



# Registration Form

## Name and address of the applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Preference (please tick)  Single occupancy  Double occupancy

Passport size photographs should be affixed here

## PART I—PERSONAL INFORMATION

1 Date of birth (Enclose certificate) \_\_\_\_\_

2 Identification mark \_\_\_\_\_

3 Native language \_\_\_\_\_

4 Other languages known \_\_\_\_\_

5 Marital status \_\_\_\_\_

6 Religion, caste \_\_\_\_\_

7 Last occupation \_\_\_\_\_

8 Hobbies and interests \_\_\_\_\_

\_\_\_\_\_

## PART II—FAMILY BACKGROUND

1 Name of spouse \_\_\_\_\_

2 Status of spouse with official address and contact number \_\_\_\_\_

\_\_\_\_\_

3 Name of child 1 \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_ Email \_\_\_\_\_



4 Name of child 2 \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact number \_\_\_\_\_ Email \_\_\_\_\_

5 Name of beneficiary in case of demise \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact number \_\_\_\_\_ Email \_\_\_\_\_

6 Name of person to contact in case of emergency/guarantor \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact number \_\_\_\_\_ Email \_\_\_\_\_

**PART III MEDICAL HISTORY**

1 Height \_\_\_\_\_ 2 Weight \_\_\_\_\_

3 Blood group \_\_\_\_\_

4 Health condition—Sound/Weak \_\_\_\_\_

5 Mental condition—Sound/Weak \_\_\_\_\_

6 Put tick mark if the applicant suffers from any of the following illnesses

a Diabetes  b Hypertension  c Heart disease  d Cancer  e Arthritis

f Other illnesses (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Name, address and phone number of the personal physician \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 Details of surgeries if undergone in the past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Other important information (eg allergies, penicillin reaction etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10 Details of periodical medical check ups recommended by the doctor if any \_\_\_\_\_

\_\_\_\_\_

11 Current health certificate (Please enclose) \_\_\_\_\_

12 Physical limitations, if any \_\_\_\_\_

#### **PART IV FINANCIAL DETAILS**

1 Yearly income \_\_\_\_\_

2 Source of income \_\_\_\_\_

3 Net assets \_\_\_\_\_

4 PAN number (Please attach an attested photocopy of PAN CARD) \_\_\_\_\_

#### **DECLARATION BY THE APPLICANT**

1 That the particulars and medical enclosure attached with the Registration Form are true and correct. (Medical records older than 45 days will not be accepted)

2 That I agree to the Terms and Conditions and Rules framed by the RUKMANI AMAR AANGAN.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

#### **PAYMENT DETAILS**

I hereby enclose cheque number \_\_\_\_\_ dated \_\_\_\_\_ for  
₹ \_\_\_\_\_ drawn on \_\_\_\_\_ in favour of  
"Radhakishan Rukmanidevi Poddar Charitable Trust" towards security deposit for the accommodation  
allotted to me.

#### **RUKMANI AMAR AANGAN**

Dhakshini Project, Village—Khariberia, PO & PS—Bishnupur  
Diamond Harbour Road (South 24 Parganas), West Bengal

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