

FORM-A

Home Visit for Medical services for elderly people (Senior Citizens)

1. Name of Senior Citizen:

2. Age: Year

3. Sex: Male/Female

4. Address:

5. Telephone No: 1)

6. Mobile No: 1) 2)

7. Email:

8. Name of next of cue:

Age:

Sex:

Mobile No: 1) 2)

E-mail:

9. Attachment:

Aadhar Card/ Election Card/ Passport/ Address Proof

Undertaking

I, undersigned Mr./Mrs./Ms. _____ hereby declare that I understand that this is a "home visit for medical services for elderly people" scheme which is a charity scheme by state by state government for routine checkup. I understand the same. I hereby give undertaking to this if any adverse condition arises during implementation of this scheme, I shall not claim for any compensassion.

Date:

Sign: (Senior Citizen/ Caretaker)

Name: