

Day Care Center

Hemchandracharya North Gujarat University, Patan

(Application form for admission)

1. Name of the Child: _____
2. Date of Birth: _____ (Attach photocopy of birth certificate)
3. Father's/Mother's Name: _____
_____ (whoever is employee)
4. Designation: _____
5. Department: _____
6. Address for Correspondence: _____

7. Contact No: _____ Whatsapp No.: _____
8. E-mail: _____
9. Fee payment details: Amount _____ Date ____ _____ Receipt No. _____
(Rs. 2000/- per child - whole day , Rs.1500/- per child -half day)
10. Emergency Contact No. (1) _____ (2) _____
(Two numbers are must)
Place: _____
Date: _____

Passport Size
Photograph

Signature of the employee

Signature of Head of Institutions

(with Seal)