

# APPLICATION FORM FOR ADMISSION TO HOMAGE

1. Name of Applicant : .....

2. Date of Birth : ..... 3. Age : .....

4. Permanent Address With Pin Code : .....

.....

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..... Pin Code : .....

5. Marital Status : Single / Married / Widower / Widow / Separated / Divorced

6. Name Of Spouse : .....

7. Name(s) of Children, if any along with their full address(es), Phone No. & E-mail address(es)

1) Name : .....(Son/ Daughter)

Address : .....

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Phone No : ..... (Residence)

Cell Ph. No: .....

E-mail Address : .....

2) Name : .....(Son/ Daughter)

Address : .....

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Phone No : ..... (Residence)

Cell Ph. No: .....

E-mail Address : .....

**8. Name(s) of nearest Relative / Local Guardian along with Full address(es), Phone No. and E-mail Address(es)** (Who will be contacted in case of emergency and will be responsible in all respect for the stay of the inmate in the Homage)

1) Name : .....(Relation)

Address : .....

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Phone No : ..... (Residence)

Cell Ph. No: .....

E-mail Address : .....

**9. Educational Qualification of the Inmate** : .....

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**10. Health condition:**

A current certificate from a registered medical practitioner should be enclosed along with the application form. The certificate should be full proof and state clearly if any serious illness or any infectious disease if suffered by the applicant in the past.

**11. Financial Status of the inmate if the payment of the Homage will be made by him/her only:**

**12. Financial Support from other sources:**

1. If the payment will be made by the applicant then submit the reference of your Bank

Details with Account No. ....  
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2. If the payment will be made by the other sources/relation then status of his/her solvency with regard to the financial capability of meeting the expenses of the applicant should be furnished in details vis-à-vis Bank Account or any other source from which he/she like to pay on behalf of the inmate.

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**13. Name & Address of Reference**

1. Name : .....

Address : .....  
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Contact No. : .....

E-mail Address : .....

2. Name : .....

Address : .....  
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Contact No. : .....

E-mail Address : .....

Date : .....

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**(Signature of applicant)**

Date : .....

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**Signature of Person**  
(Who will be responsible for the applicant)