


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	e.g. Daughter / Son/Brother/Friend			
6	Details of the Contact Person /Guardian				
	Name & address				
	Contact No / Email				
	Relationship	e.g. Daughter / Son/Brother/Friend			
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	Cheq Details:			
	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 :					