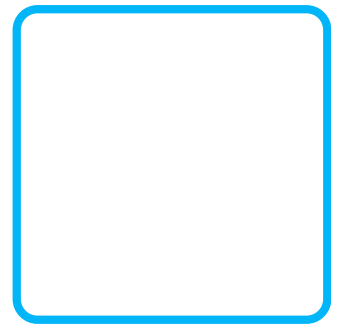


DR ABDUL KALAM TRUST ORPHANAGE

NO 173, SSLF CITY, KOWSALYA, GARDEN, UNAMALAI
CHENGALPATTU DISTRICT - 603306



NEW REGISTRATION FORM

BENEFICIARY PERSONAL DETAILS

Name of Beneficiary : Date of Admission :
D D M M Y Y Y Y

Gender : Male Female

Age :

Marital Status : Single Married Widowed Divorced

CONTACT & FAMILY DETAILS

Native Place : District :

Emergency Contact Person Name :

Relationship with Beneficiary : Son Daughter Guardian Public

Emergency Contact Number :

HEALTH & MEDICAL DETAILS

Health Condition : Normal Diabetes Heart Problem BP Asthma
 Mentally Challenged Physically Challenged Normal

Mobility Status : Normal Walking Stick Wheelchair Bedridden

Vision Problem : Yes No Hearing Problem: Yes No Dumd Problem: Yes
 No

OLD AGE HOME ADMISSION DETAILS

Type of Stay : Temporary Permanent

Sponsored By : Self Family Trust Donor Others

Medical Insurance: Yes No

Declaration :

I hereby confirm that the above details are true to the best of my knowledge and I give consent for admission to Dr.Abdul Kalam Old Age Home.

**DR.ABDUL KALAM TRUST
FOR EDUCATIONAL & GREENERY**

No: 12/14, Muthurajan Colony,
Anna Nagar, Chengalpattu - 603001
9894457002 - 7010696804

Signature Of Guardian

