APPLICATION FORM FOR PROVIDING SEAT/ROOM FOR TEMPORARY STAY OF FAMILY MEMBER ALONG WITH PENSIONER/ FAMILY PENSIONER/RELATIVE IN PENSIONER’S AWAAS – ‘ASHRAYA ’ AT KUNJABAN ,AGARTALA COMOING FROM OUTSIDE AGARTALA

To

The Secretary,

Society for Management of the

Pensioners ‘ Awaas - ‘Ashraya ’,

 Kunjaban

Agartala, West Tripura.

Sir,

 I am an applicant for temporary stay in Pensioners ‘ Awaas - ‘Ashraya ’ and would be staying alone or with my family member or I am boarder of the Awaas and I wish to avail a seat/room for my relative. I hereby, furnish the following information for consideration of my application.

1. Name of Applicant

(In capital letter) ……………………………………………………………………………..

1. Pensioner/ Family Pensioner ……………………………………………………………………………….
2. Name of Father / Husband …………………………………………………………………………………
3. Full address: (a) Present ………………………………………………………………………………….

 …………………………………………………………………………………

 ………………………….Contact No………………………………….

1. Date of retirement of Pensioner ……………………………………………………………………………………….
2. Name of Department with

address from which retired ……………………………………………………………………………..

7. If applicant is Family Pensioner, state the

 name and address of the Pensioners

 & department in which He/ She was working ………………………………………………………………….

 8. P.P.O Number …………………………………………………………………

 9. Monthly income of the Applicant ……………………………………………………………………..

 10. Name of Member/s of the family (relative, as applicable),Address and Telephone Number ……………………………………………………………………………

 11. Reason to stay in Pensioners’ Awaas:- ………………………………………………………………………

 12. Period of stay in Pensioners’ Awaas:-

 (not exceeding 7 days) ………………………………………………………………………

 The facts and information given above are true to the best of my knowledge and belief. I apply of my own accord and submit that I may kindly be allotted a seat/room in the Pensioners’ Awaas - ‘Ashraya ’ for temporary stay of myself and family members/ or my relative. I shall be bound to pay the moneys payable as per the rates prescribed including advance payable before allotment of seat/room in the Awaas.

 Yours faithfully

Enclosure:- 1.Proof of Pensioner/

 Family Pensioner

 Full Signature of the applicant

APPLICATION FORM FOR ALLOTMENT OF SEAT/ROOM FOR PERMANENT STAY IN PENSIONER’S AWAAS – ‘ASHRAYA’ AT KUNJABAN

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| Passport size Photo with two extra copy to be submitted |

To

The Secretary,

Society for Management of the

Pensioners ‘ Awaas - ‘Ashraya ’,

 Kunjaban

Agartala, West Tripura.

Sir,

 I am an applicant for permanent stay in Pensioners ‘ Awaas - ‘Ashraya ’ and would be staying alone/ with my spouse. I hereby, furnishthe following information for consideration of my application.

1. Name of Applicant

(In capital letter) ……………………………………………………………………………..

1. Pensioner/ Family Pensioner ……………………………………………………………………………….
2. Name of Father / Husband …………………………………………………………………………………
3. Full address: (a) Present ………………………………………………………………………………….

 …………………………………………………………………………………

 ………………………….Contact No………………………………….

 (b) Permanent ………………………………………………………………………………..

 …………………………………………………………………………………

1. Date of birth …………………………Age as on the date of application……………………..
2. Date of retirement ……………………………………………………………………………………….
3. Name of Department with

address from which retired ……………………………………………………………………………..

1. If applicant is Family Pensioner, state the

 name and address of the Pensioner

 & department in which He/ She was working ………………………………………………………………….

1. P.P.O Number …………………………………………………………………
2. Name of the Members of the Family,

 Address and Telephone Number ………………………………………………………………….

1. If applicant is willing to stay with spouse:-
2. Name of spouse

(In capital letter) ……………………………………………………………………

1. Date of his/ her birth ………………………………Age ………………………………

 11. Monthly income of the Applicant ……………………………………………………………………..

 12. Name of 2(two) nearest relatives / or 2(two)

Responsible persons known to the applicant (i) …………………………………………………………………….

 with address and Telephone number

 (ii) ……………………………………………………………………

 13. Name of Local Guardian with address &

Telephone No ……………………………………………………………………..

 …………………………………………………………………….

 14. Name of the Nominee with full address

and Telephone Number ……………………………………………………………………..

 ………………………………………………………………………

15. Whether having own dwelling House in Tripura Yes /No

16. Whether the applicant has none to look after him/her Yes/No

17. Reason to stay in Pensioners’ Awaas:- ………………………………………………………………

18. I declare hereby that I possess sound mental and physical health (supported by Doctor’s Certificate, report regarding Blood Pressure, Blood Sugar, ECG, Blood Group etc.) and that I have gone through the rules and regulations regarding the Pensioners’ Awaas - ‘Ashraya ’ and in the event of my application being accepted I shall be bound to abide by the rules and regulations as a boarder of the Pensioners’ Awaas - ‘Ashraya ’.

I hereby also declare that I shall not smoke or use/consume intoxicating drinks, drugs or tobacco products within the premises of the Awaas and while residing there.

 In the interest of proper functioning and management of the Pensioners’ Awaas - ‘Ashraya ’, I shall always maintain a good relations and amity with the other boarders of the Awaas. If I wish to relinquish the Awaas, I shall inform the Governing Body or its authorized body/committee of my intention in to do so in writing at least 2(two) months in advance.

 The facts and information given above are true to the best of my knowledge and belief. I apply of my own accord and submit that I may kindly be allotted a seat/room in the Pensioners’ Awaas - ‘Ashraya ’ for permanent stay as a boarder thereof. I shall be bound to pay the moneys payable as per the rates prescribed including advance payable before my admission to the Awaas.

Enclosure: Yours faithfully

1. Proof of being a Pensioner

2. Certificate of Medical Officer

 Full Signature of the applicant