

APPLICATION FORM FOR ADMISSION INTO OLD AGE HOME/ORPHANAGE

To

**Director General,
Social Justice, Empowerment, Welfare of SCs & BCs
and Antyodaya (SEWA), Department Haryana, Chandigarh**



Dear Sir/Madam,

1. Name in Capital Letters : _____
2. Father's/Husband's name : _____
3. Dare of Birth/ Age : ____ / ____ / _____ Gender : **Male/Female**
4. Present Address :-
House No :. _____ Ward No _____ Village/Town : _____
Tehsil : _____ District : _____ State : _____
District _____ Taluka _____
5. Permanent Address :
House No :. _____ Ward No _____ Village/Town : _____
Tehsil : _____ District : _____ State : _____
6. Aadhaar No : _____ PPP ID : _____ EPIC : _____
7. Contact No : _____
8. **Details of Family Members** :-

S/ No	Name	Age	Relationship	Occupation	Income per month

9. Educational/Professional Qualification : _____
10. Single/Married/Widow/Widower/Separated/Divorced : _____
11. Details of Present/Last Occupation : _____

12. Name(s) of Son(s)/Daughter(s)/Nearest Relative(s) along with addresses who can be contacted in case of Emergency :-
(a) _____
(b) _____
(c) _____
13. Blood Group : _____
14. Name & contact number of Relative (s) : _____

15. Identity Mark : _____

16. Did any member of the applicant's family receive/received any assistance from the Institute of Public Assistance or any other Govt. Department : Yes/No (If yes, please give the following information)

S/No	Name & address of Govt Deptt	Amount received	Date of receipt

17. **Health Conditions** :-

- (i) Any serious illness : **Yes/No** (In case of yes, please specify with details) :

- (ii) Any infectious disease : **Yes/No** (in case of yes, please specify with details) : _____
- (iii) Any other disability : **Yes/No** (in case of yes, please specify with details) :

- (iv) Are you ready to devote time for the society : **Yes/No**

18. Financial Status (indicate present income) : _____

19. Financial Support : _____

20. Reason (s) for joining the old age home/orphanage : _____

21. Please specify whether there is any movable/immovable properties in his/her name : _____

22. Any other information would you like to share : _____

Date :

(Signature/Left hand thumb impression
duly attested by Gazetted Officer/ Local
MLA/ Gram Sarpanch with Contact No

DECLARATION BY APPLICANT

(to be given at the time of admission)

I, _____ s/o,w/o,d/o _____
hereby declare that I have read/heard and understood the rules and regulations and conditions of eligibility for admission in Old Age Home/Orphanage of Institute of Public Assistance for which I seek admission and undertake to abide by them.

I, the applicant fulfill the eligibility criteria and have provided necessary information which on being found incorrect and misleading, my admission **shall** be liable for cancellation by the authority of the Institute of Public Assistance at any time without any notice to me.

I further certify that above information as given by me is true.

Dated:

Signature & address of witness

**Signature/left hand thumb impression
of the applicant duly attested by
Gazetted Officer/Local MLA/Sarpanch**

Enclosures :-

1. Proof of Age/birth.
2. Health Certificate issued by Govt. hospital.
3. Document in support of Permanent Address.
4. Residential Certificate of 15 years issued by Tehsildar
5. Income Certificate issued by Competent Authority.
6. Two copies of recent passport size photograph.
7. Copy of the Aadhaar Card / PPP ID.

RULES AND REGULATION

1. He/she shall abide by Instructions issued by the In-charge/ Steward/ Stewardess and any other authority of the Institution, in the interest of the smooth functioning of the Institution.
2. He/she shall not leave the Institution without recording his/her movement in the register maintained for the purpose and shall obtain the permission of the Incharge for doing so.
3. He/ she shall be regular and punctual in attending each and every activity including mealtime.
4. He/she shall not carry in his/her possession or bring in any equipments inside the institution which are capable of causing harm to him/her or the other residents/inmates.
5. Person(s) whose name (s) is/are recorded in the form shall be allowed to meet the residents/inmates.
6. In case of misbehavior, he/she will likely be discharged from the Institution.
7. Neither he/ she should use harsh/ filthy/ abusive language nor fight with/ hit other residents/ inmates/ staff on duty.