

THE REGISTRATIOIN OF SENIOR CITIZENS

Name: _____ D.O.B: ____/____/____ Age: _____ Years

Tel. No. _____ Mobile. No. _____ E-mail. _____

Address: _____

Spouse Name: _____ D.O.B. _____ Wedding Dt. _____

Retired From: _____ Year _____

Living Status; Alone/With Family (Alone Day Time) _____

Field of specialization: _____

Children details: _____

Health: _____ Family: _____ L/P Visit _____

Free Time: _____

Relative's Name: _____ Relation: _____

Address &Tel. No. _____

Servant: VERIFIED /NOT VERIFIED /PART- TIME / PEND. VERIF. / NONE

Driver: VERIFIED /NOT VERIFIED /PART-TIME / OPEN D5, VERIF. / NONE

Watchman: VERIFIED /NOT VERIFIED / PEND. VERIFICATION/ NONE

Tenant: VERIFIED /NOT VERIFIED / PEND. VER W. / .NONE

DETAILS OF SERVANT/DRIVER/WATCHMAN/TENANT

1. Name:- _____, Father's
Name _____
Address: _____
Distt: _____ Polic Station: _____
2. Name: _____ Father's Name _____
Address: _____
Distt : _____ Police Station: _____

Signature of Sr. Citizen/ Applicant