



APPLICATION FORM

PHOTOGRAPH Of the candidate

Smiles
Jayadarsini Township,
Ravalkole village,
Medchal - 501401

Admission No: _____
(To be filled in by the office)

	First Name	Middle Name	Last Name
Name Of Candidate	_____		
Name Of Applicant	_____		

Information of the candidate

Personal Information

Date of Birth	
Gender	
Mother Tongue	
Nationality	
Religion	
Residential Status	

Education Background

Degree	
University / School	



Contact Information

Father's / Spouse's name	
Tel	
Email id	
Address for communication	
Tel	
Email id	
Name & Address of guardian	
Tel	
Email id	

Family details & background (Address, Occupation, Qualification)

Brother _____

_____ Tel _____

Sister _____

_____ Tel _____

Son _____

_____ Tel _____



Daughter _____

_____ Tel _____

Any other official / Friend _____

_____ Tel _____

Additional Information

Name and Address of previous senior residents' home (if any)	
Email id	
Tel	
State reason for with drawl from present senior citizens' home	
State reason for Seeking admission at SMILES	
Special interest and hobbies	

Medical Information

<p>Medical History (Epilepsy, diabetes - any allergies or other major illness or physical disability to be mentioned here. Please submit Medical Report given by family physician along with recent Blood Report)</p>



General remarks and information about the candidate

Candidate's Passport No. _____ Valid till _____
(Please attach Photo copy) (DD MM YYYY)

Name and full address of the Nominee / Successor _____
(For the purpose of receiving amount. If any, lying to the credit of applicant)

Phone no _____

Nominee / Successor : Bank Details : _____

(Signature of the Candidate)

(Signature of the Applicant)

Date : _____
(DD MM YYYY)



Rules and Regulation for stay in SMILES

- Applicants around the age of 55 years are eligible for admission to Smiles.
- The applicant/s before admission to “SMILES” will undergo medical examination by a doctor appointed by the Trust.
- The applicant/s should be free from infection and contagious diseases and should be physically and mentality fit to look after himself/ themselves.
- The applicants is/are required to fill-up the prescribed form and will have to abide by the Rules and Regulations of “SMILES” in force and as amended from time to time by the management of the Trust.
- An individual would be charged Rs.17,500=00 for single room with a deposit of Rs. 3,00,000 Rs.10,500=00 for shared room (double occupancy) per month during the first year with a deposit of Rs.2,00,000.
- The security deposit or the part of it will be refunded to he/she or them after adjusting the claim of expenses which may be in arrears or not been paid by the resident prior to leaving “SMILES”. In case of death, of the resident at “SMILES” part of the deposit will be refunded after adjusting all arrears or claim of expenses to the nominee or the successor of the deceased resident.
- The management of the Trust reserves the right to admit or reject the application, as it judges without assigning any reason whatsoever.
- The residents at “SMILES” are required to bring his or her personal effects including clothes, toiletries, medicines and other things as required by them.
- All Residents at “SMILES” will be provided with Morning tea, Breakfast, lunch, Afternoon tea and Dinner at suitable timings. Washing of clothes will also be taken care of.
- In case of sickness and/ or in emergency the residents will be hospitalized as per the advice of the doctor. Admission to the hospital will be at the risk and cost of the resident/s and the management of the Trust will not be liable for such expenses incurred. Information of such hospitalization and / or sickness will be given to the relative or kin of the resident/s.
- The residents at “SMILES” are not recommended to keep any valuable or jewellery in their premises. If valuables are kept, the same will be solely at their own risk. The management of the trust will not be responsible or accountable for any loss whatsoever.
- The management of trust shall have absolute power and authority to change /alter from time to time the accommodation /arrangements of the residents.



- Admission granted to the residents, shall initially be for a period of six months and shall not in any way confer any right on the residents. The management of the Trust shall have full power to discontinue or remove any of the residents from the premises of "SMILES" without assigning any reason whatsoever.
- In the event of the death of the resident at "SMILES" his or her body, if not claimed by any of his/her relative or next in kin within 48 hours from the time of the death, the administrator or any other officer –in-charge of the "SMILES" shall be at liberty to dispose off the same in such manner as he may consider appropriate as per the respective religious rites and rituals.
- Each person shall abide by all Rules and Regulations in force from time to time as framed by the management of the Trust. Breach thereof will empower the trustees to discharge such resident from "SMILES" after giving due notice.
- The management of the Trust, reserves their right to revise the charges payable by resident /s, meeting expenses of facilities to be provided to them and also to amend, alter modify the Rules and Regulations of "SMILES" as and when they deem fit.
- The management is not responsible if the resident leaves the campus without the consent or knowledge of the authority.



Documents to be submitted at the time of admission:

- Birth certificate (Attested copy)
- Application Form duly filled and signed
- Medical history and Medical reports along with blood report signed by the family Physician
- Passport/Visa for Nationals of other countries
- Passport size photographs of Residents – six in number

The candidates and the applicants will undertake a personal interview with trustees and the “Smiles” committee. The candidate along with nominee will also appear for an interview and discussion about the future and specific needs of the candidate.

HEALTH REQUIREMENTS

“SMILES” requires new residents to provide the following information:

- Emergency contact information with mobile number/s and email address/es of relatives and kith and kin
- Permission for emergency treatment
- Health History signed by Family Physician



FOR OFFICE USE

General remarks

Medical report by In-House doctor (Please attach the original report)

Check the blood report: _____

Check Physical report: _____

Any particular Medication being administrated _____

Minor illness apportioned: _____

Application Considered or Applicant Disapproved _____

Signature of

Doctor

Trustee

Candidate

Dated: _____

(DD MM YYYY)



LETTER OF UNDERTAKING

From : Sri /Smt _____

To,
The Trustees,
SMILES
Jayadarsini Township,
Ravalkole village,
Medchal – 501401

Dear sir,

I have read the Rules and Regulations for admission of “SMILES”. I agree and undertake to abide by the same.

I agree and undertake:

- (a) To pay all medical expenses incurred during my sickness or for my hospitalization in case of my illness.
- (b) That at any time due to illness or emergency which, in the opinion of the Medical Officer, required hospitalization the administrator or any other Officer-in-charge of “Smiles” may shift me to hospital at my cost and risk.
- (c) That in the event of my death, my body, if not claimed by any of my relatives or next kin within 48hrs from my death the administrator or any other Officer in-charge shall be at liberty to dispose it off in such a manner as he may consider appropriate as per the respective Religion and rites.
- (d) That the decision of the management of the Trust in any matter shall be final and binding on me and to my heirs and legal representatives
- (e) That in event of my death my heirs and / or legal representatives not claiming the deposit amount and articles belonging to me within 30days from the date of death, the management of the Trust will be at liberty to dispose off the same in the manner they deem fit and proper.
- (f) That I shall abide by the Rules and Regulations of “Smiles” in force as amended from time to time by the management of the Trust

Signature of the Candidate

(Signature must be attested by a Magistrate, Notary Public or person authorized to administer oath)