

APPLICATION FORM FOR ADMISSION INTO GURUJAN SEVASHARAM



Latest Photo

With signature across

1. Name in Capital Letters: _____
2. Father's/Husband's name: _____
3. Date of Birth/ Age: _____ / _____ / _____ Gender: **Male/Female/TG**
4. Present Address: -
House No: _____ Ward No _____ Village/Town: _____
Tehsil: _____ District: _____ State: _____
5. Permanent Address:
House No: _____ Ward No _____ Village/Town: _____
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. Health Conditions: -
 - ❖ Any serious illness: **Yes/No** (In case of yes, please specify with details):
 - ❖ Any infectious disease: **Yes/No** (in case of yes, please specify with details):
 - ❖ Any other disability: **Yes/No** (in case of yes, please specify with details):
 - ❖ Are you ready to devote time for the society: **Yes/No**
17. Present Health Condition:
 - ❖ Ambulated/ non-ambulated
 - ❖ SPO2:
 - ❖ HR:
 - ❖ BP:
 - ❖ Weight in Kg:
 - ❖ Height in Cm
 - ❖ Temp
 - ❖ RBS
 - ❖ BMI
18. Financial Status (indicate present income): _____
19. Financial Support: _____
20. Reason (s) for joining the Gurujana Sevasharam: _____

21. Please specify whether there are any movable/immovable properties in his/her name: _____
22. Any other information would you like to share: _____

Date: _____ (Signature/Left hand thumb impression with Contact No)

Signature of RMO
Mukti Foundation

Signature of Superintendent
Mukti Foundation

DECLARATION BY APPLICANT

(To be given at the time of admission)

I, _____ s/o/d/o _____ hereby declare that I have read/heard and understood the rules and regulations and conditions of eligibility for admission in **Gurujana Sevasharam** of Mukti foundation, Bhubaneswar for which I seek admission and undertake to abide by them.

I, the applicant fulfills the eligibility criteria and have provided necessary information which on being found incorrect and misleading, my admission **shall** be liable for cancellation by the Mukti Foundation 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

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

RULES AND REGULATION

1. He/she shall abide by Instructions issued by the In-charge/ Steward/ Stewardess and any other authority of the Foundation, in the interest of the smooth functioning of the **Gurujana Sevasharam**.
2. He/she shall not leave the **Gurujana Seva Sharma** without recording his/her movement in the register maintained for the purpose and shall obtain the permission of the **In** charge 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 equipment's 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.