

VIHAR SAMAJ KALYAN SANSTHAN
(ADARSH HOME)

REGISTRATION FORM FOR ADMISSION AT ADARSH HOME

Passport
Size
Photograph

1. Name (in capital letter) : _____
2. Date of Birth/ Age : _____
3. Permanent Address : _____

4. Educational Qualification : _____
5. Single/ Married/ widow/
separated / divorced : _____
6. Name of sons/ doughtier/ nearest
relative along with addresses : (i) _____
(ii) _____
(iii) _____

7. Name of sons/ doughtier/ nearest
relative along with addresses who
connected in case of emergency : (i) _____
(ii) _____

8. Experience and Hobbies : _____

9. Health Condition :

- i. Any serious illness (Yes/ No) : _____
- ii. Any infection disease (Yes/No) : _____
- iii. Are you ready to devote the : _____
time for the society (Yes/ No)

10. Financial Status : _____

11. Financial Support : _____

12. Recommendation by Name : (i) _____
(ii) _____
(iii) _____

13. Address : (i) _____

(ii) _____

14. Your reasons for joining : _____
the Home _____

15. Have to applied for admission: _____
to any other similar Home either _____
if so, the result _____

Date : _____

Place : _____

Signature of Applicant

CERTIFICATE

I _____ S/o or D/o _____
Address _____

Hereby certify that I have read and understood the rules and regulations of the Adarsh Home a Senior Citizens Home and undertake to abide by them.

I also certify that on admission I will have no claim of ownership rights, of property or society.

I further certify that none of my their any other claimant will have any right on the security deposit, which will become the sole property of the society in the event of my death.

Date : _____

Signature of Applicant

Signature of Witness

1.

2.

3.