HOME



(Affix photograph of self & spouse)

To

The Board of Management
SIES Seniors Home,
Nerul, Navi Mumbai 400 706.

Dear Sirs,

I hereby apply for admission to the home and furnish herewith all the personal particulars :

1. Full Name :

Alias, if any :

Present Address :

Telephone No. :

Email :

Marital Status : Married / Unmarried / Widow / Widower / Divorcee

Name of wife/husband :

Date of Birth :

Age as on :

Date of Birth of Spouse :

Age as on :

2. Particulars of Family

Sr.No.	Name	Relationship	Age	Address

3. Professional Particulars : Employed / Self-Employed

i. If employed,

Name & address of the employer :
 :
 :

Designation :

Date of Retirement :

No. of years of service :

ii. If self-employed,

Name & address of the organization :

.....

Ownership : Sole Proprietorship / Partnership / Director

Present position of the business :

iii. Was your wife/husband employed : Yes / No

If yes, particulars of employment :

.....

.....

iv. If employed as a teacher :

Name & Address of the School/
College :

Designation at the time of retirement

Joined the school/college on :

Retired from school/college on :

No. of years of service :

Particulars of awards/recognition
while in service, if any :

4. Category under which the application is preferred (Please tick appropriate box)

Paying Inmate	
Ordinary Inmate	
Free Inmate	

If applying other than under the Paying category, brief reasons justifying consideration of your request under the applied category :

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.....

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5. Financial particulars:

Particulars	Self	Spouse
Fixed Deposits with Banks		
Bank balances		
Government Securities		
Investments with UTI		
Mutual Funds		
Shares		
Private investment		
Others		
TOTAL		

6. Health Profile

	Self	Spouse
1. General Health (Indicate good/ satisfactory/poor)		
2. Indicate briefly the ailment, if any		
3. Present medication :		
Blood Group		
4. Any surgery performed in the past	Yes/No	Yes/No
If yes, details		
Year of Surgery :		
5. Name & address of your family doctor :		
Telephone No.		
Email:		
6. Allergic to any specific medicines		
7. Height		
8. Weight		
9. Blood Pressure	High/Low	High/Low
10. Diabetes	Yes/No	Yes/No
11. Hypertension	Yes/No	Yes/No
12. Whether treated for any Malignant disease	Yes/No	Yes/No
13. If Yes	Chemotherapy/Radiation/ Surgery	Chemotherapy/Radiation/ Surgery
14. Any respiratory related ailments	Yes/No	Yes/No
15. Any Orthopedic problems	Yes/No	Yes/No
16. Any Rheumatic/Arthritis disorder	Yes/No	Yes/No
17. Eyesight	Yes/No	Yes/No
18. Any Skin Disease	Yes/No	Yes/No
19. ENT Disorders	Yes/No	Yes/No

7. Other Personal Particulars :

Particulars	Self	Spouse
1. Religion		
2. Caste		
3. Sub-caste		
4. Gothram		
5. Nakshatram		
6. Veda		

8. Hobbies and Interests

9. Particulars to assess your support to SIES activities :

Particulars	Self	Spouse
1. Academic Qualifications		
2. Profession		
3. No. of years of experience		
4. Areas of Interest - Teaching / Book-keeping / General Administration / Temple services / Kitchen / Legal / Medical / Teaching Vedas / Other Scriptures.		

10. Identity Particulars :

Particulars	Self	Spouse
1. Election Card No		
2. Passport No. & Issued at		
3. Permanent Account No. (PAN-IT)		

11. Persons to be contacted in the case of emergency :

Name		
Relationship :		
Address :		
Telephone No:		
Email:		

12. Two references (to exclude relations). We shall contact them, if necessary, for ascertaining your credentials.

Name :		
Address :		
Tel. No. :		
Known to you for : (Yrs.)		
Designation in profession		

13. Special Instructions for settlement of your dues in the event of demise:

14. In the event of death all your belongings shall be handed over to :

Name :

Relationship :

Address :

Telephone :

E-mail :

I hereby declare that :-

- i) I/We have not been given a terminal prognosis of a medical condition before this day.
-) I/We are able to take care of my/our daily routine without any assistance.
- i) I/We consent to seeking of medical information from any doctor who has at any time attended to my/our health concerning any thing with my/our physical or mental health. I/We, authorize "SIES-SH" to get the required information of my/our medical condition.

Whatever stated here in above is true to the best of my/our knowledge and belief. I/We have fully read id understood the Rules and Regulations of SIES-SH and undertake irrevocably to abide by the same.

Date : Signature :

Place: Name :

For Office Use

Date of SIES-SH meeting	Approved / Rejected	Category of Admission	Payment details, if any
			1) Deposit Rs. vide cheque / DD on bank dated..... 2) Advance Rs. vide cheque / DD on bank dated.....