



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

**Personal Details**

Patient's Name:			
Co-patient's name if accompanied <b>(Submit a separate application)</b>			
<b>Relationship with Co-Patient</b>			
Father's name			
Gender		Date of Birth	
Age		Marital status	
Full Postal Address			
Pin code		Telephone / Mobile	
E-mail			
Local Contact Person		Telephone	
Occupation			
Country		Nationality	

**For Foreign Nationals/Non Resident Indian/OCI/PIO**

Passport No.	Date of Issue	Place of Issue
<b>Mandatory as per Immigration Rule :</b> 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 source .....

**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.**

Height (in cm)	Weight (in Kg)	BP	Appetite	Sleep	Urination	Bowels	Menstrual Cycle

Sl.No	Disease Details	Duration of Disease
1		
2		
3		
4		

**Please answer the following:**

1	Have you undergone any surgery within 6 months? (Yes / No) If yes, give details:	
2	Did you have any Seizure/Epilepsy (Yes / No)	
3	Do you suffer for any type of Hernia? (Yes / No) If yes, give details.	
4	Do you suffer from any kind of skin disease? (Yes / No) If yes, give details	
5	Have you suffered from Heart ailment or undergone Aniooplasty / Bypass surgery in the past ? (Yes / No) If yes, give 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? Tea / Coffee / Smoking/Alcohol / Drug addiction / Zarda / Pan Masala If so, give 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, give details	

**Please enclose recent investigation reports if you are suffering from any of the following disease: (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 Echo cardiogram
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.

**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")



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***Declaration:***

*"I am aware that Naturopathy has its own limitation and not meant for handling 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 / 2D Echo is within normal limit which the Institute may verify if required. I understand that I may be discharged forfeiting 3 days accommodation charges if above reports are found not up to the protocol of JNI regimen"*