|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Date of Final COVID-19 Vaccination. |  |

|  |  |  |
| --- | --- | --- |
| **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 any film)

|  |  |
| --- | --- |
| 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](http://www.jindalnaturecure.org/) before submitting this application. The Institute is not liable if you do not read the rules and regulations.

**Reservation Deposit Requirement Along with the Application:**

For Free Ward, a deposit of Rs. 1000 is required.

For all other accommodations, please send a reservation deposit equivalent to 3 days of accommodation charges of your selected option along with your application.

Payment Instructions: Payments can be made through RTGS, NEFT, IMPS, UPI or Net Banking and no cash deposit directly to the bank account.

1. **ICICI Bank Details for Free Ward, Economy Accommodations and Executive Accommodations, Cottage, Hut, Nest:**

* Bank Name: ICICI Bank
* Branch: Malleswaram Branch, Bangalore
* Account Name: JINDAL NATURECURE INSTITUTE
* Account Number: 007801030038
* IFSC code: ICIC0000078
* Payment Confirmation: Please share the payment proof or transaction details with us at res@jindalnaturecure.org without fail.

1. **Standard Chartered Bank Details for Deluxe room (DDR), Deluxe Hut (DH), Deluxe Nest (DN), Super Deluxe Nest (SDN):**

* Bank Name: Standard Chartered Bank
* Branch: Koramangala Industrial Branch
* Account Name: JINDAL NATURECARE LTD
* Account Number: 45505352975
* IFSC code: SCBL0036073
* Payment Confirmation: Please share the payment proof or transaction details with us at res@jindalnaturecure.org without fail.

**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”