APPLICATION FORM FOR ADMISSION IN THE DAY CARE CENTRE, IIT GUWAHATI

Seek Admission To:

Age Group :

- 6 months to 1½ years ☐
- 1½ years to 3 years ☐
- 3 years to 6 years ☐

Photo

1 Child's information

First Name:

……………………………

Middle Name

……………………………

Last Name:

…………………………………………………………
…….

Gender :   Male ☐   Female ☐

Birthdate :   dd……………   mm…………………..   yy…………
……

Nationality:

Languages Spoken at Home :

Landline Phone No.(office):   Landline Phone No.(office):

Father's Email :   Mother's Email :

Type of residence :   Qtr./House No. :

                       PIN code :

IITG Health Card Number:

(Note: Mobile number will receive all SMS notifications from the school)

2 Whether attending any other school :   Yes/No

If Yes:

Name of the School

Reading in Class :

Expected time to Report to Day Care Centre :

3 Parent / Guardian information

Father's Name :

Employee Code :

Dept./ Centre/Section/Cell :

Educational Qualification: Occupation:

Office Phone: Mobile No (10 digits):

4   Mother's Name

Employee Code :

Dept./ Centre/Section/Cell :

Educational Qualification: Occupation:

Office Phone: Mobile No (10 digits):

5   Medical information

Blood group :   Allergies (if any) :

Doctor's Name :

Doctor's Contact :

6   Emergency / Local Guardian contact details

Contact Name :

Emergency Contact No. :   Relation to the child :

7   Other Information :

Transport Service Required::   Yes/ No

8   Special Feature of Child :
(for information about child)

9   I do hereby declare that the monthly fees (i.e. Rs. 500/-) for my child admitted in the Day Care Centre may be deducted from my salary.

                                                                                    Signature of Guardian

Place : …………………………..
Date : …………………………..