Form No.

APPLICATION FORM

CRECHE CUM DAY CARE CENTER

JORHAT MEDICAL COLLEGE AND HOSPITAL

JAIL ROAD :: JORHAT 785001

Photograph of the child

A) DETAILS OF THE CHILDREN:

NAME OF CHILD : ……..

DATE OF BIRTH : …… SEX : MALE / FEMALE RELIGION: ……..

IDENTIFICATION MARK :

FOOD HABIT : VEGITERIAN/ NON VEGITERIAN.

: (ANY OTHER SPECIFIC FOOD HABIT) ……

……..

MEDICAL INFORMATION: Weight: ……..KG ; Height: ……cm; BLOOD GROUP: ……..

: Is he/she suffering from any communicable disease : YES / NO

(Mention if suffering from any disease needs special attention / Allergy etc.) ……..

……

……

ANY OTHER : (Any other information about the child if like to share): ……

……..

……..

B) DETAILS OF MOTHER:

1. NAME OF MOTHER : ……..
2. AADHAAR No : ……
3. POST HELD AT JMCH : …… …… …… ……..
4. DEPARTMENT : …… …… …… …… ……..
5. DUTY TIMING : …… am to …… pm / Shift duty … ……
6. ADDRESS (OFFICE) : ……
   ……..
7. ADDRESS(RESIDENCE): …… ……
   ……..
   ……
8. CONTACT No. : 1…….. 2. ……

C) DETAILS OF FATHER / GUARDIAN:

9. NAME : ……..
10. AADHAAR No :
11. OCUPATION : …… …… …… …
12. ADDRESS (PRESENT) : ……
……
.
13. ADDRESS(PERMENT): ……
……
…… ..
14. CONTACT No. : 1 …… 2. ……..
15. IF WORKING AT JMCH: 1. Department: …… 2. Post held ……..

D) DETAILS OF PERSON WHO WILL DROP AND PICK UP CHILDREN:

NAME : ……

RELATION : ……

PHOTOGRAPH

I declare that the information mentioned above are correct and complete and I have not concealed any information. I confirm that I have familiarized myself with the day care facility and agree to entrust my child under the care of staffs at this center. I also confirm my acceptance of the fees and I shall not hold the center responsible for any unavoidable mishap and accident.

Full signature of Mother

Full signature of father/ guardian

Date:…….. ; Place ……

Documents to be enclosed: 1. Three photographs of child, 2. Birth Certificate of the Child, 3. Immunization card of child, 4. Aadhaar of mother, 5. Aadhar of father/ guardian, 6. Aadhar of child (if any). 7. JMCH ID card of mother, 8. JMCH ID card of father/ guardian (if any)

For office use only:

Above mentioned child is admitted / not admitted in JMCH crèche cum day care center.

Date of admission:

Admission number:

Signature of In charge