

SHRADDHA
PARADISE FOR SENIOR CITIZENS
(A Unit of SUNDARBAN NIRMAL PARIBESH MISSION [SNPM] Trust)
Vill. Chunaripota, Muragachha, P.O. - Kalikapur, P.S. - Sonarpur,
West Bengal, India, (M) : 9163568049



APPLICATION FOR ADMISSION

01. Name of the Applicant : (Mr./Mrs./Ms.)
02. Father's / Husband's Name :
03. Permanent Address :
-
- Mobile : Telephone (Residential) Email :
04. Age / D.O.B. : Married/Unmarried/Widow/Divorcee
05. Education Occupation :
- (if retired, occupation before retirement
06. Source of Income :
07. Person with whom applicant is presently staying - Name, Relationship, Address & Tele. No.:
-
08. Reasons for seeking admission to 'Old Age Home' :
-
09. Applicant's Hobbies & other Interest :
10. Room preference : Single Beded Room / Double Beded Room :
11. Reason for the preference :
12. Full Name : 1)
- 2)
- of two Citizens for references who are personally known to applicant well and who may be contacted for a reference :
- 1) Address :
-
- Tele No. (Land Line) (M) E-mail
- 2) Address :
-
- Tele No. (Land Line) (M) E-mail
13. Name, Address & Tele. Nos. of next of kin or other person to be contacted in case of any emergency :
-
-

14. Name, Address & Tele. No. of the beneficiary in case of demise :
.....
.....

15. Name, Address, Tele. Nos. & Email ID of a guarantor and photo copy of guarantor's ID Card is to be submitted:
.....
.....

16. HEALTH HISTORY :

A. Blood Group : B. Height : C. Weight :

D. Present Health Condition :

Any chronic disease (s): Yes No.....

if yes please mention in details :

.....

E. Specify if the applicant suffers from any serious diseases :

.....

F. Please give tick mark if you have been suffering from any of the following disease :

i)Hepatitis -A, ii) Diabetes iii) Heart iv) Thyroid v) Kidney vi) Any other major disease

vii) Any kind of surgery specify :

G. Specify if applicant 's has any infectious disease (s), write in details :

.....

H. If applicant's has any allergies :

.....

I. Write the applicant's personal physician / family doctor's name, address and contact No.:

.....

.....

J. Attach current blood suger, E.C.G., Stool, Urine testing report and one 'MEDICAL CERTIFICATE' from the registered Medical practitioner.

17. FINANCIAL DETAILS :

A. Source of Income :

B. Income Per Annum :

C. Name of the Bank :

D. Name of the Branch :

E. Savings / Current A/c. No.:

F. I.F.S. CODE :

G. PAN No.:

H. AADHAAR No.:

I. Any other information :

.....

APPLICANT'S DECLARATION

I S/O/D/OW/O

residing at

.....

hereby declare & confirm that the information provided by me in this application is true and accurate in all respect;

1. I am able to take care of my daily routine without any help or assistance of another.
2. The medical statement and certificate are attached.
3. I have received a copy of the Rules and regulations and terms & conditions, governing and regulating my admission and stay at the 'SHRADDHA' (PARADISE FOR SENIOR CITIZENS) of SUNDARBAN NIRMAL PARIBESH MISSION (SNPM). I confirm having read them carefully and understood fully and I will abide by them.

Date :

Place :

.....

Signature of the Applicant

N.B.: Please provide proof of age.

a) Copy of PAN Card / Pass Port / Voter ID.