



JINDAL NATURECURE INSTITUTE
JINDAL NAGAR, TUMKUR ROAD, BANGALORE 560073
APPLICATION FOR ADMISSION

Personal Details											
Patient's Name:											
Co-patient's name if accompanied (Submit a separate application)											
Relationship with Co-Patient											
Father's name											
Gender				Date of Birth				Age			
Marital status				Occupation							
Full Postal Address											
Pin code				Telephone/Mobile							
E-mail											
Local Contact Person						Telephone					
Country				Nationality							
Height (in cm)				Weight (in Kg)							
For Foreign Nationals/Non-Resident Indian/OCI/PIO											
Passport No.			Date of Issue			Place of Issue					
Mandatory as per Immigration Rule:											
Domestic patients must present their Photo ID in Original, without which admission may be denied.											
Accommodation Required Details											
*Free Ward	Economy Room		Executive		Suites			Deluxe			
	Single	Double	Single	Double	Cottage	Hut	Nest	DDR	DH	DN	SDN
*For Free ward, please mention family annual income from all sources.....											
Note: For SDN, DN & Nest booking, at least two patients are required. Foreign/NRIs are eligible to apply for Executive, Suites & Deluxe accommodation only											
Number of days stay desired.....						From To.....					
Details of Reservation Deposit											
In case of re-admission, please write											
Previous date of admission:				M.R. Number:				Accommodation:			
Personal History: (Please give Specific information) All particular should be filled in.											

Please answer the following:

1	Have you undergone any surgery within 6 months? (Yes/No) If yes, give details:	
2	Blood Pressure (High/Low/Normal)	
3	Do you suffer from any type of Hernia? (Yes/No) If yes, provide details.	
4	Do you suffer from any kind of skin disease? (Yes/No) If yes, provide details	
5	Have you suffered from a Heart ailment or undergone Angioplasty/Bypass surgery in the past? (Yes / No) If yes, provide details.	
6	Have you suffered or suffering from any type of kidney disease?	
7	What medicines are you taking at present?	
8	Are you addicted to any substance? Smoking/Alcohol/Drug addiction/Zarda/PanMasala. If so, please provide details.	
9	Can you walk 1 km without any support? (Yes/No) If No, give details	
10	Are you physically /visually disabled in any way? (Yes/No) If so, please provide details	
11	Are you vaccinated for Covid 19 (1 st Dose/2 nd Dose/Not Yet)	

Sl.No	Disease Details	Duration of Disease
1		
2		

Please enclose recent investigation reports if you are suffering from any of the following diseases: (Please do not send anyfilm)	
Diabetes Mellitus with High Blood Pressure, High Cholesterol and obesity, Rheumatic Fever, Heart Problem (Age above 50 years)	ECG/TMT/2-D Echocardiogram
Hepatitis	Australia Antigen Test
Anemia	Hemoglobin estimation

Note: Please read the rules and regulations by visiting our website: www.jindalnaturecure.org before submitting this application. The Institute is not liable if you do not read the rules and regulations.





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Send reservation deposit equivalent to 3 days accommodation charges of your choice along with the application.
You may pay through RTGS/NEFT or remit the cash to following ICICI Bank directly. **Jindal Nature Cure Institute, ICICI Bank, Malleswaram Branch, Bangalore, A/c No: 007801030038, RTGS Code: ICIC0000078**
(Please share "Payment Proof/Transaction details)

Declaration:

"I am aware that Naturopathy has its own limitation and not meant for handling a medical emergency, and state that I am not suffering from any major diseases that may lead to critical care - particularly related to heart, brain, kidney or liver and that I give my consent to undergo treatment at JNI. I declare that my ECG / 2DEcho is within the normal limit, which the Institute may verify if required. I understand that I may be discharged forfeiting 3 days accommodation charges if the above reports are found not up to the protocol of the JNI regimen"

