

ELDERS WELFARE ASSOCIATION

(Reg.No.T 236/07)

Thiruvananthapuram

Head Office: Revenue Bhavan, Sreekanteswaram, Fort.P.O, Thiruvananthapuram- 695023, Kerala

Phone : 0471 2431764 Mobs : 9496261105, 9447315952 Email:

HAPPY HOME

(A Project of Elder's Welfare Association, Trivandrum, Kerala)

APPLICATION FOR ADMISSION

Passport
Size
Photograph
Should be
Affixed here

Name and Address of the applicant/Inmate:

House name.....

Post.....pin code.....Village.....

Taluk.....District.....

State.....Tel.No.....

Police station having jurisdiction in the area

NB:

1. Please read the following note before signing this application form.
2. Please also read the rules and Regulations of the Happy Home 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 handwriting and sign this application in front of General Secretary Elders Welfare Association and a witness.
5. This application and a copy of the Rules and regulations Supplied to you are important document. The applicant shall seek the advice of his/her representative or other near relative before signing this application, the Rules and Regulations of the Home and the agreement.

I. PERSONAL INFORMATION

1. Name :
2. Surname :

3. Male/Female :
4. Age& Date of Birth :
5. Identification Mark :
6. Name of any of the following-
Husband, wife, near, relative/
Son/daughter/Son-in-law/
Daughter in –law guardian
With phone No :
7. Mother Tongue :
8. Other language known :
9. Religion – Caste :
10. Occupation :
11. Dept. and official address in
Which he/she last Served :

II FAMILY BACKGROUND

1. Name and Occupation of father :
2. Name and Occupation of Mother :
3. Name of Spouse, address and
Phone No :
4. Occupation of spouse with official
Address :
5. Name, Occupation and Address
And phone No. of children
Son-in-law/daughter-in-law : 1.
2.
3.
4.
5.
6. Name, Occupation and Address
And phone No. of brother and Sister : 1.
2.
7. Name and Occupation of other near
Relatives : 1.
2.
8. Name, Occupation of address of other
Benefactors in the absence of near
Relatives :
9. Name and address Telephone number
of relatives to contact in case of any emergency :

II MEDICAL HISTORY

1. Height :
2. Weight :
3. Complexion :
4. Blood Group :
5. Health Condition : Sound/Weak:
6. Mental Condition : Sound/Weak:
7. Physical condition : Handicapped/paralyzed/other
8. Reaction/allergy of
Medicine if any :
9. Deaf, dumb, Blind
any to be specified :
10. Put tick mark if the applicant suffers from any of the following illness
 - a) Diabetes :
 - b) Hypertension :
 - c) Arthritis :
 - d) Cancer :
 - e) Alzheimer's disease :
 - f) other serious illness :

Specify if the applicant suffer from any other disease. (E.g. addiction to liquor etc)

10. Details of illness and the name
And address of the doctor under
Whom treatment was/is being taken.
11. Details of other serious illness if any you had :
12. Details of surgeries if any you have undergone in the past :
13. Other important information :
(Ex:-penicillin reaction, allergy etc)
14. Details of periodical medical check ups
Recommended by the doctor, if any :

IV ANTECEDENTS

1. Name and address of other institution
Where the applicant/inmate was admitted/
Enrolled earlier and the reason for leaving. :
2. Details of complaint/s leveled against
And the charges framed against the
Applicant and the finding of the court /
Present position of the case :
3. Is the applicant absconded
Person or wanted criminal :

V FINANCIAL POSITION

1. Yearly Income :
2. Sources of income/Asset :
3. PAN Number :
4. PPO number and name of Treasury :
5. Bank Account Number and name of bank :
6. Election ID card number :

VI LIKES/DISLIKES/WISHES/DESIRES

- a) Food habits : Vegetarian/Non-Vegetarian
- b) Hobbies :
- c) Wishes/Desires if any :
- d) Nature of Burial/Cremation after death :

REFERENCES

Witnesses

Name Signature and thump
Impression of the applicant

1.

2.

For Office Use

General Secretary
Elders Welfare Association
Trivandrum

LETTER OF UNDERTAKING

From

To

The General Secretary

Elders Welfare Association,

Thiruvananthapuram .

Name and Address of the applicant :

Name and address of the Introducer/

Responsible authorized person :

Relationship of applicant with Introducer :

I, authorized representative / introducer of the above named applicant/inmate admitted here to secure him / her rest and care, do hereby state and undertake as follows:

- a). That Sri/Smt..... the applicant, who is admitted now as inmate subject to other conditions and rules and regulations of the Happy Home is now suffering from..... For the last...../ several years, and that Dr..... Under whom the inmate has taken treatment vide his medical report dated appended herewith, has diagnosed the disease and appraised us of the serious consequences which such patient may suffer.
- b). That the authorities of the Home has also explained in Clear terms of the serious consequences of the disease including acute pain, stress , mental and other health problems the inmate may suffer
- c) That I/we have decide to get applicant admitted as inmate after having fully understood his physical and mental conditions of his/her.
- d) That in the event of death of the inmate at the Happy Home either myself or any other near relative of the inmate authorized by me in writing would take back the body for burial/ cremation. If no one turns up to claim the body within 24 hours of the receipt of the intimation of death, the authorities of the Happy Home shall have every right to bury the body at their discretion.
- e)That I irrevocable and unconditionally promise to pay on 30th of every month the actual expenses towards food, Service charges , special nurse' charges and medical expenses if any, spend by the Home for the inmate and other expenses as shown in Art.7&8 and other articles, of the rules and regulations. It is agreed that this is in addition to the security amount of Rs.25, 000/- which is to be paid at the time of admission.

f). That I hereby ratify confirm and agree to ratify and confirm any decision or commitment made by the inmate in writing in favor of Home and I further assure that no legal

Heir/successor/administrator shall dispute any decision or commitment made by the inmate in favor of the Home.

Date this.....day of..... 20

Witness:

Name, signature and thump impression

Of the applicant.....

1).

2).

General Secretary

Elders welfare Association

AGREEMENT

This AGREEMENT is made at Kavalakulam in Neyyattinkara Taluk in Thiruvananthapuram District, Kerala state on this the day of20 Between,

Happy Home (A project of Elders Welfare Association) Kavalakulam ward, Neyyattinkara Municipality, Neyyattinkara Village, Neyyattinkara Taluk, Thiruvananthapuram Dist, Kerala State.
Of the one part.

And

Sri/Smt.....S/o Sri/Smt.....
Aged.....occupation,..... Resident at
..... village
..... Taluk, District.....
Sate..... (hereinafter referred as “ The Relative” which expression shall include his/her successors or nominees and / or assigns) of the other part;

WHEREAS Requires care, shelter, treatment and other amenities on a permanent basis and that he/she is not in a position to get adequate care, shelter, treatment, attention etc. in his/her place of residence, and WHEREAS the Relative desires that Happy Home shall provide care, shelter, treatment etc. to the aforesaid relative on a permanent basis in the manner hereinafter appearing, and Home has agreed / consented the same:

NOW THIS AGREEMENT WITNESSETH and it is hereby mutually agreed upon by and between the parties hereto as under:

1. Happy Home (A project of Elders Welfare Association) Agree to admit, take care and provide shelter, treatment and other amenities to Sri/smt..... At happy Home, Kavalakkulam, Neyyattinkara, Thiruvananthapuram District.
2. The relative agrees to make a payment of Rs.25,000/- (Rupees twenty five thousand only)

as interest free security deposit and Rs . 5000/- (Rupees Five Thousand only) as advance to the home being the expenses of food, salary of staff, Maintenance, Electricity, Water Charge News paper , Laundry, Entertainment, shelter , care, treatment , other amenities etc., and towards the same has remitted the said amount to the Elders welfare Association by means of a Demand Draft No..... dated.....drawn onBank in favor of Elders Welfare Association Reg.No. T 236/07, Trivandrum.

3. Both parties agree to abide by the Rules and Regulations of Happy home which forms part as Annexure No.I hereto.

I any alteration or addition to this AGREEMENT can be done in writing by mutual consent of the parties.

IN WITNESS WHERE OF this Agreement has been executed at Kavalakkulam on the day and the year herein above written

1.

2.

ANNEXURE NO.I TO FORM THE PART OF THIS AGREEMENT

Regulations for happy Home established by the Elders Welfare association

Signature

Signature and Address of the Relative

General Secretary

Elders Welfare association, Tvm

By

By

In the presence of the following witness

In the presence of the following witness

1.

1

2

2