

Registration No. 2749 of 1965

**GRIH KALYAN KENDRA**

**(A Society registered under the Societies Registration Act- 1860)**

**SAMAJ SADAN, LODHI ROAD COMPLEX, NEW DELHI - 110003**

PHOTOGRAPH

**APPLICATION FORM FOR ADMISSION TO CRECHE**

1. Name of the Child (block letters)\_\_\_\_\_

2. Date of Birth of Child\_\_\_\_\_

3. Age & Sex of Child\_\_\_\_\_

4. (a) Father's Name\_\_\_\_\_

Designation\_\_\_\_\_Office Working hours\_\_\_\_\_

Address and Telephone Numbers\_\_\_\_\_

Office\_\_\_\_\_

\_\_\_\_\_Tel.No.\_\_\_\_\_

Residence\_\_\_\_\_

\_\_\_\_\_Tel. No.\_\_\_\_\_

CGHS Token No.\_\_\_\_\_Identity Card No.\_\_\_\_\_

Income (Including allowances)\_\_\_\_\_

\_\_\_\_\_

(b) **Mother's Name** \_\_\_\_\_

**Designation** \_\_\_\_\_ **Office Working hours** \_\_\_\_\_

**Address and Telephone Numbers** \_\_\_\_\_

**Office** \_\_\_\_\_

\_\_\_\_\_ **Tel.No.** \_\_\_\_\_

**Residence** \_\_\_\_\_

\_\_\_\_\_ **Tel. No.** \_\_\_\_\_

**CGHS Token No.** \_\_\_\_\_ **Identity Card No.** \_\_\_\_\_

**Income (Including allowances)** \_\_\_\_\_

\_\_\_\_\_

5. Total Income of Parents (including allowances) \_\_\_\_\_

The health report/Medical Certificate about the child is enclosed herewith.

I/We solemnly declare that the above particulars furnished by me/us are correct. I/We agree to pay as fees @ Rs. \_\_\_\_\_ per month and admission fees of Rs.10/- for admitting the child. I/We have carefully read the rules and regulations of Creche and agree to abide by them. The child will be entrusted to the care of Creche at my/our risk and responsibility. I/We agree to pay telephone charges in case of my/our child for call/calls made from Creche in emergency.

Date \_\_\_\_\_ Signature of Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Note:- Any change in address should be immediately notified to the Creche-in-Charge

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**Forwarded and recommended. It is certified that the particulars in col 4 (a) & (b)**

**Welfare Officer/Administrative Officer**

**Date:**

**Name of Office Department**

**Welfare Officer/Administrative Officer**

**Date:**

**Name of Office/Department**

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**FOR USE IN GKK**

Admit \_\_\_\_\_ to Creche \_\_\_\_\_

Centre in \_\_\_\_\_

**Date** \_\_\_\_\_

**Creche Incharge**

**Secretary**