


Krishnaveni Ashraya Dhama

Permanent Guest / Resident Application form

Proof required wherever * is marked		* Affix Photo Here
Personal Details		
		
1	Name in Full	
2	*Date of Birth [dd/mm/yy]	
3	Gender	
4	Height [cms]	
5	Weight [kgs]	
6	*Blood Group	
7	Languages known	
	Read	
	Write	
	Speak	
8	*Local Address	
	Contact numbers/ email-ids	
9	Permanent Address	
	Contact numbers/ email id	
10	Contact Person / Sponsor / Relative	
	Relation	
	Address	

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	Contact numbers	
	Email-id	
11	Family Member Name/ Details- contact no , email-ids	
	Spouse	
	Sons	
	Daughters	
	Others	
12	Other Information	
	Caste / Community	
	Sources of income	
	Retired / Working	
	Details of work / profession	
13	*Health Details	
	Any known illness	
	Allergic to any medicine	
	Allergic to any food	
	Eyesight	
	Diet restriction - if any	
	Any operation conducted in the last 5 years	
14	Additional Information	
	Instructions for release of Personal belongings	

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Instructions for the last rites	
Name, address of the ref [with consent]	
Contact nos.	
Email -id	
Name & address of 3 ref in / around Mumbai	1.
	2.
	3.
Any Special instructions	
15	<p>I hereby agree that Krishnaveni Vriddhashram is only offering me a place of residence and they are not responsible for my health and upkeep. Any medical help / assistance given by them at my request and I hereby indemnify them from any responsibility in regard.</p> <p style="text-align: center;"><u>Declaration:</u></p> <p>I hereby declare that I do not suffer from any major physical ailment, mental illness, financial disability, pending litigation, criminal record pending against me. I agree that if any such information is not disclosed by me and the same comes to light, the association is at liberty to forthwith terminate my stay at Krishnaveni Vriddhashram .</p> <p style="text-align: center;">The above given details are true to my knowledge. Any changes if occurs at later stage, will be informed.</p>
16	Name, Signature & date
Guest /Resident	:
Sponsor / Relative	:

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For Office Purpose	
Date of admission	
Room No & Bed allotted	
Donation Amount / Receipt No / Date	
Deposit Amount /Receipt No / Date	
Advance against monthly charges Receipt no / date	
Any Standing instructions	- - -
Any post dated cheque given details	
Monthly payment mode for regular charges	
Details of any concession given	
Nomination received in writing	
Office remarks	
Name / Signature / Date	
Administrator	:
Medical Panel	:
TRUSTEE	: