

**APPLICATION FORM FOR ADMISSION TO THE HOME FOR AGED & INFIRM
PERSONS.**

1. Name of the applicant :
(In Block Letters).
2. Age :
3. Whether permanently disabled, if so, Medical :
Certificate from Civil Surgeon of the Distt. Should
be attached.
4. Whether belongs to B.Class/S.Class if so, Certificate :
from the 1st Class Magistrate should be attached.
5. Marks of identification :
6. Name of father/husband :
7. Is father/husband alive? :
8. Permanent Address :
9. Present Address :
10. Particulars of residence during the last 5 years :
11. Particular of earning sons/daughters indicating their :
names addressed the monthly income, along with
the particulars of their dependents and other
liabilities.
12. a) Occupation/profession of the applicant :
before he/she became unfit to earn.
b) Monthly Income :
c) Whether in receipt of any pension or gratuity :
etc., if so, indicate amount.
13. How has he/she been maintaining himself/herself after :
becoming unfit to earn livelihood.
14. Particulars of property held :
a) Immovable :
b) Moveable (Indicating probable value) :
c) Bank balance or deposits in P.O. Saving :
Bank,
15. Whether disabled persons, if so, :
i) Whether received any loans/grant if so, :
amount should be specified.

- ii) Whether has any verified claim or received :
compensation in lieu thereof.
- 16. Whether the applicant has any dependents, if so, the :
particulars there of be indicated.
- 17. Names & addresses of the two responsible persons :
well known to the applicant and who could testify
the correctness as of his/her statement.

- 1. _____

- 2. _____

Signature of the applicant.

AFFIDAVIT

I _____ son/wife/widow of _____

resident of _____ The. _____ District _____

do hereby solemnly affirm and declare that the above stated particulars are true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature or thumb
Impression of the Applicant.

ATTESTED AND RECOMMENDED BY THE 1st CLASS MAGISTRATE/EXECUTIVE
MAGISTRATE.