



Jansahayak Trust steps ahead in the field of social service

Hiramani Sandhya Jivan Kutir

(Home for aged people)

Sarkhej-Gandhinagar Highway, Ahmedabad-382481.

Phone : 02717-242707, 242808

Choice of the type of accomodation (put ✓ mark)

- A 4 Seater : _____
● B 2 Seater : _____
● C Room for single person : _____

**Applicant's
Passport
size Photo**

Respected President,

Hiramani Sandhya Jivan Kutir, S.G.Highway, Ahmedabad-382481.

I hereby request you for, as per the rules and regulations, admission to the Sandhya Jivan Kutir run by Jansahayak Trust. I will abide by your final decision. I willingly furnish the necessary personal details for your kind information as follows :

Personal Details :

1. ● Full name of the _____
person applying for _____
admission _____
Name Father's/Husband's Name Surname
- Wife's name if staying with the wife : _____
2. ● Present residential _____
address (Attach proof of _____
the residential address Phone: _____(Mobile: if any) _____
- Permanent Address _____
_____ Phone : _____
3. Caste _____ Sub.Caste _____ religion _____ nationality _____
4. Date of Birth : _____ Age (Completed in years) _____
5. Marital status (a) Married / Unmarried / Widower / Divorcee / widow
(cancel not applicable)
(b) Wife's full name if married : _____
_____ Date of birth : _____ Age : _____
Contact phone no. : _____

6. Educational qualifications of the applicant : _____

7. Other subjects of interest : _____

8. Details of the family : _____

Sr. No.	Family Members' Name	Relation with the person willing to stay in Hiramani Sandhya Jivan Kutir	Age	Address of the place of work / Business	Contact Phone no. (along with mobile)

9. Details of Son / daughter staying abroad :-

Sr. No.	Full Name	Address and Ph. No.	Details about Service / Business	Contact Phone no. (along with mobile)

10. Economic details :

1. Annual self income of the applicant. Rs. _____

2. Total income of other family members if staying with family Rs. _____

11. Details about insurance

	Life insurance policy	Mediclaim	Personal accident	other
Name & address of the company				
Insurance Phone No.				
Insurance amount				
Details about the maturity or time period				
Name of the nominee and the address				

12. Details regarding health :

Name of the disease	Suffering from disease / illness for how long	Name Ph. no. of the institution / doctor if treatment is on

● **Information if hospitalised for any special disease or serious illness :**

Disease : _____ Institution treated at : _____

Duration of hospitalisation : _____

Blood Group : _____ Details if allergic to any medicine : _____

● **(Before being admitted to Sandhya - Jivan Kutir medical check up by institution's doctor is compulsory. Admission will be based on his health report.)**

- The person himself or his family members will bear the cost of the expenses for the immediate treatment for serious illness like heart-attack, kidney failure, By-pass surgery, major orthopaedic surgery etc. given outside this institution's hospital.

13. Name and addresses of two well known persons known to you.

Sr. No.	Name	Relation	Resident Phone	Office Phone	Mobile

Assurance letter 1 (Personal)

I / We hereby the undersigned : 1. _____
2. _____

If given admission to Hiramani Sandhya - Jivan Kutir. I / we agree to pay in advance the amount as per the rules and regulations of the institution. I / We will also pay the emergency deposit fixed by the institution towards the medical treatment and hospital expenses. I / We will maintain friendly relations with the other co-occupants, management and the staff. I we will accept the decision of the institution for immediate cancellation of my/our admission due to indiscipline, unfair practice, immoral behaviour or dues unpaid and will follow all the regulations of the institution.

Singnature of the wife if staying with

Signature of the applicant

Assurance Letter-2

Regarding monthly expenditure sickness expenditure,
emergency or any other expenses.

Name of the responsible person : _____

Address : _____

Telephone No. : _____

The applicant _____ is my _____.

Mention the relation

He is willingly seeking admission in Sandhya-Jivan Kutir. He has been made fully aware of the rules and regulations of the institution. I take his complete responsibility. It will be binding on me to take him back if informed so by the President / Executive Director / Warden of this institution. In case of his demise during his stay in Sandhya-Jivan Kutir if it is not possible for me to remain present I give my consent to the President / administrative officer for performing his / her last rites. I will fully agree with the steps taken by the institution regarding this matter. It will be binding on me to pay the amount decided from time to time for his lodging - Boarding.

Signature of the applicant

Signature of the responsible person.

For office use only

Choice of the type of accomodation (put ✓ mark)

● A 4 Seater : _____

● Application No. : _____

● B 2 Seater : _____

● C Room for single person : _____

Decision regarding the application of Mr. _____

1. Applicant has been granted / not granted admission in Sandhya - Jivan Kutir from _____ to _____ (date).

2. It is not possible to grant him admission.

Signature of the authority : _____

Details regarding the amount paid.

Admission no. : _____ Type of Block allotted A / B / C, I.D. No. : SJ. _____

1. Amount paid for Lodging - Boarding in Sandhya - Jivan Kutir _____ Date of payment _____ Receipt No. _____.

2. The amount deposited in savings account for emergency after opening the bank account.

Rs. : _____ Date of payment : _____ Account No. _____

Regulations to be followed by the elderly residents

1. Generally admissions will be granted to those healthy, physically and mentally fit for carrying on their daily routine, old people in the age group of 55 to 80 on temporary basis. The management reserves the right for changing any decision with regard to the admission along with increase - decrease in age limit.
2. Admission will not be granted to those weak old people or those suffering from contagious diseases or terminal diseases. Admission will be granted only after considering the opinion of the institution's doctor after the medical check-up.
3. The use of Bidi, Cigarette, tobacco or any intoxicating drink or drug-alcohol is strictly prohibited.
4. Bed, bed-sheet, pillow-cover, blanket, glass, jug, bucket, tumbler will be provided by the institution. Use of electric stove, Gas or primus are not allowed in the room.
5. The admitted gents are allowed to keep a cash of maximum Rs. 1000/- and also watch, ring, also ladies are allowed to keep with them only articles like chain, bangles and mangalsutra. They will have to open account into A.D.C. Bank situated in the campus of the institution.
6. For going out of the campus it is necessary to fill the necessary details in the movement register and return by 7 O'clock or as per the permission given by the warden.
7. Only vegetarian food will be served. It is necessary to remain personally present in the mess for meals. Ordering of tea-snacks-lunch, dinner in the residential block is not allowed.
8. Ordering and having outside food is prohibited.
All the belongings must be kept safe in the allotted drawers or bag locked properly.
9. Treatment is to be taken in in-house hospital except in the case of serious illness. In case of serious illness, injury the residential elder will be first admitted to government ./ semi government or hospital run by the trust at his expense and responsibility, or can be admitted wherever he wishes at his or his relatives' expense.
10. Loud pooja, prayers, radio, taperecorder causing inconvenience to other co-occupants is not allowed. Every elderly member must take care not to hurt the feelings of co-residents by fights, quarrels or taunts. Lights should not be on till late night.
11. The management reserves full right to make changes in the allotted blocks as per need, or cancel the admission immediately on account of physical-mental reasons unfavourable for continuing in the institution or indiscipline of the quarrelsome member.

I agree to abide by the above mentioned and the regulations of the institutions put into practice from time to time.

Date : _____

(1) _____

(2) _____

Signature of the applicant

Welcome the evening of life

વૃક્ષ કદી ફરીઆદ નથી કરતું કે, હું કેમ કમજોર બન્યું ?
વહેતી નદી એમ નથી કહેતી કે, ઉનાળો મારાં જળ કેમ ઘટ્યાં ?
તપતો સૂરજ પણ થાક લાગ્યાની ફરીઆદ નથી કરતો.

Life is everchanging. Here nothing is everlasting

Let us welcome the evening of life and pray to God Almighty that I have no complaints towards the physical and mental changes. I will gladly live life as it is. I just ask for your grace and nothing else. With your grace I will be able to face all the physical and mental problems of the old age with a smile. Grant me strength, give me devotion, let me have warmth of your love.

Dr. Chandrakant Mehta