SHANTI SENIOR CITIZEN SERVICES PRIVATE LIMITED

Home Care Staffing Services — PAN India & International

PATIENT ASSESSMENT & CLIENT SERVICE REQUIREMENT FORM

(Home Attendant / Nursing Staff Deployment — Male / Female — 10 Hrs Day, 12 Hrs Night or 24 Hours)

Form No.		**Date**	*DD / MM / YYYY*
Branch / City Office		**Executive / Coordinator Name**	
Enquiry Source	*Call / Website / Referral / Walk-in*	**Enquiry Type**	*Local / National / International*

1. SERVICE RECEIVER / CLIENT DETAILS (Payer / Decision-Maker)

Client / Service Receiver's Name	
Relationship with Patient	*Self / Son / Daughter / Spouse / Relative / Other*
Residential Address	
City / State / Country	
Contact Number	
Alternate Contact Number	
Email ID	
ID Proof Type & Number	*Aadhar Card / PAN Card / Passport / Voter ID / Driving Licence*

2. PATIENT DETAILS

Patient's Full Name		**Gender**	*Male / Female*
Age		**Date of Birth**	
Weight (Kg)		**Height (cm / ft-in)**	
Patient Contact Number	*(if different from client)*	**Alternate Number**	
ID Proof of Patient	*Aadhar Card / Passport / Other Govt. ID with Number*		
Exact Location / Address of Service	*Full address including landmark, city, state, PIN code, country*		

3. MEDICAL / HEALTH ASSESSMENT (BIMARI NI VIGAT)

Diagnosis / Illness / Medical Condition	*Describe present ailment(s) in detail*
Current Status	*Critical / Normal / Post-Surgery / Recovering*
Bed Ridden or Ambulatory	*Fully Bed Ridden / Partially Mobile / Independent Elder*
Mobility Support Required	*Wheelchair / Walker / Support for Walking / None*
Patient's Habits	*Diet preference, sleep pattern, toilet habits, addiction (if any), behavioural notes*
Known Allergies	

Doctor's Prescription Available	*Yes / No — attach copy with this form*
Regular Doctor Visit / Consultation Required	*Yes / No — Frequency: _____*
Treating Doctor's Name & Contact (if any)	

4. SERVICE REQUIREMENT DETAILS

Staff Gender Required:

☐ Male Staff ☐ Female Staff ☐ No Preference

Shift / Duty Hours Required:

☐ 10 Hrs (Day) ☐ 12 Hrs (Night) ☐ 24 Hours

Type of Staff Required:

☐ General Attendant ☐ Trained Nursing Staff / Nurse ☐ Doctor Visit (On-call / Scheduled) ☐ Physiotherapist

Area of Requirement:

☐ Local ☐ National (Other State) ☐ International (Outside India)

Duration of Service Required	*Days / Weeks / Months / Long-term (please specify: _____)*
Expected Start Date	
Nursing Staff Required	*Yes / No*
Doctor Required	*Yes / No*
Any Special Equipment at Site	*Hospital bed, oxygen concentrator, wheelchair, etc.*
Food / Boarding Arrangement for Staff	*Provided by Client / Not Provided*

5. DOCUMENTS TO BE ATTACHED (CLIENT / PATIENT)

☐ Patient's ID Proof Copy ☐ Client's ID Proof Copy ☐ Passport Size Photograph

☐ Doctor's Prescription / Medical Report ☐ Discharge Summary (if applicable)

6. DECLARATION & LEGAL COMPLIANCE

The following declaration is to be read and signed by the Client / Service Receiver before staff deployment. This form does not constitute legal advice; the Company's standard terms of service and applicable statutory requirements govern the engagement.

I / We hereby declare that the information provided above regarding the patient's health condition, requirements and personal details is true and correct to the best of my/our knowledge. I/We understand that Shanti Senior Citizen Services Private Limited will depute qualified staff based on this assessment and that any concealment of material medical facts (e.g., contagious illness, violent behaviour, psychiatric condition) may affect the safety of the deputed staff and the validity of this engagement.

I/We agree to abide by the Company's applicable terms and conditions, service charges, payment schedule and cancellation policy. Engagement of staff shall be subject to the provisions of applicable labour laws (including but not limited to the Minimum Wages Act, the Shops & Establishments Act of the relevant state, and other applicable central/state labour legislations), and the Company's obligations as a private limited company registered under the Companies Act, 2013, including compliance with any applicable orders, if any, of the National Company Law Tribunal (NCLT).

I/We consent to the Company collecting and processing the above personal and medical information solely for the purpose of assessing and fulfilling this service request, and confirm that consent has been obtained from the patient (or the patient's legal guardian/representative) where required.

Signature of Client / Service Receiver
Name & Date: _____

Signature — For Shanti Senior Citizen Services Pvt. Ltd.
Name, Designation & Date: _____

7. FOR OFFICE USE ONLY

Staff Name Assigned		**Staff ID**	
Date of Joining		**Agreed Charges (₹)**	
Agreement / Contract No.		**Verified By**	