

APPLICATION FORM

Effective June 1, 2024

PEACE

(Gobindapur, Kolkata 700145)

UNIT No.

PEACE SENIOR LIVING PVT LTD

Sreerampore

P.O.:- Dakshin Gobindapur

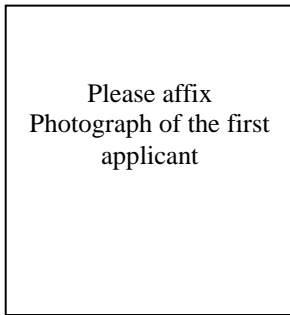
Dist:- South 24 Parganas

Kolkata 700145

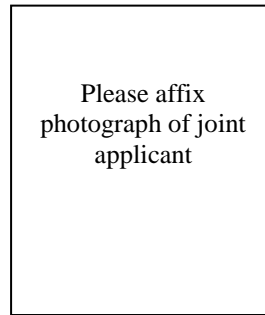
Ph.: 2437-9800

**PLEASE FILL UP THE APPLICATION FORM IN CAPITAL LETTERS.
PLEASE SIGN EACH PAGE AND AT THE END OF THE FORM.**

*(Please fill in relevant portion of the Application Form for Individual/ Joint. Strike out portions that are not applicable and submit the application form in full).
Separate application forms are required to be filled for multiple bookings*



(First Applicant)



(Joint Applicant)

1. Sole / First Applicant Details:

Name Mr. / Ms. / Dr. _____

Father's / Husband's Name: _____

Date of Birth: _____ Nationality: _____

Photo ID: ADHAR OR VOTER ID: _____

Income Tax / PAN/ GIR No. _____

Passport No. (To be filled in by NRI's only): _____

OCI Number: _____

Address: _____

Name of Son /Daughter: _____

Contact No's: _____

Contact Email:

2. Second Applicant Details:

Name Mr. / Ms. / Dr. _____

Father's / Husband's Name: _____

Date of Birth: _____ Nationality: _____

Photo ID: ADHAR OR VOTER ID: _____

Income Tax / PAN/ GIR No. _____

Passport No. (To be filled in by NRI's only): _____

OCI Number: _____

Address _____

Relationship with first applicant: _____

FINANCIAL RESPONSIBILITY:

The applicant takes the full financial responsibility for any payments. If the applicant is above 80 Yrs. of age and for any reason becomes incapable of providing payments then the alternate person named below will take the full responsibility for payments.

3. PERSON RESPONSIBLE FOR BILLING/INVOICE, IF OTHER THAN APPLICANT:

Name and Address: _____

Relationship with Applicant: _____

Contact Nos.: _____

Email: _____

Photo ID: ADHAR OR PAN, PASSPORT WITH OCI (IF NRI)

4. LOCAL CONTACT INFORMATION: (LOCAL CONTACT CAN NOT BE RESPONSIBLE FOR ANY FINANCIAL ISSUES)

Name: _____

Address: _____

Contact No. : _____

Email: _____

Photo ID: ADHAR OR VOTER ID OR PAN

5. BOOKING PREFERENCE:

Unit Type and Number: _____

Any other special request(s):
*(Only at the sole discretion of
Peace Senior Living Pvt Ltd)*

Or any other relevant information
to be provided

Application Deposit money details:

Cheque / DD no.dated.....drawn on
..... Bank for Rs/- only.

If Remittance by ETF: Submit transaction record

6. MEDICAL HISTORY AND REPORT (Please answer following questions)

Are you currently under a doctor's care: Yes No

If yes, explain: _____

When was the last time you had a Health Check Up?

Have you ever had an exercise stress test: Yes No Don't know

If yes, the results: Normal Abnormal

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking:

Have you been hospitalized? Yes No

If yes, explain: _____

Do you smoke? Yes No

Do you drink alcohol? Yes No

Are you moderately active on most days of the week? Yes No

Do you have :

High blood pressure? Yes No

High cholesterol? Yes No

Diabetes? Yes No

A heart attack? Yes No

A stroke? Yes No

Known heart disease? Yes No

Valvular heart disease? Yes No

Chest pain with exertion? Yes No

Irregular heart beat or palpitations? Yes No

Lightheadedness or do you faint? Yes No

Unusual shortness of breath? Yes No

Cramping pains in legs or feet? Yes No

Frequent fall? Yes No

Other metabolic disorders (thyroid, kidney, etc.)? Yes No

Epilepsy? Yes No

- Asthma/COPD/BOTH Yes No
- Do you need to take Nebulizer/Inhaler? Yes No
- If yes, can you take yourself? Yes No
- Do you need Oxygen cylinder on a regular basis/Intermittent? Yes No
- Any Orthopedic problem? Yes No
- Muscle pain or an injury (explain on back of Form)? Yes No
- Any Injury or Bed Sore Yes No
- Do you take any Antipsychotic or Depression drugs? Yes No
- Do you take medication for THYROID Problem? Yes No
- Do you take PARKINSONS Medication? Yes No
- Do you have Dementia or loss of memory symptoms? Yes No
- Do you have any mental illness? Yes No
- Do you have Cataract or Cataract surgery? Yes No
- Do you have Hearing Aid? Yes No
- Do you have Pacemaker? Yes No
- Do you have False Teeth? Yes No
- Do you have any other surgery? Yes No
- Do you have UTI (Urinary Tract Infection)? Yes No
- Do you have SKIN Disease? Yes No
- Do you have Bladder/Bowl Incontinence? Yes No
- Do you have Allergies to any Drugs or Foods Yes No

If answers to any of the above questions are YES then explain:

Use separate sheet if needed.

(Please provide & attach the relevant medical reports as given below :)

- a) Blood Reports – must include Blood Sugar, Cholesterol, CBC, RBC, Hemoglobin or any other specific report suggested by the PEACE Medical Personnel
- b) ECG , Urine analysis
- c) Report of any surgery done in the past such as Heart surgery, Kidney transplant, cancer treatment etc supported by present status of health & Medical Certificate.
- d) Report for any case of chronic illness, serious illness or any infectious disease/s.

7. EVALUATION OF NECESSITY OF “ASSISTANCE”

PEACE offer residents many of the benefits as Independent Living, while providing basic and customized help in areas that may become personally challenging.

We at PEACE understand that each resident is an individual with unique needs and preferences. That’s why we meet with each resident and family members and conduct an assessment – prior to move – in and at regular intervals after move – in to understand the need of assistance and support in the following areas – such as:

1. **Washing or Showering:** Need help and assistance to wash in the basin or taking shower or wash by other means.
2. **Dressing and clothes selection:** Need help and assistance to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. **Medication management:** Need help for medication management.
4. **Feeding:** Need help and assistance to feed oneself once food has been prepared and made available.
5. **Toileting:** Need assistance to use lavatory or manage bowel and bladder function through the use of protective undergarments (Diaper).
6. **Mobility:** Need assistance to move indoor from room to lobby, Dining lounge, assistance in walking in the garden etc. Need wheel chair or not.
7. **Transferring:** Need assistance to move from bed to an upright chair or wheelchair and vice versa.

“PEACE” EVALUATION OF ASSISTANCE NEEDS:

Yes No Signature PEACE_____

COMMENTS:

8. MEDICAL INSURANCE, If Available:

Please provide & attach relevant Documents for Medical Insurance of the incumbent, if any.

9. DECLARATIONS:

I / We solemnly declare that:

- a. I/We have read and understood the General Terms and Conditions including statement of rate structure and duly signed annexed herewith and agree to abide by them.
- b. All the above information furnished by me / us are true to the best of my / our knowledge and belief and nothing relevant has been concealed or suppressed.
- c. I/We undertake to inform PEACE SENIOR LIVING PVT LTD in writing, any changes in particulars furnished in this application that may occur in future.
- d. I/We understand that PEACE SENIOR LIVING PVT LTD reserves the right to allocate different unit(s) with mutual consent, reject any special requests made by me/us or reject this application for allotment of Unit without assigning any reason.

Signature of Sole / First applicant

Signature of Joint Applicant

Date :

Place :

WITNESS (PEACE):