Irene homes A project of cochin community welfare society.

APPLICATION FOR ALLOTMENT OF APARTMENT

- 1. Name of First Applicant
- 2. Date of Birth
- 3. Name of Father
- 4. Name of Mother
- 5. Permanent Address

Phone Number Email

- 6. Religion
- 7. Home Parish
- 8. Name of Spouse

Date of Birth

- 9. Name of Second Applicant
- 10. Date of Birth
- 11. Name of Father
- 12. Name of Mother

13. Permanent Address

Phone Number Email

- 14. Religion
- 15. Home Parish
- 16. Date of Marriage

Name and Address of Children With phone number and email

1.

2.

3.

- Proof of identity of applicants with copy. (Aadhar, Passport, Election ID)
 Bank Account with number
 - 1. Name of Bank
 - 2. Account Number
- 20. Details of Medical Report if any,

First Applicant

Second Applicant

21. Details of Medicine used

First Applicant

Second Applicant

- 22. Details of Medical Insurance, if any.
- 23. Profession and areas of interest

First Applicant

Second Applicant

24. Address of Sponsor with telephone and email.

25. Name and address of two close Relatives other than children to contact in case of Emergency.

If children are enable to be contact

- 1.
- 2.

26. Name and Address of Nominee

27. Preferred hospital, in case need.

1.

2.

28. Preference for Apartment.

(Allotment on first cum first served basis Depending on availability on the date of Receipt of application with advance)

1.

3.

DECLARATION

I/We have read and understood the Rules and Regulations of Irene Homes, Puthencruz. I/We declare that the details given above are true and correct. I/We also agree to execute the necessary agreements on allotment of Apartment.

2.

Date:

Place:

1st Applicant

2nd Applicant

Nominee

<u>Note:</u> - Self-attested photographs of the applicants and nominee to be produced along with this application.