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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_