

SCHEDULE/ FORMS/ ANNEXURES

FORM – 1

APPLICATION FORM (FORM OF APPLICATION FOR ADMISSION)

Category: Please select one and mark



Open



Bonafide resident of Himachal Pradesh



Under Financial Assistance



Institutional (Serving or former employee of Kayak alp/ VMI/ Vishranti / Trust)

Note:

- i) A Bonafide resident of Himachal Pradesh should apply along with a certificate of bonafide residence of Himachal Pradesh issued by an officer authorized by the Government of Himachal Pradesh in this behalf.
- ii) Under-financial-assistance person should apply in the same application form along with valid proof of BPL status certificate of yearly income issued by a competent authority.
- iii) Under Ex- Employee (Kayak alp or VMI) should submit duly filled form along with a letter of recommendation from the Chairman or a person authorized by Chairman.
- iv) A person desirous of applying for admission against the “Open” category should submit a duly filled form along with required forms and requisite documents.

Before applying, please read all documents relating to the admission procedure.

Name (In Block Letters) Smt./Shri. / Ms.

Address : _____ House No. _____

Village/ Mohalla/ Street _____ Town / City _____ Tehsil

_____ District _____ State

_____ Pin code _____ Police Station

_____.

Telephone Number 1.) Landline _____ 2.) Mobile _____

Specify the duration of the proposed or intended stay here

Accommodation Preference Single Occupancy Double Occupancy

Dormitory AC Non AC

In case of double occupancy, name and relationship of co-inhabitant:

Name _____ Relationship _____

Personal Information:

Father's/ Husband's Name:

Gender: Male Female Date of Birth

Identification Marks 1.) _____ 2.) _____

Religion _____ Mother Tongue _____

Any other languages which the applicant can read, write and speak

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

Marital Status (Tick the right option) Married / Unmarried / Widow/ Widower/ Separated/
Abandoned/ Divorced

Occupation

Educational Qualifications

Hobbies & Interests

Reasons for staying at Vishranti

_____.

Family Background

Name of Spouse

_____ Date of birth of Spouse _____

Occupation

Address

House No.

Village/ Mohala/ Street

Town/ City _____ Tehsil _____ District _____

State _____ Pin Code _____ Police Station _____

Post Office _____ Pin Code _____

Mobile/ Telephone Number : _____ Email : _____

Details of Children

Name of Spouse _____ Date of Birth of Spouse _____

Occupation

Are you staying with hi/her/ them:

YES

NO

Reason for not staying together (if the answer to the above is No)

Address

Pin Code _____

Mobile / Telephone number _____ Email _____

Landline Telephone Number _____

The person(s) who may be contacted in case of need

(1) Name

Relation with the applicant _____ Date of birth _____ Occupation _____

Address

House No. _____ Village / Mohalla/ Street _____

Town / City _____ Tehsil _____ District _____

State _____ Post Office _____ Pin Code _____

Police Station _____

Mobile Telephone Number _____ Email _____

(2) Name

Relation with the applicant _____ Date of birth _____ Occupation _____

Address

House No. _____ Village / Mohalla/ Street _____

Town / City _____ Tehsil _____ District _____

State _____ Post Office _____ Pin Code _____

Police Station _____

Mobile Telephone Number _____ Email _____

Medical History

Height _____ Weight _____ Blood Group _____

General Health Condition

Mental Condition

Please mark if the applicant suffers from any of the following diseases

- Diabetes Hypertension Heart Disease Cancer
- Dementia/ Alzheimer/ Serious Mental Disorder Arthritis Parkinson
- Kidney Failure Bipolar Disorder HIV/ AID

Any other disease(s) (please specify)

Social History

Write a brief note of your interpersonal relationships/ relations with your neighbours

Did you have any conflict in your family or with your neighbour(s) during last 6 months?

- a) If yes, please give details and specify your analysis how the potential or actual conflict could have been avoided.

- b) Whom do you find responsible for picking up the conflict and why?

Financial Details

AnnualIncome

Source(s) of income

PAN Number

Enclose self-attested copies of the following documents: -

Aadhar Card

4 passport size photographs

PAN Card

Proof of address

Health Certificate (in original)

Recent medical (test) reports.

IT return for last 3 years

Past one year's bank statement

Declaration

I, the undersigned applicant, hereby declare that (a) the information provided / submitted in this application is true, complete and correct to the best of my knowledge and belief, and nothing has been concealed / distorted ; (b) that I have gone through and fully understood the regulations pertaining to admission or stay etc. in ' Vishranti'; (c) that I have also gone through the regulations pertaining to financial details like deposit, monthly charges payable by me, my liabilities in case of sickness, etc., and I agree and undertake to fulfil and perform my obligations and responsibilities there under (d) and that I agree to execute the necessary deeds as required by Vishranti in regard my admission, or stay in Vishranti etc., (e) and I agree that in case of any disputes arising with regards to my admission or stay in Vishranti, due to, my inability of paying monthly charges, inappropriate behaviour, moral turpitude, hostility towards other inmates etc., or any other claim, if any, against Vishranti, the matter will be referred to an arbitrator appointed by Vishranti, whose decision shall be binding to me and, I agree that in case of any lawsuit/ judicial proceedings, etc., the court in Palampur shall have exclusive jurisdiction over any such matter.

Signature of applicant (in Hindi and English)

Signature (with date place and stamp)
of a witness, who would be a gazetted

Officer/MLA/MP/MunicipalCounsellor/

Name _____

Panchyat Pradhan

Date& Place _____