



SR.NO	ITEMS/PERTICULARS	QTY/PAIRS	YES	NO
1	RESIDENT/PRIMARY/SECONDARY PHOTO ID PROOF (XEROX COPY) (e.g. Aadhar card, Driving licence or Passport)	MANDATORY	<input type="checkbox"/>	<input type="checkbox"/>
2	ADVANCE PAYMENT _____ RS.	MANDATORY	<input type="checkbox"/>	<input type="checkbox"/>
3	POLICE CLEARANCE CERTIFICATE		<input type="checkbox"/>	<input type="checkbox"/>
4	CLOTHS, NEPKINS, TOWELS & UNDER GARMENTS	6	<input type="checkbox"/>	<input type="checkbox"/>
5	PERSONAL CARE ITEMS (e.g. soap, shampoo, hair oil etc.)		<input type="checkbox"/>	<input type="checkbox"/>
6	ALL PAST MEDICAL FILES (1 SET XEROX COPY)		<input type="checkbox"/>	<input type="checkbox"/>
7	REFERENCES OF 2 HOSPITALS (IF YOU HAVE)		<input type="checkbox"/>	<input type="checkbox"/>
8	2 FAMILY DOCTORS DETAILS (IF YOU HAVE)		<input type="checkbox"/>	<input type="checkbox"/>
9	CURRENT MEDICINES PRESCRIPTION		<input type="checkbox"/>	<input type="checkbox"/>
10	WHEEL CHAIR, COMMUNE, WALKER OR ANY MOBILITY EQUIPMENT (IF NEEDED)		<input type="checkbox"/>	<input type="checkbox"/>
11	BLANKET		<input type="checkbox"/>	<input type="checkbox"/>
12	AIR BED (IF REQUIRED)		<input type="checkbox"/>	<input type="checkbox"/>
13	DRESSING MATERIALS (IF REQUIRED)		<input type="checkbox"/>	<input type="checkbox"/>
14	DRAW SHEETS	2	<input type="checkbox"/>	<input type="checkbox"/>
15	DIAPERS – 1 MONTH STOCK (IF USING)		<input type="checkbox"/>	<input type="checkbox"/>
16	1 MONTH MEDICINES STOCK		<input type="checkbox"/>	<input type="checkbox"/>
17	DETTOLE/ABZORB POWDER (antifungal/antibacterial powder)		<input type="checkbox"/>	<input type="checkbox"/>
18	BODY LOTION (Vaseline or any) / COCONUT OIL		<input type="checkbox"/>	<input type="checkbox"/>
19	URINE BAG/CATHETER (IF USING)	4	<input type="checkbox"/>	<input type="checkbox"/>
20	MOBILE/JEWELLERIES/MONEY STRICTLY PROHIBITED	PROHIBITED		<input type="checkbox"/>
21	ROUND PILLOW/ U SHAPE PILLOW		<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>

NOTE: SWARG COMMUNITY CARE IS NOT RESPONSIBLE FOR RESIDENT'S BELONGINGS OR ANY VALUABLE ITEMS IF LOST. IT IS TOTALLY YOUR RESPONSIBILITY TO TAKE CARE ABOUT YOUR PERSONAL BELONGINGS.