



The Golden Estate Application Form

I. PERSONAL INFORMATION

Primary Applicant

1. Name:
2. Date of Birth:
3. Male/Female:
4. Nationality:
5. Residential Address:
6. Permanent Address:
7. Contact Numbers:
8. E-mail id:
9. Details of family members:

S. No.	Relationship with you	Name	Age	Contact No.	Email ID

10. Local Contact :
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II. MEDICAL HISTORY

1. Blood Group:
2. Physical Impairments (if any):
3. Put tick mark if you suffer from any of the following ailments:
 - a) Diabetes:
 - b) Hypertension:



c) Arthritis:

d) Cancer:

e) Alzheimer's disease:

f) Kidney disease:

g) Myocardial Infarction / Cardiac diseases:

h) Others:

Please specify in detail:

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4. Details of any surgeries that you may have undergone in the past:

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5. Any other important information that you would like to share with us, such as drug dependence, allergies, sera vaccine and dye or food reaction:

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III. FINANCIALS

1. Are you an Income Tax Assessee:

2. Yearly Income:

VI. OTHER INFORMATION

a) Food habits: Vegetarian Non-Vegetarian

b) Diet Restrictions, if any. Please specify:

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c) Interests and Hobbies:

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SIGNATURE OF THE APPLICANT

DATE

(At TGE, will you be staying with a partner? If yes, please fill-in details of the secondary applicant also on the next page)



II. PERSONAL INFORMATION
Secondary Applicant

Relationship with the primary applicant.....

1. Name:
2. Date of Birth:
3. Male/Female:
4. Nationality:
5. Residential Address:
6. Permanent Address:
7. Contact Numbers:
8. E-mail id:
9. Details of family members:

S. No.	Relationship with you	Name	Age	Contact No.	Email ID

10. Local Contact:
-
-

II. MEDICAL HISTORY

1. Blood Group:
2. Physical Impairments (if any):
3. Put tick mark if you suffer from any of the following ailments:

a) Diabetes: <input type="checkbox"/>	b) Hypertension: <input type="checkbox"/>
c) Arthritis: <input type="checkbox"/>	d) Cancer: <input type="checkbox"/>
e) Alzheimer's disease: <input type="checkbox"/>	f) Kidney disease: <input type="checkbox"/>



g) Myocardial Infarction / Cardiac diseases:

h) Others:

Please specify in detail:

.....

4. Details of any surgeries that you may have undergone in the past:

.....

5. Any other important information that you would like to share with us, such as drug dependence, allergies, sera vaccine and dye or food reaction:

.....

III. FINANCIALS

1. Are you an Income Tax Assessee:

2. Yearly Income:

VI. OTHER INFORMATION

d) Food habits: Vegetarian Non-vegetarian

e) Diet Restrictions, if any. Please specify:

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f) Interests and Hobbies:

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SIGNATURE OF THE SECONDARY APPLICANT

DATE

