

AGHORESHWAR BHAGWAN RAM VRIDDHASHRAM

APPLICATION FORM

	Surname	Name
Name of the Applicant (Block Letters)	:	_____
Address (Local)	:	_____
	:	_____
	:	_____
Address (Permanentl)	:	_____
	:	_____
	:	_____
Name of the Father/Husband/Wife/Relation :		
Age	:	_____
Date of Birth	:	_____
Qualification, if any	:	_____
Suffering from any disease	:	_____
Guarantor/Relatives (Letter from the person)	:	(1) _____

		(2) _____

In case of need		
Name, Address and Phone No. of the	:	_____
Person to be contacted		_____

A medical Report from the Applicant should be attached which will from the basis of admission.

Specimen Signature of the Applicant.

Yours faithfully,

Signature

AGHORESHWAR BHAGWAN RAM VRIDDHASHRAM

AGHRESHWAR BHAGWAN RAM MAHAVIBHUTI STHAL

GANGA TAT, PARAO, VARANASI. Pin- 221008.

I, Shri/Shrimati
son of/wife of/daughter of
at present a resident of Aghoreshwar Bhagwan Ram Vriddhashram since

(date)....., hereby nominate the person named below to
recieve the amount, if any, standing to my redit in the Aghoreshwar Bhagwan
Ram Vriddhashram, less my liabilities, in the event of my death.

Name of the Nominee :

Relationship with the Resident

Address of the Nominee

.....

Signature :

(Name :)

Date :

Witness

1. Signature

(Name :

Designation :

1. Signature

(Name :

Designation :

Shri/Smt.

undertake all the responsibilities in respect of

Shri/Smt.

for all his/her financial responsibilities arising out of

his/her stay at Aghoreshwar Bhagwan Ram Vriddhashram

Signature

Date

Address

Phone No.

Shri/Smt.

undertake all the responsibilities in respect of

Shri/Smt.

for all his/her financial responsibilities arising out of

his/her stay at Aghoreshwar Bhagwan Ram Vriddhashram

Signature

Date

Address

Phone No.