

SUKI HOMES

APPLICATION FOR ADMISSION

Name of the applicant

.....

Address

.....

.....

Post

Village

Taluk :.....

District

State

STD Code:.....Tel. No.Cell :.....

Police station Jurisdiction

N.B

1. Please read the following note before signing this application form.
2. Please also read the Terms and Conditions of SUKI HOMES before signing this application.
3. This application form is an annexure to the agreement to be signed by the applicant / his / her representative.
4. The entries in the application should be made by the applicant / his / her representative in his / her own handwriting. You should sign this application in front of Representative of SUKI HOMES and a witness.
5. This application and a copy of the Rules and Regulations supplied to you is an important document. SUKI HOMES strongly recommends that the applicant seek the advice of his/ her representative or other near relative before signing this application, the Rules and Regulations of the House and the agreement.

SUKI HOMES

Passport
size
Photograph
Should be
affixed here

PERSONAL INFORMATION	
Name	
Surname	
Male/Female	
Age/Dob	
Identification Mark	
Name of the Gaurdian (Husband,Wife, near relative, representative legal guardian with phone no	
Mother Tongue	
Other Languages Known	
Religion – Caste	
Father's Name	
Mother's Name	
Spouse Name	
No of Children	
No of Brothers and Sisters	Brothers Sisters
Name , Occupation , address and Telephone no of Children	
Name Occupation Address	
Contact #	email :
Name Occupation Address	
Contact #	email :
Name Occupation Address	
Contact #	email :

Name ,Occupation and Address , Telephone nos of Brothers and Sisters	
Name Occupation Address	
Contact #	email :
Name Occupation Address	
Contact #	email :
Name , Occupation of Other near relatives	
Name Occupation Address	
Contact #	email :
Name , Occupation and address of other benefactors in absence of near relatives	
Name Occupation Address	
Contact #	email ;
Name, Address and telephone no of relative to contact in case of emergency	
Name Occupation Address	
Contact #	email :

MEDICAL HISTORY	
Height	
Weight	
Complexion	
Blood Group	
Health Condition	Sound Weak
Mental Condition	Sound Weak
Physical Condition	Handicapped Paralyzed Others
Specify if the applicant suffers from any of the illness	Diabetes Hypertension Arthritis Other Serious illness
Details of illness and name and address of doctor under whom treatment was/is being taken with phone no	
Details of Surgeries if you had Undergone in past	
Other important information Eg. Pencilin reaction, allergy etc	
Details of Periodical Medical Checkup recommended by doctor	
NB:PI attach latest medical reports along with the application form	
ANTECEDENTS	
Name and address of other institution if the applicant/inmate was enrolled earlier and reason for leaving there	
FINANCIAL POSITION	
Yearly Income	
Source of Income/Asset	
Is the applicant a Income tax assessee (pl specify PAN no)	
Please give details of Mediclaim Policy if any (pl enclose a copy of the policy)	
LIKES/DISLIKES AND WISHES/DESIRES	
FOOD HABITS	
HOBBIES	
WISHES/DESIRES IF ANY	
BURIAL/CREMATION AFTER DEATH	

*PI attach a sheet of daily/regular medicines taken along with the dosage

Declaration

I hereby declare that the information given above is true to the best of my knowledge

Date :

Place :

Signature of Applicant

WITNESS

1

2

REFERENCE:

1.

2.