

# Nand Niwas

Form A

A Project of Bhagwatidevi Nandlal Agarwal Charitable Trust

Plot No.4, Tringalwadi Dam Road, Pardevi Village, Tal. Iagtpuri, Dist- Nashik- 422402  
H. O. D-1602, 16-Floor Lotus Corporate Park, WE Highway Jay Coach Signal, Goregaon, East Mumbai 400063  
Reg No E-277114 Dtd: 22/02/11 [www.nandniwas.com](http://www.nandniwas.com) Email :[info@nandniwas.com](mailto:info@nandniwas.com)

## Application form for Admission

1. Name of Applicant

a. Shri/Smt/Kumari.....

b. D/W/H of .....

c. Gender - Male/Female

d. Address.....

... Contact no. ....

Mobile no. ...., Email.....

2. Photograph

2. Marital status -Married/Unmarried/Widow/Divorced/Widower

3. Birth date : date / month/year

4. Present age\*:..... Yrs months

5. Educational Qualifications : .....

6. Occupation/ Profession\*\*:.....

a. If retired, occupation be for retirement: .....

7. Source of Income:.....

8. Person with whom applicant is presently staying:

Name.....

Address.....

Tel. no....., Mobile No..... Email.....

9. Reason for seeking admission to Nind Niwas.....

10. Applicant's Hobbies & other interests .....

11. Would you like to give any service in the Home (eg. Medical help, Administrative help, event, hobbies/Skills etc.....

12. Likely duration of stay: temporary/permanent months/years

13. Preference for accommodation : single/double/couple/ shared accommodation unit

Reason for such preference: .....

14. Full Names of two citizens for references who know you personally and who may be contacted for references:

I. Name.....

Address.....

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Tel No: ..... Mobile..... Email.....

ii. Name.....

Address.....

.....

Tel No: ..... Mobile..... Email .....

15. Name address & Tel no. of relative /next of kin/ other persons to be contacted in case of any emergency

Name.....

Address.....

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Tel. No :..... Mobile..... Email.....

**Declaration :**

1. I Hereby declare and confirm that the above information provided by me in this application is true and accurate in all respects.
2. I am able / not able to take care of my daily routine work without any outside help or assistance
3. The prescribed medical statement and consent letter from my relatives/caretaker/friend is attached.
4. I Have received a copy of the rules and regulations governing and regulating my admission and stay at the “ NandNiwas” I Confirm having read them carefully and understood fully and I will abide by them.
5. Trustees, Directors, employees, other residents/ members, etc. will not be liable for any physical or monetary loss or damage to the Resident and the Resident’s relative or guardian will not hold the Trustees, Directors, management, employees, etc. liable in any manner whatsoever.

Date :

Place :

Signature of applicant

\* Proof age & address copy of addhar card / pan card/ passport/ voter I.D. / Residential proof

\*\* Employee / Business / Pensioner