

THE W.Z.O. TRUST FUNDS
BAI MANECKBAI P. B. JEEJEEBHOY SENIOR CITIZENS CENTRE
&
DOLAT & HORMUSJI VANDREWALA SENIOR CITIZENS CENTRE
PINJAR STREET, MALESAR, NAVSARI 396 445.
Tel Nos. (02637) 246073, 245402

Admission Form cum
Rules & Regulations

1. The age for admission is 60 years and above. Age proof may be asked for, if found necessary.
2. The time for stay at the Senior Citizens Centre will be for an initial period of three months. Further extensions will be decided upon by the Chairman / Trustees of The W.Z.O. Trust Funds.
3. All prospective residents will produce a recent Medical statement, as per attached form, signed by a doctor with a minimum M.D. qualification. The Chairman / Trustees of The W.Z.O. Trust Funds will decide upon the admission on the basis of the physical condition of the applicant. If it is felt necessary, the prospective resident will have to undergo an additional medical check up by doctors recommended by The Chairman / Trustees of The W.Z.O. Trust Funds.
4. The prospective applicant and his / her relatives, at the time of admission will have to sign a bond in the prescribed form.
5. Rooms will be allotted by The Chairman / Trustees of The W.Z.O. Trust Funds. The partners with whom the rooms are to be shared will also be decided upon by The Chairman / Trustees of The W.Z.O. Trust Funds. Residents may be asked to interchange rooms from time to time by The Chairman / Trustees of The W.Z.O. Trust Funds.
6. Residents will have to bring their own personal effects such as toothbrush, cosmetics, toiletries, clothes, medicines etc.
7. Residents will strictly note that no one is allowed:
 - To bring in and / or consume liquor and intoxicating drinks or substances.
 - To smoke in the institute premises, including their rooms..
 - To indulge in gambling, betting or any such acts in any form or manner.
 - To assign personal work of any nature to the staff members.
 - To behave in such a way as to become nuisance to other residents.
8. Breakfast, tea and meals will be served in the dining room only. Special meals will not be served to any residents.
9. Residents should not bring any valuable / precious articles with them. If they do bring such articles, they shall do so at their own risk for which they alone shall be

responsible. The Chairman / Trustees of The W.Z.O. Trust Funds, their staff members will not accept any responsibility for damage, loss, theft or any other mishap to the residents or their articles.

10. The Chairman / Trustees of The W.Z.O. Trust Funds will take all reasonable and practical steps to ensure safe and secure living conditions at the Senior Citizens Centre. However, the Chairman / Trustees of The W.Z.O. Trust Funds or the institution will not be responsible for any theft, loss of, or damage to, the person or the property of the residents.
11. No resident shall take any article / any item from the kitchen, dining hall, lounge, stores or office to his / her room at any time.
12. All residents will strive to live as a joint family, in cordial atmosphere of mutual respect, regard and help for one another.
13. It will be the sole responsibility of the residents to keep the 'living quarters' allotted to them, in a clean and neat condition, and maintain the same in good and proper order.
14. Any residents desiring of playing TV / radio or indulging in any recreational activity in their allotted 'living quarters' must ensure that no nuisance or disturbance is caused to the other inmates.
1. Residents will have to strictly observe the timings pertaining to:-
 - Meals.
 - The time within which they must return to the Centre in the evening.
 - Any other activity that may be required to be carried out within a specific timeframe.
15. Residents shall not leave the premises of the Centre without prior intimation to the manager or concerned authority. It is obligatory to leave the name, address and telephone numbers of the persons to be visited by the residents. The keys of the 'living quarters' allotted must be deposited in the office of the Senior Citizens Centre, at all times before the residents leaves the premises of the Centre.
16. At the time of admission, the full name, address, telephone numbers and consent letters from the family members / relatives, person / persons, who will undertake the responsibility of the resident in the event of major illness, hospitalisation (including surgery) or even death, is to be furnished. The payments for appropriate services will have to be borne by and made directly by the residents / the person/s undertaking their responsibility. The Senior Citizens Centres do not have facilities for in-house treatment in case of illness.
17. On the death of a resident, the individual/s that have been named as guardians and executed the bond will be informed by the best possible and available method. If the concerned individuals are unable to reach the Senior

Citizens Centre within 8 to 10 hours of the occurrence of death, appropriate action would be taken for the disposal of the deceased.

18. The amount of monthly charges payable by the residents will be decided by the Chairman / Trustees of The W.Z.O. Trust Funds. These charges are subject to review from time to time. The monthly charges effective from 1st April 2016 are **Rs.5,000/= (Rupees five thousand) per month.**
19. It is obligatory for the residents to deposit promptly and regularly his / her monthly contribution before the 5th day of every month.
20. A resident will pay the entire month's contribution even if he / she is absent for any period of time, for any reason whatsoever.
21. If any resident misbehaves with the Chairman / Trustees of The W.Z.O. Trust Funds or any of their appointed representatives or his / her activity is thought to be prejudicial to the interest of the Senior Citizens Centres, the said resident shall be given a notice of 24 hours of termination of his / her right to remain a resident of the Senior Citizens Centres.
22. Residents shall abide by all rules and regulations in force from time to time, as framed by the Chairman / Trustees of The W.Z.O. Trust Funds. If any resident commits breach of any of the said rules and regulations, the said resident shall be asked to quit forthwith and vacate peacefully after settling outstanding dues if any.
23. If a resident has any complaint he / she shall lodge the same in writing with the authorised representatives of the Chairman / Trustees of the W.Z.O. Trust Funds. A resident shall not enter into any verbal or physical fight, litigation, or dispute with any other resident/s, the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives.

Except for the monthly subscription amount, no other charge such as electricity, water charges, municipal taxes etc. are to be paid by the residents. Telephone facility for local calls only will be provided, depending on the availability of the telephones, by the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives. The telephone charges, as decided by the Chairman / Trustees of The W.Z.O. Trust Funds will have to be paid by the residents before making any call.

24. Residents will be allowed to receive visitors, in the lounge / hall on the ground floor only, during specified timings. Visitors will have to strictly adhere to the timings and the areas fixed. Visitors will not be allowed to stay over at the Senior Citizens Centre, in any circumstances or for any reason whatsoever.
25. Any indulgence granted to residents for payment of dues or other facilities including extension of stay shall not be considered as creation of any right in favour of the resident. Such indulgence shall always be without prejudice to the right of the Chairman / Trustees of The W.Z.O. Trust Funds or their

authorised representatives to take appropriate action against such defaulting residents.

26. The W.Z.O. Trust Funds, Centres for Senior Citizens, have not been planned to function either as a medical centre or an infirmary. All residents are expected to remain mobile, in full control of their faculties as well as biological functions, failing which they will be asked to leave the Centre.
27. In the event that any resident requires hospitalisation, all expenses will have to be borne by them as well as settled directly with the hospital concerned. If requested, the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives will use their good offices with the Trustees of the D. N. Mehta Sarvajanik Hospital to recommend admission. However, admission into the hospital cannot be guaranteed by the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives which fact is to be clearly understood and accepted.
28. In the event that any resident becomes infirm, it will be obligatory on the part of the resident / relatives to arrange to make arrangements for stay elsewhere. If requested, the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives will use their good offices with the Trustees of the Parsi Infirmary at Navsari to recommend admission. However, admission into any other institution cannot be guaranteed by the Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives which fact is to be clearly understood and accepted.
29. The Chairman / Trustees of The W.Z.O. Trust Funds or their authorised representatives reserve the absolute right to revise, amend, delete, change any of the above rules and regulations from time to time, and the residents solemnly assure the Chairman / Trustees of The W.Z.O. Trust Funds to faithfully abide by them.

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ADMISSION FORM

Date: _____

Name : _____

Sex : Male / Female Age: ____ Date of Birth _____

Address & telephone no. : _____

Family Particulars.	: Names and addresses of sons & daughters, or near relatives.	Income (enclose copies of salary certificates)
	_____	_____
	_____	_____
	_____	_____

Occupation & income before Retirement (attach certificate of last salary) : _____

Fitness certificate by qualified doctor with minimum M.D. qualifications : _____

Is the prospective resident covered under Medclaim insurance : YES - Policy number: _____
NO.

Why do you wish to stay at the Centre :

References of two well known individuals who can vouch for character and good conduct. : _____

I have gone through the Rules & Regulations and promise to abide by them.

Signature of prospective resident.

[FOR OFFICE USE ONLY]

Admission approved in Room No. _____ (Single / Double / Sharing).

Admission rejected.

Trustees,
The W.Z.O. Trust Funds.

MEDICAL HISTORY TO BE COMPLETED BEFORE ADMISSION.

Are you in good health free from physical and mental disease or infirmity. : _____

Have you ever suffered from:

- any nervous, mental or psychiatric disease, slipped disc, or other spinal disorder, fainting episode, blackout, fits or paralysis of any kind. : _____

- High blood pressure, heart disease including ischemic heart disease, piles, varicose veins, other circulatory disorders or rheumatic fever. : _____

- Hernia, any rheumatic or joint disease, urinary disease or diabetes. : _____

- Any respiratory or allergic disease or any disorder of the stomach, bowel or gall bladder. : _____

- Any other complaint requiring specialist's consultation, or surgical or hospital treatment or investigations : _____

- Any complaint or tendency that may necessitate such consultations or treatment in the near future ? : _____

Please give particulars of any other illness, disease or accident sustained by you during the twelve months preceding this statement.

Sr. No.	Nature of illness / disease injury and treatment received.	Date first treated	Name of attending medical practitioner / surgeon, address and tel nos.
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I hereby declare that :-

I am not on the waiting list for any medical treatment. I have not received any terminal prognosis for a medical condition before this day. I further declare and warrant that the above statements are true and complete. I consent to seeking medical information from any Doctor recommended by The Chairman / Trustees of The W.Z.O. Trust Funds. I authorize the divulgence of the required information to The Chairman / Trustees of The W.Z.O. Trust Funds Senior Citizens Centres.

Place :

Date :

Signature of Applicant

Full Name:

Address :

I have examined Mr / Mrs / Ms _____ age _____ and certify him / her fit for admission to your Senior Citizens Centres.

Signature
Name & Stamp of the Doctor

CONSENT LETTER

**The Trustees,
The W.Z.O. Trust Funds,
Pinjar Street,
Malesar,
Navsari 396 445.**

Dear Madam, Sirs,

**Sub: Request to admit Mr. / Mrs. _____
to The W.Z.O. Trust Funds Senior Citizens Centres.**

We are the relatives of Mr. / Mrs. _____
who have applied for admission to The W.Z.O. Trust Funds Senior Citizens
Centres. Our full name/s, relationship, address and telephone nos. are as
follows.

No.	Full Name	Relation to applicant.	Address and telephone/s [Res, off & cell] _____
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1.

2.

3.

We have read the rules and regulations of The W.Z.O. Trust Funds Senior Citizens Centres. We agree to abide by the rules of the Centre for Senior Citizens, in particular we have noted our duties and responsibilities, as laid down in rule nos. 17, 18, 29 and 30 and we consent to abide by all the rules and regulations and the changes made therein from time to time.

1. _____

2. _____

3. _____

I certify that the information given in the consent letter is correct. I agree to abide by the consent letter.

Applicants signature.

Name: _____

Address: _____

FAMILY PARTICULARS

The prospective resident is advised to fill in the following details:

Name and address of prospective resident:

Date of birth:

Passport number (if any):

Valid till:

Name of spouse:	
Name of father	
Name of mother	
Names of children	
Names of sisters	
Names of brothers	

Signature of prospective resident:

BOND

**To:
The Trustees,
The W.Z.O. Trust Funds Senior Citizens Centres,
Pinjar Street,
Malesar,
Navsari 396 445.**

Dear Madam / Sirs,

I / We _____

are the relatives (_____) of Mr / Mrs / Ms _____
aged ____ years, who is seeking admission to your Senior Citizens Centre, as a
resident.

I / We hereby confirm that the prospective resident is physically fit and does not
suffer from any mental disorder, physical disability or any contagious disease.

I / We hereby confirm that in the event that the above named prospective
resident should contract any contagious disease, or any form of mental disorder
or physical disability, for which reason it may necessitate their discharge from the
Senior Citizens Centres, I / we shall, immediately on being informed make the
necessary arrangements for the said prospective resident to be removed from
the institution.

I / We hereby confirm that in the event that it is not been possible for me / us to
act immediately on the advise received, the Chairman / Trustees of The W.Z.O.
Trust Funds or their authorized representatives are fully empowered to arrange
for the transit of the above named prospective resident to my / our address at
our cost and consequences. I / We further confirm that the Chairman / Trustees
of The W.Z.O. Trust Funds or their authorized representative's stand fully
indemnified of any cost or consequences arising out of their taking action on my /
our behalf.

Thanking you,

Yours faithfully,

Signatures of relatives

AUTHORIZATION LETTER

(To be filled in only if prospective resident does not have any relatives)

**The Trustees,
The W.Z.O. Trust Funds,
Pinjar Street,
Malesar,
Navsari 396 445.**

Dear Madam, Sirs,

Sub: Request to Trustees of the W.Z.O. Trust Funds

As I have no relatives who are willing to look after me, I hereby agree that you may shift me to an Infirmary should I become immobile. After my passing I hereby authorize you to perform my last rites as per the Zoroastrian traditions.

Thanking you,

Yours Faithfully,

Applicant's signature.

Name: _____

Address: _____

DECLARATION

In the event that I become infirm / immobile I authorise the Trustees of WZO Trust Funds to shift me to the Parsi infirmary at my cost.

In the event of my passing whilst a resident at the Senior Citizens Centre, should my relatives not arrive in time, I authorise the Trustees of WZO Trust Funds to carry out my last rites as per Zoroastrian traditions.

Applicant's signature.

REQUEST FOR SUBSIDY

(To be filled in only by prospective residents whose income is less than Rs.6,000/= per month. Decision to approve or reject subsidy will be at sole discretion of Trustees, whose decision will be final and binding).

From:-

**To:
The Trustees,
The W.Z.O. Trust Funds Senior Citizens Centres,
Pinjar Street,
Malesar,
Navsari 396 445.**

Dear Madam / Sirs,

As my income is under Rs.5,000 (Rupees five thousand) per month, it is not possible for me to pay the full amount of board/lodge.

I therefore request you to kindly consider extending some subsidy to me.

Thanking you,

Yours faithfully,

(For office use only)

Request for subsidy approved @ Rs. _____ p.m.

Request rejected.

**Trustees;
The W.Z.O. Trust Funds.**