



ADMISSION FORM OF AAFIYAT



Passport Size
Picture

District: _____

Form number: _____

Date of Admission: _____

Name of the senior citizen: _____ Gender: _____

Father's/Husband/Guardian Name: _____ Age: _____

CNIC No: _____ Date of Birth: _____ Religion: _____

Profession: _____ Retired Officer: (Yes/No)

(If yes) from which Department _____ Phone No. _____

Apparent Physical Deformity (if any) _____

Non-communicable Disease (If any): _____

Permanent Residence Address:

Current Address:

Referred by :(Name, CNIC, Complete Address)

1. _____

2. _____

Relation with the referral: _____

Referred Organization/ Institution:

Family History:

1. Spouse (Alive/deceased/separated) _____
2. Children (Alive/deceased) _____
3. Total no of sons (real/step) _____
4. Total no of daughters (real/step) _____
5. Siblings _____
6. Close relatives _____

Detail of Property /Assets (if any):

Current financial status: _____ Monthly income/pension (if any): _____

Tentative time period of stay: _____

In case of emergency /Death (for contact):

Will (if any):

Whether the senior citizen was admitted in some other Old Age Home: _____

If yes, name and address of the Old Age Home: _____

Date of admission _____ Date of Discharge: _____

Reason for leaving the Old Age Home:

Affidavit:

I do solemnly declare that my complete information and documents are correct and all of my details are correct. I will obey all the rules and regulations of Old Age Home. I will not participate in any religious / political party.

Signature or thumb impression of the senior citizen

Signature or thumb impression with the name and address of the person/agency etc. deliver the senior citizen to the old age home

For Office Use

Particulars of the Senior Citizen _____ S/W/o _____ as given above are checked and found correct /incorrect, thereof the senior citizen admitted /not admitted in the old age home. In case of refusal of admit, give detailed reason below:

Registration no: _____

Signature of the In-charge of Old Age Home _____

Date: _____



DISCHARGE FORM OF AAFIYAT



District: _____

Form number: _____

Date of Discharge: _____

Name of the senior citizen: _____ Gender: _____

Age (at the time of discharge from facility): _____ CNIC No: _____

Date of Admission/ Time Period of Stay: _____

Health Condition: _____

Reason of discharge: _____

INCASE OF CASUALTY

Reason of death:

Death certificate received from the hospital: Yes / No

Dead body handed over to the family or concerned person (mentioned in the admission form): Yes/No

If yes, complete information of the relative:

Name: _____ Relation with the resident: _____

CNIC: _____ Phone No: _____ Signature: _____

If not, buried in which graveyard: _____

Signature of the In-charge: _____