


Krishnaveni Vriddhashram

Permanent Guest / Resident Application form

Proof required wherever * is marked		
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	
1	Family Member Name/ Details- contact no , email-ids
1	
	Spouse
	Sons
	Daughters
	Others
1	Other Information
2	
	Caste / Community
	Sources of income
	Retired / Working
	Details of work / profession
1	*Health Details
3	
	Any known illness
	Allergic to any medicine
	Allergic to any food
	Eyesight
	Diet restriction - if any
	Any operation conducted in the last 5 years

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1 4	Additional Information	
	Instructions for release of Personal belongings	
	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.	
1 5	Any Special instructions	
<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;">Declaration:</p> <p>I herby 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</p>		

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Vriddhashram .	
The above given details are true to my knowledge. Any changes if occurs at later stage, will be informed.	
Name, Signature & date	
Guest /Resident	:
Sponsor / Relative	:

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	

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Nomination received in writing	
Office remarks	
Name / Signature / Date	
Administrator	:
Medical Panel	:
TRUSTEE	: