

**ABHA MANAV MANDIR VARISHTHA NAGRIK SEWA ASHRAM**

Panchvati Colony, Mawana Road, Meerut  
Established and Run by Manish Govil Memorial Trust  
A-1, Kirpal Apartments, 44 IP Extension, Patparganj, Delhi-110092

**REGISTRATION FORM FOR ADMISSION**

1. Name in Capital Letters
2. Name of Father/ Husband
3. Date of Birth/ Age
4. Present Address
5. Permanent Address
6. Telephone No.

7. Details of Family Members:

S. No.	Name	Relation	Age	Occupation	Monthly Income

8. Educational / Professional Qualification

9. Single / Married/ Widow/ Widower/ Divorced

10. Details of Present/ Last Occupation

11. Name(s) of Son(s) Daughter(s)/ Nearest Relatives(s) along with addresses who can be contacted in case of Emergency

12. Health Conditions

- i. Any serious illness -----Yes / No. In case of Yes, Please specify
- ii. Any infectious disease --- Yes / No. In case of Yes, Please specify
- iii. Any disability ----- Yes / No. In case of Yes, Please specify

13. Financial Status (Indicate present Income)

14. Financial Support

15. Your Reason (s) for joining The SewaSewa Sadan

16. (a) Do you smoke Yes / No

(b) Did you ever smoke Yes / No

(c) If yes, when did you give up smoking?

17. (a) Do you drink Yes / No

(b) Did you ever drink Yes / No

(c) If yes, when did you give up drinking?

18. Do you consume

(a) Tobacco, Beatele or any other intoxicating item Yes / No

(b) Did you ever consume any of above Yes / No

(c) If yes, when did you give up?

Date

Signature of Applicant

**DECLARATION BY APPLICANT**

I \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_

Hereby declare that I have read/heard and understood the rules and regulations and conditions of eligibility for admission in Abha Manav Mandir Varishtha Nagrik Sewa Sewa Sadan for which I seek admission and undertake to abide by them.

I, the applicant, fulfill the eligibility criteria and I have provided necessary information which on being found incorrect and misleading, my admission shall be liable for cancellation by the authority of the Sewa Sewa Sadan at any time without any notice to me.

I also declare that on admission I will have no claim of ownership rights on property/any part of property of The Sewa Sadan.

I further certify that above information as given by me is true.

Date:

Signature of Applicant

Date:

Signature and Address of Witness

Encl:

1. Proof of Age.
2. Health Certificate.
3. Document in support of Permanent Address.
4. Two copies of recent passport size photograph.

Note: If space in the form is insufficient use plain paper sheet for additional information.