



Application Form

Personal Information

Name in Full _____

Date of Birth _____ Male/ Female _____ Nationality _____

Residential Address _____

Permanent Address _____

Photo

Contact Numbers _____ E-mail id _____

Details of Professional Life _____

Details of Family Members

Sr.	Relationship	Name	Age	Contact Number	Email id

Long Stay

Single Room Double Room

Short Stay (for 7 Days)

Single Room Double Room

Medical History

Blood Group _____ Physical Disability (if any) _____

Please tick if you suffer from any of the following

- Diabetes Low Blood Pressure Cancer Kidney Problems Depression
 High Blood Pressure Arthritis Alzheimer's Cardiac Diseases Parkinson's
 Others Please Specify _____ Allergies Please Specify if any _____

Details of Surgical History if any _____

Any other important information you wish to share with us _____

Food

Vegetarian / Non-vegetarian

Diet Restrictions if any _____

Hobbies and Interests _____

Financials

Are you an Income Tax Assesse - Yes/No _____

Yearly Income _____

Pan Card Number _____

Adhar Card Number _____

Note: A self attested copy of Pan Card and Adhar Card is to be attached to the application.

Emergency Contacts

1. It is mandatory to give the name of a local guardian whom we should be able to contact in case of any emergency.

Name _____ Relationship _____

Contact Details _____

2. Name of family doctor you wish to contact / inform in case of any illness.

Name of Doctor _____

Contact Details _____

3. In the event of you needing hospitalisation which is the hospital you would prefer to be taken to.

Name of Hospital _____

Address of Hospital _____ Contact Number _____

I agree to take full responsibility in case Mr/Mrs/Ms is shifted to a hospital or has any other health issues or any if issues arises regarding the stay at Soham.

Name of Guarantor

Signature of Guarantor

Note: Self attested Photocopy of Aadhar Card / Passport of the Guarantor to be attached.

- **All the information given above is true and I vouch for the same.**
- **I have fully understood the monthly charges and Security deposit payable by me and I agree and undertake to observe, fulfill and perform my obligations and responsibilities there under and to execute necessary documents as required by Soham in regard thereto.**
- **I have read and understood the Rules and Regulation of Soham and agree to follow them.**

Signature of Applicant

Signature of Guarantor/Relative