

Form for Admission to OAH
Particulars of Resident of Old Age Home of Aasaraa

1	Name of the Resident in full [Block Letters]	
2	Caste / Community	SC / ST / BC / Muslim Minority / Others
3	Status of Resident	Orphan / Semi Orphan / HIV infected & effected / Destitute Women / Widow / Others.
4	Whether family background known	Yes / No
5	If yes, name of the Child/Relative/Legal Heir	
6	Address of the Child / Relative / Legal Heir	
7	Phone Number of the Child/Relative/Legal Heir	
8	Email address of the Child/Relative/Legal Heir	
9	Date of Birth / Age of the Resident	
10	Marital Status of the Resident	Married / Unmarried / Divorced / Widow
11	Sex	
12	Educational Status of the Resident	
13	Disabled / ill	Yes / No
14	If disabled, ill nature of disability/illness	** MR OH VH HI Others (Specify)
15	Whether he/she is undergoing any medical / specialist treatment	Yes / No
16	Nature of treatment	
17	Place of treatment	
18	Details of benefits like Pension etc. being enjoyed by the Resident.	
19	Particulars of Ration Card/ Voter Identity/Aadhar Card /Arogyasri Card etc. of the Resident (Copies to be enclosed)	
20	Other Information (If any)	

** MR: Mentally Retarded; OH: Orthopedically Handicapped; VH: Visually Handicapped; HI: Hearing Impaired

Date: _____

Signature: _____

Place: _____

Name: _____

To

The Secretary,
AASARAA,
9-400, Sri Rama Nagar,
Visalakshinagar,
Visakhapatnam-530043.

Undertaking by Child/Relative/Legal Heir of the Resident of Old Age Home (OAH) of Aasaraa

I _____ S/D/o _____ being the Child
/ Relative / Legal Heir of Ms./Sri _____ request you to admit the said Ms./Sri
_____ to the free Old Age Home (OAH) run by your Society.

I am enclosing the following documents in respect of Ms./Sri _____

1. Household Card (Ration Card) No.
2. Arogyasri Card
3. Voter identity Card
4. Aadhar Card
5. Old age pension payment order
6. Others, if any

I hereby solemnly undertake to take the responsibility of Ms./Sri _____,
if admitted as a Resident of OAH and particularly as detailed below:

- I. I shall abide by the rules and regulations of the OAH.
- II. I shall be held totally responsible for any misconduct of the afore mentioned resident of OAH and shall abide by any action taken by the Governing Body of AASARAA in this regard.
- III. I understand and agree that the admission of Ms./Sri _____ to the OAH, for the first __ months, is only on tentative basis and his /her continuation as a Resident of OAH is entirely at the discretion of the Governing Body of AASARAA.
- IV. If any act of omission or commission done by the aforesaid resident is detrimental to the welfare of other residents of OAH or in contravention of the Rules framed by AASARAA for the running of the OAH or against the objects of AASARAA is liable for release of the resident from OAH without any notice and I shall abide by the decision of the Governing Body of AASARAA in this regard.
- V. I shall intimate the Secretary, AASARAA in case of any change in the address details mentioned against items 6, 7 and 8 of the Application Form.
- VI. I shall undertake the responsibility of taking care of the resident in case of his/her major illness /hospitalization of the Resident.
- VII. I shall undertake the responsibility of conducting the last rites/rituals in the event of death of the aforesaid Resident.

Date: _____

Signature: _____

Address: _____

Name: _____

