FORM F2: - NOMINATION FORM

I HEREBY NOMINATE THE FOLLOWING PERSON/PERSONS TO RECEIVE THE BALANCE AMOUNT OF THE SECURITY DEPOSIT AFTER MY DEATH. AMOUNT SHALL BE PAID TO THEM AFTER ADJUSTING ALL DUES PAYABLE TO KRISHNAVENI VRIDDHASHRAM OR HOSPITAL FROM THE DEPOSIT AMOUNT PAID BY ME.

SR.NO	NAME OF THE NOMINEE/ CONTACT NO:	RELATION	AMOUNT	ADDRESS, EMAIL ID, ADHAR NO.
1				
2				
3				
	SIGNATURE OFGUEST/RESIDENT:		SIGNATURE OF WITNESS: 1: - 2: -	
RECENT PHOTOGRAPHS + ADHAR + PAN CARD OF NOMINEES MUST BE ATTACHED.				

I REQUEST YOU TO RELEASE MY PERSONAL BELONGINGS TO THE FOLLOWING PERSONS.

INSTRUCTIONS FOR LAST RITES.
MY LAST RITES SHALL BE CONDUCTED AS PER: -
MY LAST RITES SHALL BE CONDUCTED BY: -

I hereby agree that Krishnaveni Vriddhashram is providing me a place of residence on my specific request and they are not responsible for my health and upkeep. Any medical help assistance provided by Krishnaveni Vriddhashram is also on my specific instruction and I hereby indemnify them from any responsibility in this regard.

I hereby declare that I do not suffer from any major physical ailment, mental illness, financial disability, pending litigations, criminal record pending against me. I agree that if any such undisclosed information comes to light in future, Krishnaveni Vriddhashram is at liberty to terminate my stay at the Krishnaveni Vriddhashram.

All information given by me is true to the best of my knowledge.

Any change, if occurs in future will be informed.

GUEST/ RESIDENT SPONSOR WITNESS 1
WITNESS 2

FOR OFFICE USE

REFUNDABLE DEPOSIT AMOUNT PAID CHEQUE NO., DATE AND RECIEPT NUMBER	
ADVANCE AGAINST MONTHLY CHARGES PAID CHEQUE NO. AND DATE.	
MODE OF MONTHLY PAYMENT	
ANY POST-DATED CHEQUES ISUED	
ANY STANDING INSTRUCTIONS	
ANY CONCESSIONS GIVEN	
FORM NO. F2: - NOMINATION RECEIVED IN WRITING	

FORM F6: -MEDICAL REPORT RECEIVED IN WRITING	
LIST OF PROPERTY UNDER POSSESSION RECIEVED	
REFERENCE FORM RECIEVED	
FORM NO F4(A): -N.O.C FROM PREVIOUS INSTITUTE OAH RECIEVED	
FORM NO. F4(B): - RECOMMENDATION FROM PREVIOUS INSTITUTE/OAH	