

The Secretary  
Indian Red Cross Society  
Punjab State Branch  
Sector 16- A  
Chandigarh

**REQUISITION PROFORMA FOR OBTAINING PATIENT CARE ATENDANT  
SERVICES**

1. Applicant's Name:\_\_\_\_\_
2. Full Address:\_\_\_\_\_
3. Phone No.:\_\_\_\_\_
4. Patient's Name:\_\_\_\_\_
5. Applicant's Relation with the Patient:\_\_\_\_\_
6. Age, Sex of Patient Male/ Female:\_\_\_\_\_
7. Nature of Disability:\_\_\_\_\_
8. Service required for No of days\_\_\_\_\_ (2) Time from\_\_\_\_\_ AM \_\_\_\_\_ PM
9. Terms & conditions as per Annexure-1

Signature

\_\_\_\_\_

**For Office use only**

Received a sum of Rs.\_\_\_\_\_ (Rupees\_\_\_\_\_ )

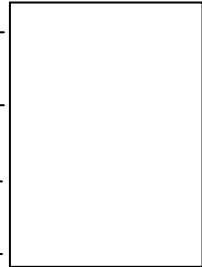
On account of Registration fee vide receipt No.\_\_\_\_\_ Dated\_\_\_\_\_

Signature

\_\_\_\_\_

## REGISTRATION FORM FOR PATIENT CARE ATTENDANT

1. Name:\_\_\_\_\_
2. Date of Birth:\_\_\_\_\_
3. Father/ Husband Name:\_\_\_\_\_
4. Full Address:\_\_\_\_\_



\_\_\_\_\_  
(Proof to be attached)

5. Verified by Sarpanch/  
M.C./Gazetted officer:\_\_\_\_\_
6. Education Qualification:\_\_\_\_\_
7. Experience, if any: \_\_\_\_\_
8. Duty Interested: Day/ Night\_\_\_\_\_ Male / Female\_\_\_\_\_
9. Phone No:\_\_\_\_\_ Mobile No:\_\_\_\_\_

### UNDERTAKING

1. I undertake the Patient at his/ her residence as and when required by the Society and also be abide by the instructions of the Society.
2. In case, the period of Service/ Contract is extended by the applicant/borrower, I shall inform the Society in writing well in advance.

(Signature)

Name\_\_\_\_\_

Address\_\_\_\_\_