



navodaya

ASSOCIATION FOR PROMOTION OF INDIAN HERITAGE

26, S R Das Road, Kolkata 700 026
Tel. : 2466 0318/2287 7795 Mob. : 98302 84526/93310 03123
email : santisri@anandaashram.net, arunima@anandaashram.net
Website : www.anandaashram.net
Reg. No. S/85803 of 1996 - 1997

APPLICATION FORM FOR ADMISSION TO ANANDA ASHRAM

1. Name Of Applicant

2. Date of Birth 3. Age

4. Permanent Address With Pin Code

5. Marital Status Single / Married / Widower / Widow / Separated / Divorced

6. Name Of Spouse (i f Alive)

7. Name(s) of Children, if any along with their full address(es), Phone No. & E-mail address(es)

1) Name..... (Son / Daughter)

Address:

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

2) Name..... (Son / Daughter)

Address:

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

3) Name..... (Son / Daughter)

Address:

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address



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4) Name..... (Son / Daughter)

Address:

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Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

8. Name(s) of nearest Relative / Local Guardian along with Full address(es), Phone No. & E-mail Address(es) (who can be contacted in case of emergency.)

1. Name..... (Relation)

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

2. Name..... (Relation)

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

9. Educational Qualification

10. Last professional position held, if any

.....

11. Hobbies/ Interest in special activities

12. Health Conditions:

I. Any chronic illness(es)(Yes/No)

If Yes Give Details

.....

(Attach latest blood sugar/ ECG /Urine testing report)



II. Any serious illness (es) :(Yes/ No)

If Yes Give Details
.....

III. Any infectious disease(es): (Yes or No)

If Yes Give Details
.....

IV. If you have had any form of heart surgery / Kidney transplant / Treatment of cancer / any other major illness / surgery etc. in the past, please give date of such illness and treatment done and present status of health with MEDICAL CERTIFICATE.

13. Financial Status:(Your Annual Income / Income of your Guarantor as per the tax return for last Financial Year):

14. Financial Support

(In case you are going to meet your financial obligation, details of your bank account with **copy** of your bank statement for last 1 (one) year):

Name of Bank

Name of Branch

Savings/Current A/c No.

Any other information

15. Name & Address with Ph. No. of Guarantor

(Applicable only in case where applicant is not paying his/her expenses)

1. Name..... (Relation)

Address:
.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address



16. Name & Address of **Referees**

1) Name.....

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

2.) Name.....

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

17. Are you applying for staying in an old age home for the first time: Yes / No

18. If 'Yes' why do you want to come to an Old Age Home?

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19. If answer to question 'No', then give reason for not joining any other old age home earlier.

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.....

Date :

Signature of applicant

Signature of Guarantor (if applicable)

Date

Introducer's Name.....