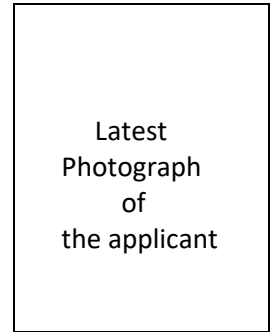


**(Admission Form)**  
**Samarpan Varishtha Jan Parisar**  
Adil Nagar, Lucknow



**1. Personal Information**

- I. Name (In full) : .....
- II. Address with Tel. No. : .....
- III. Permanent Address with : .....  
Telephone No. : .....
- IV. Sex (Male/Female) : .....
- V. Age/Date of Birth : .....
- VI. Last Profession with : .....  
Designation and : .....  
Address : .....  
.....  
.....
- VII. Intended Period of Stay : .....  
(Short/Long/Lifetime)
- VIII. Reason for Seeking Admission : .....

**2. Information About Children**

S.No.	Name	Sex	Address	Occupation	Tel.No.
01					
02					
03					
04					

### 3. Information About Other Relatives And Friends

S.No.	Name	Address	Relation	Tel.No.
01				
02				
03				

### 4. Persons To Be Contacted in Emergency

S.No.	Name	Address	Tel.No.
01			
02			

### 5. Medical History

- I. Height : .....
- II. Weight : .....
- III. Complexion : .....
- IV. Blood Group : .....
- V. Health Condition : .....(Sound/ Weak)
- VI. Mental Condition : .....(Sound/ Weak)
- VII. Physical Condition : .....(Handicapped/Paralyzed/Others)  
(Specify)
- VIII. Does the Applicant Suffers : 1. Diabetes..... 2. Hypertension .....  
from any of these diseases 3. Cardiac..... 4. Arthritis .....  
(No/Yes) 5. Cancer..... 6. AIDS .....  
7.Alzheimer disease.....8. Addiction with Drugs,  
Alcohol etc. ....9. Any Other .....(Specify)
- IX. Details of the above illnesses, : .....  
If any, with the Name and .....  
Address of the Doctor under .....  
whom treatment was taken/ .....  
Is being taken .....

- X. Details of other Serious Illness in the Past or Surgeries undergone, if any : .....
- XI. Any other Medical Information (Allergy etc.) : .....
- XII. Details of Periodical Medical Check-ups if recommended By the Doctor : .....

**6. Financial/Details Position**

- I. Yearly Income : .....
- II. Source of Income : .....
- III. Pensioner (Yes/No) : .....  
(If yes, amount per month) .....
- IV. Income Tax Payee (Yes/No) : .....
- V. Details of Personal Property And Belongings (Land, House, Jewels and Savings). Attach Separate sheet if the list is long : .....
- VI. Able to pay any amount per Month, if yes, specify : Rs. ....(In words) .....
- VII. Details of Insurance Policies, if any

S.No.	Policy No.	Company	Risk Covered	Nominee
01				
02				
03				

VIII. Details of Medclaim Policies, if any

S.No.	Policy No.	Company	Risk Covered	Nominee
01				
02				

IX. Details of Club Membership, If any

S.No.	Name of the Club	Membership No.	Validity Period	Tel. No.
01				
02				

**7. Antecedents**

- I. Name, Address of other : .....  
 Institution, if the Applicant .....  
 was enrolled earlier with and .....  
 the reason of leaving .....
- II. Give details of Court Cases/ : .....  
 Litigations, if any .....

**8. Other Information**

- I. Food : .....
- II. Hobbies : .....
- III. Likings : .....
- IV. Disliking : .....
- V. Special Skills, if any : .....

**9. References (Two)**

S.No.	Name Nos.	Address/Tel.	Occupation Tel. Nos.	Office Address	Relationship	Sign
01						
02						

Date : .....

(Signature of The Applicant)

Place : .....