PHOTO

Annexure-I

GOA POLICE
SENIOR CITIZEN REGISTRATION FORM

1	Name of Senior Citizen		
2	Date of Birth (dd/mm/yyyy)		
3	Gender	Male ☐	Female ☐ Third Gender ☐
4	Full Address		
5	Telephone No.		
6	Mobile no.		
7	Email, if any		
8	Emergency Contacts		
	Contact 1	Contact 2	
a	Name:	Name:	
b	Relationship:	Relationship:	
c	Telephone No.:	Telephone No.:	
d	Mobile No.:	Mobile No.:	
e	Email:	Email:	
f	Address:	Address:	
9	Family Doctor Name & Telephone No.		
10	Medical Condition, if any		
11	Blood Group		
12	Where would you like to keep the details of your service persons	Police ☐ Society Office ☐ NGO ☐ Emergency Contact ☐	
13	Remarks, if any		
14	*Would you like Police Beat Constable or NGO Volunteers to contact you regularly?* ☐ Visit ☐ Call ☐ Neither		
15	Would you like to be a member of Senior Citizens Welfare Association? ☐Yes ☐No		

Acknowledgement

You are registered with Police Station _____

For any assistance call: Police Station Phone: _____

Emergency Dial :100

Senior Citizen Helpline :