NISARGOPACHAR KENDRA Vinoba Ashram, Gotri, Vadodara -390021
(Managed By Vadodara Jilla Sarvodaya Mandal)
Ph : +91(265)2371880 Mob : +91 9426187847 Email : info@nisargopachar.org Website : www.nisargopachar.org

APPLICATION FORM FOR INDOOR ADMISSION

(Please fill in the details and send it by Whats-app or E-mail)

PERSONAL INFORMATION : **Booking Reference No** :_____

First Name : _____ Surname : _____ Gender : Male

Address 1 : _____ Address 2 : _____

Locality : _____ City : _____ State : _____ Pin Code : _____

Date Of Birth :_____ Age : _____ Years Weight :_____ Kgs

Mobile No : _____ Whats-app No : _____ E-Mail : _____

Citizenship :

	Indian		OCI Holder		Foreign National	Specify Country	

MEDICAL DETAILS : (Please specify duration, attach copy of medical reports/ other relevant documents)

Tick	Condition	Tick	Condition	Tick	Condition	Tick	Condition
	Acidity		Arthritis		Asthma		Constipation
	Depression		Diabetes		Insomnia		Heart Disease
	High BP		Indigestion		Weakness		Thyroid
	Obesity		Sciatica		Skin Disease		Migraine
	Vertigo		Uric Acid				
Any Other, Specify :							

CURRENT PHYSICAL MOBILITY

	Independent Daily Routine		Need Support Of Attendant

LIST OF CURRENT MEDICATIONS : (Attach extra sheet if there are more Medicines to be listed)

	Medicine name	Dosage
1		
2		
3		
4		

DETAILS OF ATTENDANTS :

	Name (s)	Gender	Age
1		Male	
2		Male	

If Taking Admission in Group, Mention No of Group Members
Nos.

Date Of Arrival : _____ Date Of Departure : _____ No Of Days Stay : _____ Days

ACCOMMODATION TYPE

Tick	Type
	General
	Special (Sharing)
	Special (Single)
	Semi Deluxe
	Deluxe

OTHER DETAILS

Tick	
	No Of Attendants
	Ground Floor Reqd ?
	Physically Challenged ?

PAYMENT DETAILS

Tick	Payment
	Online
	Draft / Cheque
	Cash
	Amount ₹
	Transaction ID
	Payment Date

Rules of Nisargopachar Kendra for admission :

Naturopathy treatment, just like any other form of treatment involves certain restrictions, which may cause inconvenience or discomfort to some individuals. We advise health seekers to fully understand these rules and regulations. Kindly apply for admission to Nisargopachar Kendra (hereafter referred to as "kendra") only if you are willing to abide by the rules.

1. Use of intoxicants or stimulants like Tea, Coffee, Smoking, Alcohol, Gutkha or any such type of addiction is strictly prohibited at the kendra.
2. Diet other than that prescribed and served at the kendra is not allowed.
3. Health-seekers are not allowed to go out of the campus without prior permission of the doctor.
4. Application form for Indoor Admission (duly filled and signed) is subjected to clearance by the kendra. It will be scrutinized to ascertain eligibility. This process may take three to four working days. The application is cleared for provisional admission if the application passes eligibility criteria.
5. Provisional booking can be done on telephones, but Booking for the admission will be confirmed only after the application is cleared for provisional admission and after receiving the due booking deposit. A confirmation letter will be sent to you along with the booking details.
6. Even if the application is cleared for provisional admission, actual admission to the kendra will be only after the physical examination by our doctors. If any information declared in the application is found to be hidden or incorrect, admission can be denied and deposit will be forfeited.
7. If the medical condition of the applicant undergoes any major change after the application for booking, this must be informed immediately and confirmation should be sought again. Otherwise, admission may be denied after the physical examination.
8. The management reserves the right regarding admission or discharge of any health-seeker at any time.
9. In case of unforeseen or unavoidable circumstances, the management may need to change the accommodation category and/or duration or even cancel the booking. In such case, the booking deposit will be fully refunded. The management shall not be responsible for any other loss imparted to the health-seeker due to such change or cancellation.
10. Minimum Number of days stay for admission is 10 and Maximum number of days stay is 60.
11. Health-seekers below the age of 16 years and above 80 years and those weighing more than 150 kg are not eligible. However, relaxation can be made in case of health-seekers having genuine ailments subject to clearance by the Kendra.
12. Health-seekers with any kind of disabilities or others who require assistance for their personal care are required to arrange for their attendants on their own. It is advisable to arrange for the attendants of the same sex as attendants with opposite sex are not allowed to enter the treatment halls. Health-seekers also need to mention about their accommodation requirements while booking.
13. In event of cancellation, postponement, deciding to stay for a reduced number of days than intended at the time of booking or change in category of accommodation, health-seekers can get refund from the booking deposit as per the prevailing rules. Please refer the latest brochure of the kendra for the refund rules.
14. The charges for indoor services may be revised from time to time. The revised charges will be applicable for the duration of admission if it is changed after the date of booking.
15. At the time of admission, health-seekers must bring the Booking Confirmation letter sent by the Kendra.
16. All disputes are subjected to the jurisdiction of Vadodara.

CONSENT AND ACKNOWLEDGEMENT :

I have Read and fully understood the Rules of Kendra mentioned above and I willingly accept the same.

Signature : _____ Date : _____ Place : _____

FOR OFFICE USE ONLY Booking Code_____

Accommodation period: Arr. date: _____ Depart. date: _____ Duration: _____ days.

Accommodation category Booked

☐ General ward ☐ Special (Sharing) ☐ Special (Single) ☐ Semi deluxe ☐ Deluxe

Number of Persons: Health-seekers: _____, Attendants_____. Total: _____ Floor : Ground / First

Amount Rs: _____ , Rupees _____(In words) only, received

by Cash / Cheque / D.D. No.: _____ Date:_____, Bank: _____

Notes :

Date: _____ Signature _____