

AVISHIKTA PHASE – 1 LIG (TYPE – A) APARTMENT RESIDENTS’ WELFARE ASSOCIATION
APPLICATION FORM FOR RELATIVE

To
The Secretary,
Avishikta Ph – I LIG (A – Type) Apartment Residents’ Welfare Association,
369/1, Purbachal Kalitala Road,
Kolkata – 700 078

PHOTOGRAPH of
the OCCUPANT – I

PHOTOGRAPH of
FAMILY MEMBERS
/ COMPANION IF
ANY

Date: ____/____/____

Subject: Temporary Use of My Flat by Relative(s)

Dear Sir,

With due respect this is to inform you that my Flat No. _____ will be temporarily used by my relative from ____/____/____ to ____/____/____ exclusively for residential purpose.

Details of Occupant(s) are furnished below:

- 1/ Occupant’s Name – 1 (**Same as ID proof**):
- 2/ Occupant’s Name – 2 (if relevant) :
- 3/ Reason for residence: :
- 4/ Family size :
- 5/ Relationship with the owner :
- 6/ Contact No. (Owner) :

Declaration of the Flat Owner

I have checked the profile of my relative(s) and his/her family members. I assure you that all the rules and regulations of the association, decorum of the premises will be strictly adhered during their stay. I shall be fully responsible of all activities of them during dwelling period in my flat. The Association will not be held responsible under any circumstances. The Association will be notified at least **three (3) days** before my relative(s) occupies or vacates the flat. Furthermore, before entering my flat, I undertake to make my relative(s) contact/face to face with the President or Secretary or any other committee member, and office executive of the association. Should you require any further information or have any concerns, please do not hesitate to contact EC.

Enclosure: Self-attested copy of:

- 1) Original photo identity proof of the occupant and all other person accompanying him/her.
- 2) Photocopies of official government documents like Aadhaar Card, Passport

Thank you for your cooperation.

Yours sincerely,

FOR OFFICE USE ONLY

Mr./Mrs./Ms. _____

is authorized to reside w.e.f ____/____/____.

(Signature of the Flat Owner)

Signature of the Secretary / Authorized Person