



# Adhar- Lifetime Home for Specially Abled

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## MEMBERSHIP APPLICATION FORM

1. Full name of applicant: .....
2. Residential Address: .....  
.....  
.....
3. Tel. No. / Mob. No.: .....
4. Email ID & PAN No: .....
5. Office Address & Tel. No. :.....  
.....  
.....
6. Relationship with M.R. Child : .....
7. Name of M.R. Child: .....
8. I.Q. of Child: .....
9. No. of Siblings: .....
- (Please mention all – please attach separate Sheet if siblings are more than 2)
10. Name of Sibling - 1: .....  
Address & Tel.No. Email & Occupation: .....  
.....  
.....  
.....
11. Name of Sibling – 2: .....  
Address & Tel. No., Email & Occupation.....  
.....  
.....  
.....
12. Name / Address & Tel No. : .....  
& Email of Nominee .....  
.....  
.....
13. Relationship of nominee with Applicant: .....

I desire to be life member of the Association. Cheque/DD for the membership fees of Rs. 5000/-is enclosed.

**Date:**

**Signature of Parent**

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### Admission Form

1. Name of Child: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Physical Details: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_
4. Defects other than Mental Retardation
  - Eye Sight: \_\_\_\_\_
  - Hearing ability: \_\_\_\_\_
  - Speech defect: \_\_\_\_\_
  - Walking: \_\_\_\_\_
5. Daily Routine
  - Sleeping Time (Bed Wetting): \_\_\_\_\_
  - Meals Veg./Non Veg.: \_\_\_\_\_  
Takes independently /dependent: \_\_\_\_\_
  - Bath/Toilet (Dependent/independent): \_\_\_\_\_
  - Wearing cloths independently or not: \_\_\_\_\_
  - What type of help is needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Health
  - I.Q.: \_\_\_\_\_
  - Epilepsy (Frequency): \_\_\_\_\_
  - Treatment: \_\_\_\_\_
  - Any other illness: \_\_\_\_\_
  - Name & Tel. No. Of Doctor and Psychiatrist: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Occupation (At present what he/she is doing) Give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by the rules and regulations framed as in the admission guidelines including the finance and maintenance charges and the clause mentioned there under. I also understand that the Association reserves the right to revise the guidelines and charges from time to time as found necessary. I also declare required documents submitted along with admission form are correct and true to the best of my knowledge.

**Parent / Guardian**

**Sign Date** \_\_\_\_\_

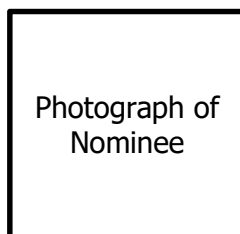
**(To be typed on Rs.500/- Stamp Paper with notary signature)**  
**proforma for nomination**

I Mr. / Mrs. **(Parent Name)** parent / guardian of **(Ward Name)** do hereby solemnly nominate Mr. / Mrs. **(Name of Nominee)** that in my absence the whole responsibility of my son/daughter **(Ward Name)** admitted at Adhar will be with Mr. / Mrs. **(Name of Nominee)** who is authorized to conduct all the dealings including payment of maintenance charges and medical expenses of my son / daughter **(Ward Name)**. The signature of my nominee Mr. / Mrs. **(Name of Nominee)** for accepting the nomination of my Son / daughter **(Ward Name)** as guardian in my absence is given below in my presence.

I do hereby ready to accept the whole responsibility of **(Ward Name)** in the absence of Mr. / Mrs. **(Parent Name)**.

Signature of Nominee \_\_\_\_\_  
Name / address & Tel. No. / \_\_\_\_\_  
Email ID Of Nominee \_\_\_\_\_  
\_\_\_\_\_

Office Address & Tel. No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signed in the presence of  
(Name / address & Tel. No. & \_\_\_\_\_  
Email) \_\_\_\_\_  
\_\_\_\_\_

Signature of Witness \_\_\_\_\_

Signed by me in the year \_\_\_\_\_ dated \_\_\_\_\_

\_\_\_\_\_  
Signature