PARSI PUNCHAYET, BOMBAY F. S. PARUKH DHARAMSHALLA

Admission Form for Private rooms for old and infirm Parsi Zoroastrians

(Admission are also given to deserving Parsi Zoroastrians who are not suffering from infectious diseases and mental disorder)

The Executive, Parsi Punchayet BOMBAY. Sir, Mr./Miss/Mrs. _____ __ wishes to take advantage of the above Dharamshalla. If admitted, he/she will abide by the present rules and regulations as well as new rules framed in future. Applicant's Name & Age : Family Particulars : Name & Address of the relative/guardian (Tel. No. if any.) Office Address : _____ Applicant's relationship with guardian/relative _____ Name of the Present flat holder : _____ In whose name the flat stands and if admitted what arrangement will be made re. the flat. Does the applicant own any property, shares, securities, insurance etc. Applicant's signature Date :_____

Written statement to be given by the nearest relative/guardian of the inmate to be admitted in Parukh Dharamshalla

The Trustees of the Parsi Punc	chayet,
BOMBAY	
	the
of Mr./Miss/Mrs. be admitted in the Parukh Dhar Parukh Dharamshalla if she/he disease or if her/his behaviour is dismissed by the authorities reasons.) I will take her/him from about this. I assure you that no informing me if the inmate is not full power to send her/him away	who is to ramshalla, hereby give in writing that after admitting in the e becomes mentally weak or suffers from an infectious has an adverse effect on the institute's affairs or if she/he in the interest of the Instt. (They are not bound to give m the Dharamshalla immediately as soon as I am informed o unnecessary delay will be made on my part. Even after t taken away within the stipulated time the authorities have and while doing so they are authorised to collect from me incurred. The authorities of the Dharamsalla shall not be
I will pay Rs	for the food and service charges for
Mr./Miss/Mrs	before 10th of each month.
On the demise of my	the
obsequial ceremonies will be p	erformed by me.
In future if required, I an	m preparéd to engage wardboy/Ayah at my own cost.
Date	
	Signature
• • • • • •	Address

Applicant's Name_ S. No. Year_