


KRISHNAVENI ASHRAYA DHAMA

Temporary Guest / Resident Application form

| | | | | | |
|--|--|---|--------------------------------------|---------|------------|
| Proof required wherever * is marked. | | *Affix Photo Here | | | |
| Personal Details of Resident | | | | | |
| 1 | Name in Full |  | | | |
| 2 | *Date of Birth | | | Gender: | Blood Grp: |
| 3 | * Identity Proof | | | | |
| 4 | *Local Address | | | | |
| | | Contact No / Email | | | |
| Details of the Reference | | | | | |
| 5 | Name & address | | | | |
| | | Contact No / Email | | | |
| | | Relationship | | | |
| Details of the Contact Person /Guardian | | | | | |
| 6 | Name & address | | | | |
| | | Contact No / Email | | | |
| | | Relationship | | | |
| 7 | *Health Details (Please list existing ailments / conditions / medicines taken if any) | | | | |
| | | Any known illness | | | |
| | | Medicines taken in any | | | |
| 8 | Other Information | | | | |
| | | Deposit Amt | | | |
| | | Monthly Charges | | | |
| | | Date of Admission | | | |
| | | Room Allotted | | | |
| | | Stay Duration | | | |
| | | From: | To: No of days: | | |
| 9 | Office Information | | | | |
| | | Amount Received | | | |
| | | Receipt Num/Date | | | |
| I hereby agree that KRISHNAVENI ASHRAYA DHAMA is only offering me a place of temporary residence and that 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. | | | | | |
| 10 | Name, Signature & date | | | | |
| | | Resident | | | |
| | | Guardian/Contact: | | | |

11. Signature by Trustee :