

SGRWA RESIDENT'S DATABASE FORM (FLAT OWNERS)

FLAT NO

HEAD OF FAMILY DETAILS:

Name _____

Telephone No. _____ Mobile No _____

Email id _____

Occupation _____

Employer Details _____

Professional Designation _____

Job Details _____

Total Number of family members _____

Children below 12 years _____ Female(s) _____ Elderly Person _____

FLAT DETAILS:

Date of booking _____ Date of Registry _____

Date of Possession _____ Date of Handover _____

FAMILY MEMBERS DETAILS

Name	Relation	Age	Occupation/Education Details
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Health Problem Record (if yes please give details as this will help us to organize special health provisions)

Any physically challenged person in family (if yes please give details as this will help us to organize special health provisions)

Servant/Maid Detail: _____

Suggestions to improve your block & society:

I hereby confirm that all the abovementioned information given by me is correct to my knowledge.

Date_____

Signature_____