SHANTI SENIOR CITIZEN SERVICES PRIVATE LIMITED

Established 2007

For Bookings / Enquiries: 9033463218

ACCOMMODATION REQUEST FORM

1. Resident / Applicant Details

Full Name

Age / Date of Birth

From Which City, State, Country

Contact Number (Applicant / Family)

2. Health & Care Requirements

Resident Condition

☐ Bed Ridden ☐ Elderly (Independent / Semi-Independent)

Food Requirement

☐ Normal Food ☐ Liquid Food

Mobility Requirements (e.g. wheelchair, walker, assistance needed, none)

Is the Resident a Medical Patient?

☐ Yes ☐ No

Note: If "Yes", please attach the doctor's prescription(s) along with this form.

3. Room / Stay Preference

Room Sharing Preference

☐ Single Occupancy ☐ Shared Room

Room Category

☐ Deluxe ☐ Super Deluxe

Expected Duration of Stay / Check-in Date

4. Attachments Checklist

☐ Doctor's Prescription (if patient)

☐ Identity Proof

☐ Recent Photograph

☐ Other Medical Reports (if any)

5. Declaration & Signature

I hereby declare that the above information is true to the best of my knowledge.

Signature of Applicant / Family Member	Date