



## ADMISSION FORM

### General

Name:

Age:

Religion:

Marital status:

Education:

Addresses (a) Permanent:

(b) Present:

### Details of family Members

Name

Relationship

Address

Contacts: Tel

Mobile

e-Mail

Next of Kin

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contacts Tel \_\_\_\_\_ Mobile \_\_\_\_\_ e-Mail \_\_\_\_\_

**Local Contact** (for emergencies)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contacts Tel \_\_\_\_\_ Mobile \_\_\_\_\_ e-Mail \_\_\_\_\_

**Brief professional background** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Interests and Hobbies** \_\_\_\_\_

\_\_\_\_\_

## **Sickness**

In the event of serious sickness necessitating hospitalisation, please specify preferred hospital, specialists and mode of payment of expenses.

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## **Will**

Have you executed your will? \_\_\_\_\_

Location (optional) \_\_\_\_\_

## **Last Rites**

In the event of your death, please specify who is to be informed and give details of the conduct of desired last rites.

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## **Optional**

Financial Status and source of funds \_\_\_\_\_

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Bank \_\_\_\_\_ AC No \_\_\_\_\_

Address \_\_\_\_\_

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Locker location \_\_\_\_\_

Legal disputes, if any \_\_\_\_\_

\_\_\_\_\_

Income Tax disputes, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please furnish photocopies of your passport, PAN Card and Voter ID Card    Voter I Card photocopy

**Disclaimer**

Signatures \_\_\_\_\_

\_\_\_\_\_

Resident	Sponsor _____	Witness _____
	Name _____	Name _____
	Address _____	Address _____
	_____	_____
	Tel _____	Tel _____
	e-Mail ID _____	e-Mail ID _____