Form C

CONSENT LETTER OF THE RELATIVES

			Date
То			
Manag	ing Committee,		
Shiwal	aya – a Project for Senior Citi	zen,	
Red Sv	vastik Society,		
Chaure	e, Ta. Kalyan, Distt. Thane, M	S, India	
Sub: A	dmission of Shri/Smt/Ms		to Shiwalaya
Dear S	ir/ Madam,		
I/We a	m/ are relatives of Shri/Smt/M	ſs	who
has app	olied to Shiwalaya, our details	and relationship with app	licant are follows:-
S No.	Full name	Relation with Applicant	Address and Tel no./email
1			
2			
3			
			•

We have read and understood the documents required for the admission to Shiwalaya, viz., application form, consent letter, medical statement, the agreement and the rules and regulation of Shiwalaya and confirm that:-

1. We agree to abide by the terms and conditions in relation to the admission of out relative mentioned above to the Shiwalaya.

- 2. We have also seen, read and understood Clauses 6.1 to 6.4 of the Agreement and Rule 31 of the Rules and Regulation. In respect of Clauses 6.1 to 6.4 of the agreement, we hereby declare, on behalf of relative and as a relative(s), that on the occurrence of the events mentioned in clauses 6.1 to 6.4 of the Agreement, in no manner, either the Director(s)), Trustee(s), and any person(s) in charge of Shiwalaya and/or Trustee of the Red Swastik Society shall be held responsible. We accept that on account of old age any occurrence of such inevitable event(s) is but natural.
- 3. In relation occurrence of such events, on being informed by the Director or any other person from Shiwalaya, we undertake to reach at Shiwalaya at the earliest and will take responsibility of our relative.
- 4. We also confirm that in the event that we fail to respond to the call as required by Shiwalaya or fail to take appropriate action, Shiwalaya will be entitled to take the appropriate steps in accordance with the provisions of Agreement and Rules and Regulations of Shiwalaya and customs in practice,
- 5. We also confirm that if the Security Deposit of Rs.25.000/- (Rupees Twenty five thousand only) handed over to the management of Shiwalaya / Trustees of Red Swastik Society, is reduced than the required amount of Rs.25.000/- (Rupees Twenty five thousand only) at any given time, we promise that the arrangement will be made to replenish it within 7 (Seven) days of being informed,
- 6. We also confirm that if our applicant/relative fails to make payment of any dues in respect of the said Home, on being informed of the same by Shiwalaya, we will make payment on behalf our relative.
- 7. We also confirm that we will keep informed the Shiwalaya and/or persons in charge of the Shiwalaya of any changes in our contact details.
- 8. We consent to abide by all the Rules & Regulations of the Shiwalaya and changes made therein from time to time.

Yours faithfully,

1	name	/ cianature	
Ι.	name	/ signature	,

2. name / signature 3. name / signature

Declaration of the applicant

I affirm and confirm that the information provided by my above three relatives above is true and correct to the best of my knowledge. I agree to abide by the consent terms given by relatives.

Applicant's signature	
Name	