

To

The Managing Committee
SOUJANYA FOUNDATION (R) Trust,
220/1, SHRIMATA, OPP CMC,
YELLAPUR ROAD, SIRSI-581401, KARNATAKA STATE

Dear Sir,

Sub: Admission to Soujanya Foundation (R), Vatsalya Mane ,
Dream Park, Chipgi, SIRSI-581402

I thank you for admitting my (state relationship)
Sri / Smt.

Who here afterwards will be resident of VATSALYA MANE, SOUJANYA FOUNDATION(R)

I here by AGREE to abide by the following Terms and Conditions.

- 1 During his / her / their stay in VATSALYA MANE, I take the responsibility of counselling him/ her / them in case of their objectionable behaviour.
- 2 During his / her / their stay in VATSALYA MANE, if he / she falls seriously ill or otherwise has to be discharged from VATSALYA MANE, I take full responsibility of providing medical treatment / or taking him / her / them to the place as required.
- 3 In case he / she is admitted to a hospital I take the full responsibility of looking after him / her and to bear the medical expenses for treatment. In case any attender is prescribed by the Doctors / Management of Soujanya Foundation, I am ready to keep an attender and to bear the full cost of such attender.

4 **GENERAL DECLARATION**

- 4.1 The particulars furnished by us in the application form are true to the best of our knowledge and belief, and we have not withheld any material information or health information which would have an impact on the institution / Foundation on account of this admission.
- 4.2 I / We can read, write and understand English. We have carefully read and understood the content of all documents and application seeking the admission.
- 4.3 I / We don't understand English, but have got the documents and application read and explained to us in. language by
After understanding and accepting the same, we have signed this application.

Name and Signature of the person
who is admitting the Applicant

Name and Signature of the RESIDENT

Remarks by the Management:

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