

# JAGRITI DHAM APPLICATION FORM



Recent self-attested Passport Size Color Photograph of the Applicant

1. Name of the Applicant .....  
Date of Birth ..... 2. Age ..... Sex: Male / Female
3. Permanent Address / City / Country with Pin Code .....  
.....  
Phone No ..... Cell Phone No ..... Email ID .....
4. Marital Status Single / Married / Widow / Separated / Divorced
5. Name of Spouse (if Alive) .....
6. Name(s) of Children if any along with their full address(es) Phone No. & Email address(es)
  - 1) Name .....(Son / Daughter)  
Address .....  
.....  
Phone No. ....(R) .....(O) Cell ..... Email .....
  - 2) Name .....(Son / Daughter)  
Address .....  
.....  
Phone No. ....(R) .....(O) Cell ..... Email .....
  - 3) Name .....(Son / Daughter)  
Address .....  
.....  
Phone No. ....(R) .....(O) Cell ..... Email .....
7. Name(s) of nearest Relative / Local Guardian along with Full address(es) Phone No. & Email Address(es)
  - 1) Name .....(Son / Daughter)  
Address .....  
.....  
Phone No. ....(R) .....(O) Cell ..... Email .....
  - 2) Name .....(Son / Daughter)  
Address .....  
.....  
Phone No. ....(R) .....(O) Cell ..... Email .....
8. Educational Qualification .....
9. Last Professional Position held (if any) .....

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10. Hobbies / Interest in special activities .....
11. Status of Health Conditions:
- I. Any chronic illness(es) (Yes / No) If Yes Give Details .....
- II. Any Serious illness(es) (Yes / No) If Yes Give Details .....
- III. Any infectious disease(es) (Yes / No) If Yes Give Details .....
- IV. If you have had any form of Heart surgery / Kidney transplant / Treatment of Cancer / any other major illness / Surgery etc. in the past, Please give date of such illness and treatment done and present status of health with MEDICAL CERTIFICATE
12. Financial Status (Your Annual Income / Income of your Guarantor): .....
13. Financial Support (In case you are going to meet your financial obligation details of your bank account with copy of your bank statement for last 1 (One) year) :
- Name of the Bank & Address .....
- ..... Name of Branch .....
- Saving / Current A/c No. .... Any other information .....
14. Mode of Payment initial Deposit ..... Balance payment .....
15. Name & Address with Ph No. of Guarantor (Applicable only in case where applicant is not paying his / her expense)
- 1) Name .....(Relation)
- Address .....
- .....
- Phone No. ....(R) .....(O) Cell ..... Email .....
16. Name & Address of References
- 1) Name .....
- Address .....
- .....
- Phone No. ....(R) .....(O) Cell ..... Email .....
- 2) Name .....
- Address .....
- .....
- Phone No. ....(R) .....(O) Cell ..... Email .....

Date : .....

.....  
Signature of the applicant

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Signature of Guarantor (if applicable)