

Reg. No. :

Date :

ISEAF's HOME NURSING BUREAU

Holy Cross Indo German Techno Centre

Marna Siolim, Bardez Goa – 403517

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REGISTRATION FORM

For availing Home Nurse / Caregiver

Case Number :
Patients name :
Type of service : Live-in Day Night
Salary :
Period of contract : From _____ To _____
Place :

DECLARATION

I have received the following, please tick (✓) the boxes.

1. Rules book
2. Clarification regarding leave
3. Clarification regarding salary & Re-Registration
4. Duties to be performed by nurse / caretaker
5. Relevant details regarding Nurse / Caretaker
6. Method of maintaining attendance & duty record
7. The deposit has to be collected within a period of 6 months from the date of the expiry of the contract personally from the office by returning the deposit receipt.

I am aware, if the deposit amount is not claimed within a period of 6 months from the date of the expiry of the contract, then the amount will be deposited into the corpus fund.

I _____ (state name and relation)

_____ of the patient read the rules and regulations of ISEAF's Nursing Service Scheme and agree to abide by it.

Date: _____

Ph.No: _____

Email ID: _____

Signature of the Applicant

DECLARATION BY THE NURSE / CARETAKER

I _____ have read the rules & regulations of ISEAF's Home Nursing Service Scheme and agree to abide by it. I am also aware of all the details regarding the patient's sickness, gender & place of residence.

Place: _____

Date: _____ Signature of the nurse/caretaker _____

FOR OFFICE USE

I have ensured that the Nurse/Caretaker has his/her,

- 1. Uniform
- 2. ID card
- 3. Duty card

Allotted by _____

Signature: _____

(Director of Home Nursing Bureau)