

APPLICATION CUM ADMISSION FORM

Information about the Applicant

Passport
Size
Photo

Name (in Block Letters) Smt./ Shri. /Ms: _____

Current Address: _____

_____ Pin Code: _____

City/Town: _____ State: _____

Mobile No: _____ Email Id.: _____

Approximate Duration of Stay: _____

Preference (please Tick ☒)

1. Single occupancy ☐
2. Double occupancy ☐

PART I – PERSONAL INFORMATION

1. Father's / Husband's Name: _____
2. Gender: Male/Female ☐
3. Date of Birth: _____
4. Identification Mark(s): _____
5. Religion: _____
6. Native Language: _____
7. Other Languages Known: _____
8. Marital Status: - Married / Single / Widow / Widower / Separated / Divorced ☐
9. Occupation: (Present) _____

Regd. Office: G-77, Ground Floor, Eternity Mall Commercial Premises, Teen Hath Naka, Thane (W) - 400 604

Website: www.lacompassion.in

Email: info@lacompassion.in

Tel: +91 22 4974 9057

10. (Last) _____
11. Educational Qualification: _____
12. Hobbies and interests: _____
13. Reasons for staying at La Compassion:
- _____
- _____
- _____
14. In case of double occupancy, name and relationship of co-inhabitant , if related;
15. Name: _____ Relationship: _____

PART II - FAMILY BACKGROUND

1. Name of Spouse: _____
- Occupation: _____
- Address: _____
- Pin Code _____ Mobile No.: _____
- Email: _____
2. Details of Children:
- Name of Child 1: _____
- Occupation: _____
- Address: _____
- Pin Code _____ Mobile No.: _____
- Email: _____

Name of Child 2: _____

Occupation: _____

Address: _____

Pin Code _____ Mobile No.: _____

Email: _____

PART III - IMMEDIATE CONTACT PERSON

Name of either of the persons to be contacted in case of emergency:

1. Name: _____

Occupation: _____

Address: _____

Pin Code _____ Mobile No.: _____

Email: _____

2. Name: _____

Occupation: _____

Address: _____

Pin Code _____ Mobile No.: _____

Email: _____

PART IV – MEDICAL HISTORY

1. Height: _____

2. Weight: _____

3. Blood Group: _____

4. Health Condition: _____

5. Mental Condition.: _____

6. Put “√” mark if the applicant suffers from any of the following illnesses:

(a) Diabetes (b) Hypertension (c) Heart disease

(d) Cancer (e) Arthritis (f) Parkinson

(g) Other illnesses (Please Specify):

N.B. You may attach a separate sheet if required.

(h) Prescription treatment & medicines by Family

Physician _____

PART V – FINANCIAL DETAILS

1. Yearly income: _____

2. Source of income: _____

3. Income tax PAN: _____

PART VI – ENCLOSE FOLLOWING SELF ATTESTED DOCUMENT:

1. Aadhar Card

2. Income- tax PAN Card

3. Health Certificate (Original)
4. Last Financial Year Income – tax Return
5. Bank Statement (Last One Year)
6. 4 Passport sized photographs
7. Address proof (if it be other than that of Aadhar Card)
8. Medical Test Reports

PART VII – OBSERVATION OF RULES AND REGULATIONS

I have gone through and fully understood the Rules and Regulations framed by **La Compassion** and the monthly charges (in addition to Security Deposit) payable by me and I agree and undertake to observe fulfil and perform my obligations and responsibilities there under and to execute necessary documents as be required of by **La Compassion** in regard thereto.

PART VIII – LAST RITES

(I) in the unfortunate event of my death, efforts will be made by **La Compassion** to contact any one of the persons nominated by me for the purpose and named above. In case such person fails or neglects to satisfactorily respond in a timely manner or fails or neglects to take custody of the body within 8 hours of the demise or within 4 hours of the contact, the last funeral rites will be performed by **La Compassion** at my costs in such manner as it may, at its sole discretion, deem fit and proper.

(II) Notwithstanding the aforesaid, I wish and direct **La Compassion** that even in the event of its failure to contact such nominated person despite efforts, the acts of the last funeral rites should be performed at my costs after 8 hours.

(III) Further, I direct that in the event of my last funeral rites being performed by **La Compassion**, **La Compassion** shall be and / or be deemed to have relieved and discharged of and shall not be liable to entertain any complaint or grievance whatsoever by any person whatsoever including my family members regarding the medical treatment of alleged negligence of any sort or the last funeral rites. Nonetheless and in addition thereto, La Compassion shall not be held liable or responsible by any person whatsoever for its acts of performing my last funeral rites.

PART IX - PAYMENT DETAILS

I, hereby enclose Cheque/Pay Order/DD/No. _____ Dated _____ for

Rs. _____ Drawn On _____

In the favour of La Compassion Elder Care LLP towards Security deposit for the
accommodation applied by me for your consideration in your Senior Citizen Home – La
Compassion Elder Care, G77, Grd. Floor, Eternity Commercial Premises, Teen Hath Naka,
Thane (W) – 400604, Maharashtra – India

DATED THIS _____ DAY OF _____ 20____

Signature _____

(APPLICANT)

Witnesses: (Preferably by the Immediate Contact Person)

1. Signature: _____

Name: _____

Address: _____

2. Signature: _____

Name: _____

Address: _____