

SRI

SRIMATHI SUNDARAVALLI MEMORIAL RESIDENCY

CHENNAI – 600 063

“SUBHASHRAYA” - AN IDEAL HOME FOR SENIOR CITIZENS

Application Form for Admission

1. Name (of the person to be admitted) in BLOCK letters :
2. Date of Birth : Age :
: தமிழ் வருடம் : தமிழ் மாதம்:
: நட்சத்திரம் : கோத்ரம்:
: சம்பிரதாயம் : Sub-Sect:
: வேதம் : ரிக் /யஜுர் /ஸாமம்
(Leave blank the non applicable columns)
3. Mother Tongue :
4. Qualification :
5. Occupation last held :
Designation :
Office :
Date of retirement :
6. Present Address :
:
:
:
:
:  
- E-mail :
7. Accommodation when required :
8. Total Monthly income (Pension, interest, rent, dividends, etc.,) :

(P.T.O.)

9. If personal monthly income is not sufficient how the applicant proposes to meet the Residency expenses for the stay?

10. Spouse

Name	Status	Age	Occupation held
	Alive / Not Alive		

11. If the applicant is a male
 Father's Name : (Alive / Not alive)

Sons & Daughters

Name	Age	Sex	Address (with Telephone No. & E-mail)	Occupation

(Contd.)

12. HEALTH AND CLINICAL DETAILS

Wherever required, write a short summary of the case including the side effects, diet restriction, allergic to medicines, etc.,

Present Health Condition : Good / Under Medication

Major / Minor surgeries
Undergone - in brief :

Are you a diabetic? : Yes / No

If yes-Treatment : Tablets / Insulin/ No Medicine/ Diet Control

Blood Pressure : Normal / High / Low

Cardiac Problem : Yes / No

Asthmatic : Yes / No

Skin Disease : Yes / No

Ortho Problem : Yes / No

Epileptic : Yes / No

Vision : Good / Normal / Bad

Hearing : Good / Normal / Bad

Are you a physically challenged
person ? : Yes / No

If yes - Details :

Any other Physical problem :

Blood Group :

13. SERIOUS ILLNESS OR ANY UNTOWARD HAPPENING

If the Resident becomes seriously ill to whom should the message be conveyed or where should he/she to be moved?

(Name, Relationship & Address)

(or)

Do the Resident wants the Trust itself to take care in such a situation? : Yes / No

In the event of death to whom should the message be conveyed and the body handed over?

(Name, Relationship & Address)

(or)

Do the Resident wants the Trust to perform the last rituals? : Yes / No

(Contd.)

14. REFUND OF CAUTION DEPOSIT

In the normal course the caution deposit will be refunded to the Resident when he/she vacates the Residency.

In the event of any untoward happening to the Resident, the Caution Deposit will be refunded to the nominee.

The Resident has a right to change the nominee duly intimating the Trust in writing.

Name of the Nominee	Nominee's Father's /Husband's Name and Address	Nominee's Age	Nominee's Relationship with the Applicant

All the information furnished in this application are true and correct to the best of my knowledge.

I hereby declare that I will abide by all the Rules and Regulations of the Residency that will be in force time to time. I assure that I will co-operate and render all assistance for a congenial living along with other Residents.

Place:

Signature

Applicant / Guardian

Date :

(P.T.O.)

Instructions

- The application is to be submitted duly signed by the prospective Resident, Guardian. Individual application has to be submitted for Husband and Wife.
- All the details in the application are directly concerned with the applicant only.
- Wherever the space is not sufficient, a separate letter can be enclosed.
- All the **address** columns should contain **Telephone No.**, Mobile No., Email address, Fax etc., wherever available.
- The details furnished in this application alone will be the base for all future follow-up action.
- All the information furnished in this application will be kept **strictly confidential**.
- 'The Book' of the Residency which contains the rules and regulations as on 18.01.2010 and all amendments issued from time to time shall have binding on the Applicant / Resident.
- Clean habits of the Residents are of paramount importance – Smoking, drinking, non-vegetarian etc., are totally prohibited.
- ***NO TIPS SHOULD BE PAID TO ANY STAFF OF THE RESIDENCY. ANY VIOLATION OF THIS RULE WILL BE VIEWED SERIOUSLY AND IF PROVED, THE RESIDENT HAS TO VACATE THE RESIDENCY INSTANTLY AND THE STAFF WILL ALSO BE DIMISSED.***
- All the rules of the Residency are applicable to the Guests and Relatives too whenever they visit the Residency.
- ***THE FINANCIAL STATUS OF A RESIDENT HAS NO ROLE TO PLAY IN THE RESIDENCY. ALL WILL BE TREATED ALIKE WITH FULL HONOUR, RESPECT, LOVE AND AFFECTION.***
- The Residents are expected to live in perfect harmony with each other as a family member of "SSM Residency".
- In all matters concerning the Residency, the decision of the Management will be final and shall be binding on all Residents.

Signature - Applicant / Guardian