

Application for Residency

(Please fill in all columns and mail this application form to Amazing Love Home, ANBU Thottam #2/322, 5th Street, Puspagiri, Manimangalam Panchayat, Padappai P.O., Kanchipuram District, Tamil Nadu – 601301. Tel. 044-3717-5757 in order to be considered for residency.)

Name of Applicant:	Mr./ Mrs./ Ms.
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Educational Qualification		Ex. Profession	
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Gender :	Male	Female	Date of birth >		Age >
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Nationality :	Indian	NRI	POI	Others - specify
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Languages spoken:	Tamil	Telugu	Malayalam	Hindi	English	Others - specify
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Address	

Contact Nos	Land Line	Mobile
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Marital Status:	Single	Married	Widow	Divorced	Living Separate
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No. of Children	Son (s)	Daughter (s)
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Spouse name		Mob
Father's name		Mob
Mother's name		Mob

Legal Guardians / Representatives details

1 st Guardian's Name		Relationship
Address		
Mob.		Pin code
Email address / ID		

2 nd		Relationship
Address		
Mob.		Pin code
Email address / ID		

References

Name	
Address	

Mob	
Email id	

Source of Income	Pension	Interest from Securities	Children support
Annual Income	Rs.	Rs.	Rs.

In case of Emergency

Primary Contact person's Name	
Contact Nos. / Email	

Secondary Contact person's Name	
Contact Nos. / Email	

Send Correspondence to	Applicant	Primary Contact	Secondary Contact
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Type of Room required	Floor Level			Duration of stay	Trial Period	Tariff . PM
Single / Sharing Double/ Executive / Dormitory	Ground	1	2	Months	15 / 30 Days	Rs.

Enclosures / Cheques

4 x 5 cms p p size Color Photo – 3 Nos	Address proof	Ration Card	Voter ID	Passport Copy
Security Advance	Amount Rs.	Cheq No.	Bank	Date
Monthly Charges	Amount Rs.	Cheq No.	Bank	Date

SUBMISSION AND UNDERTAKING

I agree that I have read the ALH Residents Rules and Regulation. Manual and I have been explained about all the rules and regulations of Amazing Love Home . I/We have chosen Amazing Love Home out of my / our own choice and will. All the information that has been provided in the pre-assessment form and application form are true and correct to the best of my / our knowledge.

Signature of the Applicant	Signature of the First Legal Representative	Signature of the 2 Representative
Place	Date	