

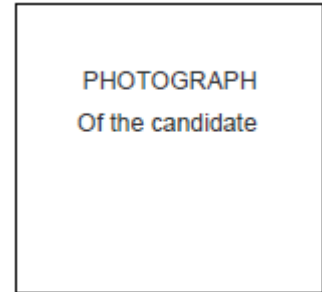


Suvali Estates
Chityal Road, Bhongir
Hyderabad(HMDA) - 508116

An Assisted living retirement community

APPLICATION FORM FOR ADMISSION TO TRANSIT POINT

1. Name Of Applicant Mr/Mrs.



2. Date of Birth

3. Permanent Address

.....
.....

4. Marital Status Single / Married / Widower / Widow / Separated / Divorced

5. Email Address

6. Contact number home phone cell phone

7. Name of Spouse

8. Name(s) of Children, if any along with their full address, Phone No. & E-mail address

I. Name..... (Son / Daughter)

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

II. Name..... (Son / Daughter)

Address:

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.....
 Phone No. (Residence)(Office)
 Cell Ph. No..... E-mail Address

III. Name..... (Son / Daughter)
 Address:

Phone No. (Residence)(Office)
 Cell Ph. No..... E-mail Address

IV. Name..... (Son / Daughter)
 Address:

Phone No. (Residence)(Office)
 Cell Ph. No..... E-mail Address

8. Name of person to be contacted in case of emergency

I. Name..... (Relation)
 Address:

Phone No. (Residence)(Office)
 Cell Ph. No..... E-mail Address

II. Name..... (Relation)
 Address:

Phone No. (Residence)(Office)
 Cell Ph. No..... E-mail Address



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9. Educational Qualification

10. Last professional position held, if any
.....

11. Hobbies/ Interest in special activities

12. Health Conditions:

I. Any chronic illness(Yes/No)

If Yes Give Details

.....
(Attach latest blood sugar/ ECG /Urine testing report)

II. Any serious illness :(Yes/ No)

If Yes Give Details

.....

III. Any infectious diseases: (Yes or No)

If Yes Give Details

.....

IV. If you have had any form of heart surgery / Kidney transplant / Treatment of cancer / any other major illness / surgery etc. in the past, please give date of such illness and treatment done and present status of health with MEDICAL CERTIFICATE.

13. Financial Status:(Your Annual Income / Income of your Guarantor as per the tax return for last Financial Year):

14. Financial Support

(In case you are going to meet your financial obligation, details of your bank account with **copy** of your bank statement for last 1 (one) year):

Name of Bank

Name of Branch

Savings/Current A/c No.



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Any other information

15. Name & Address with Ph. No. of Guarantor
(Applicable only in case where applicant is not paying his/her expenses)

1. Name..... (Relation)

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

16. Name & Address of References

1) Name.....

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

2.) Name.....

Address:

.....

Phone No. (Residence)(Office)

Cell Ph. No..... E-mail Address

.....

Date :

Signature of applicant