

ANUGRAHAA

RESIDENTIAL COMPLEX FOR SENIOR CITIZENS
(PROMOTED BY ANUGRAHAA FOUNDATION)
HOSUR - 635 109

TO

THE TRUSTEE
ANUGRAHAA
RESIDENTIAL COMPLEX FOR SENIOR CITIZENS
HOSUR

PHOTO
Mr.

PHOTO
Mrs.

REGISTRATION FORM

DEAR SIR

I / WE WISH TO REGISTER MY / OUR NAME AS A RESIDENT OF THE HOME.
FOLLOWING IS THE BRIEF ACCOUNT OF MY / OUR BIO - DATA DETAILS. I / WE FULLY
AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE HOME.

(PLEASE FILL UP THE FORMS IN BLOCK LETTERS)

	APPLICANT	SPOUSE
NAME OF THE APPLICANT		
AGE AND DATE OF BIRTH		
EDUCATIONAL QUALIFICATION		
NATIVITY & ADDRESS, PLACE OF BIRTH		
PREVIOUS SERVICE HISTORY		
WHAT IS YOUR PERMANENT SOURCE OF INCOME TO MEET THE EXPENSES		
WHAT ARE YOUR HOBBIES		
HOW DO YOU COME TO KNOW ABOUT ANUGRAHAA SR. CITIZENS HOME		
WHY DO YOU WANT TO JOIN THIS SR : CITIZENS HOME?		

I / WE DECLARE THAT ALL THE INFORMATIONS PROVIDED ABOVE ARE TRUE TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF.

(FOR OFFICIAL USE ONLY)

SIGNATURE

DATE OF INTERVIEW :
DETAILS OF REGISTRATION :
APPROVED BY :

FAMILY HISTORY

HOW MANY CHILDREN DO YOU HAVE	SON		DAUGHTER		GRAND CHILDREN	
-------------------------------	-----	--	----------	--	----------------	--

PLEASE PROVIDE FULL CONTACT ADDRESS OF ALL WITH TELEPHONE NOS.

SON / DAUGHTER	SON / DAUGHTER	SON / DAUGHTER

SON / DAUGHTER	SON / DAUGHTER	SON / DAUGHTER

PLEASE GIVE THE CONTACT ADDRESS OF ANY CLOSE RELATION OTHER THAN YOU CHILDREN AND STATE THE RELATION WITH THEM (LOCAL GUARDIAN)

NAME OF THE GUARANTOR WITH FULL POSTAL ADDRESS :
(THE GUARANTOR HAS TO UNDER TAKE THE RESPONSIBILITY OF MEETING ALL THE EXPENSES OF THE APPLICANT AS INTIMATED BY THE MANAGEMENT)

I / WE..... HAVE GONE THROUGH THE ANUGRAHAA BROCHURES AND ACCEPT ALL THE TERMS & CONDITIONS MENTIONED AND I / WE HAVE DECIDED TO TAKE A UNIT.

SIGNATURE

MEDICAL HISTORY

WHAT ARE YOUR MINOR / MAJOR SICKNESS OR AILMENTS. PLEASE GIVE FULL DESCRIPTION OF EACH SEPERATELY

Mr.	Age	Weight	Height	Blood Group

Mrs.	Age	Weight	Height	Blood Group