



NOVARA SENIOR LIVING

APPLICATION FORM

Please fill out this form in **BLOCK LETTERS ONLY**.

Applicant Details

Name of the Applicant: _____ Age: _____

Name of the Guardian: _____

Permanent Address:

Mobile Number: _____ Aadhaar Number: _____

1. Emergency Contact Details (Two Persons)

i) Name: _____ Mobile Number: _____

Address: _____

ii) Name: _____ Mobile Number: _____

Address: _____

2. Current Health Status

Blood Pressure (BP): _____ Random Blood Sugar (RBS): _____

Pulse: _____ SpO₂: _____ Weight: _____

Height: _____ Blood Group: _____ Date & Time of Assessment: _____

3. Personal Details

Date of Birth: _____ Age: _____ Aadhaar Number: _____

Languages Known: _____

Marital Status: Single / Married / Widow / Widower / Divorced

Religion: _____

Occupation / Profession: _____

Signature of the Applicant

Signature of the Guardian

4. HEALTH HISTORY

a. Present Health Condition:

b. Declaration of any major or contagious diseases (if any):

c. Details of any chronic disease(s) (please mention in detail):

d. Specify if the applicant suffers from any serious illness:

e. Please tick (✓) if you are suffering from any of the following diseases:

1. Hepatitis A 2. Diabetes 3. Heart Disease 4. Thyroid Disorder
5. Kidney Disease 6. Any other major disease _____

f. Details of any surgery undergone (please specify):

g. Specify if the applicant has any infectious disease(s). Please provide details:

h. If the applicant has any allergies, please specify:

i. Name, address, and contact number of the applicant's personal physician / family doctor:

j. Please attach the following documents:

1. Current Blood Sugar Report 2. ECG Report 3. Stool Test Report 4. Urine Test Report
5. One Medical Certificate issued by a registered medical practitioner

5. FAMILY BACKGROUND

A. Spouse Details

Spouse Name: _____ Age: _____

B. Children Details

i) Name: _____ Age: _____ Mobile No.: _____

ii) Name: _____ Age: _____ Mobile No.: _____

iii) Name: _____ Age: _____ Mobile No.: _____

iv) Name: _____ Age: _____ Mobile No.: _____

Signature of Applicant

Signature of the Guardian

6. Residential Status of the Legal Guardian: _____

7. Duration for Which Services Are Required: _____

8. Type of Services Required: _____

a. _____

b. _____

c. _____

d. _____

9. Special Requirements (if any):

10. List of Medicines and Schedule

a. _____

b. _____

c. _____

d. _____

e. _____

11. Additional List of Medicines and Schedule (if required)

a. _____

b. _____

c. _____

d. _____

e. _____

Signature of Applicant

Signature of the Guardian

11. List of people allowed to meet the resident/inmate:

- a. _____
- b. _____
- c. _____
- d. _____

12. Habits (if any):

13. Items deposited with the Management (if any)

14. Hospitalisation and Medical Expenses

All hospitalisation and medical expenses shall be the responsibility of the guardian.

(The Management will only assist in coordinating with the required hospital for shifting the resident through an ambulance.)

Terms & Conditions

1. Inmates shall maintain cleanliness, decency, discipline, and decorum within the home premises at all times.
2. Inmates are not permitted to leave the premises without written consent from their guardian.
3. The Management shall not be responsible for any valuables kept in the premises, including jewellery, mobile phones, silk sarees, costly watches, or clothing.
4. Monthly maintenance fees must be paid on or before the 5th of every month.
5. Once admitted, the inmate must complete a minimum stay of one month. In case of early discharge, one month's full charges will be deducted. One month's prior notice must be provided for discontinuation.
6. In the event of hospitalisation, all hospital charges, ambulance charges, and incidental expenses shall be borne by the guardian.
7. Monthly charges are fixed based on the inmate's condition at the time of admission. If the level of dependency or assistance changes, the charges will be revised accordingly.
8. In the event of death within the premises, all related expenses including death certificate charges, mortuary or freezer box charges, crematorium charges, and other incidental expenses shall be borne by the guardian.
9. In the event of death after one year of stay in the Novara Senior Living the refundable deposit shall be adjusted towards cleaning charges, room maintenance, *Shuddhi* (purification), and other related expenses.
10. Any damage caused to the property of the Home shall be repaired or compensated by the concerned inmate or guardian.
11. Inmates with psychological disorders or psychiatric illnesses such as Dementia or Alzheimer's disease will be assessed by the physician, and continued stay will be considered only as per medical advice.

Signature of the Applicant

Signature of the Guardian

12. Inmates suffering from continuous or infectious diseases shall not be permitted to stay in the House.
13. Inmates should not disturb others, should maintain the sanctity of Senior Living.
14. Inmates should not go to other's rooms or sleeping on other's cot strictly not allowed.
15. There is no individual choice for preparation in food, the management decision is final, which is prepared on advice of the Physician and Dietician.
16. Misbehaves or breach of Novara Senior Living Rules/Regulations, Inmates will be asked to vacate or removed immediately.
17. Should not interfere or intrude in other inmate's affairs.
18. Any physical abuse or psychological threat or abuse to other inmates will not be tolerated. If noticed will be removed immediately and if required will be complained to the Government Authorities (Police).
19. Should not help or seek help from other inmates (We have dedicated attenders).
20. Any distribution of eatables to inmates is not allowed (can be submitted in Office to be distributed by the staff after the management approval).
21. Inmates should not go to Kitchen, should not operate Fridge, TV, Geyser, Stove etc.,
22. Books borrowed from the library need to be returned in time.
23. Visiting Hours strictly 10am to 6pm (excluding lunch time 1.00–1.30pm).
24. Visitors should stick to meeting their relatives only.
25. Visitors should make use of the lobby to visit and meet the inmates.
26. Any complaints/issues have to be brought to the management notice immediately.
27. Rumours / unionism among inmates is strictly not to be encouraged.
28. This is the Temple of Elders and the same sanctity has to be maintained.

APPLICANT'S (Guardian) DECLARATION

I have gone through minutely of the rules and regulations and terms and conditions framed by the I hereby declare that the information, medical reports and all the particulars are made by me in the application form are completed and true to the best of my knowledge.

Signature of Applicant

Signature of the Guardian

Date: