

# Pushpalayam Aged Home

1 Name :

2 House name:

3 Age:

4 Religion :

5 Education:

6 Occupation :    yes     No

7 Address of the present residence

8 Panchayath/municipality/corporation

9 Marital status:    Married     unmarried

10.Husband :

## 11.Children

12. Boys:

13. Girls:

14. Name of the parents:

15. What brought you here in Pushpalayam:

16. Do you hold any asset?

17. Gold

18. land

19. Bank balance

20. Any health issue? / Undergoing any treatment?

21.Taking medicine? :

22. Physical disabilities?

23. Mental illness:

24. Taking medicine for mental illness?

25. Are you able to manage yourself without the help from others?

26. Name of the responsible person who entrust you here?

27. Their address and phone number:

28. Have you brought anybody's witness certificate:

29. (panchayth president/ panchayath member/ parish priest

30. If the inmate passes away being in Pushpalayam whom to be informed:

Name with Address, phone no. :

31. In the case of death, is the responsible person ready to receive the body in their own expenses immediately? :

32 Where to be buried the body :

I am ....., assuring you that I am ready to live here in Pushpalayam, by obeying all the rules and regulations of this home. I am the only responsible person for leaving from here by any reason. If I happend to have any accidents or death being in Pushpalayam, I will not not be making any problem or disturbances against the authority of Pushpalayam Aged Home.

FOR OFFICE USE

Date of admission:

Donations:

Purpose:

Person who received donation:

Remarks:

Documents Received:

Place

Name & Sign of the Authorized Person.

Date:

