

Office of the Principal Accountant General (Audit) H.P. Shimla-3

ADMISSION FORM FOR AVAILING CRECHE FACILITY

1. NAME OF THE CHILD: _____ Age: _____

2. DATE OF BIRTH OF THE CHILD: _____
(birth certificate to be enclosed)

3. NAME OF THE PARENT EMPLOYED _____

4. DESIGNATION: _____

5. OFFICE ADDRESS OF THE EMPLOYEE: _____

CONTACT NO. _____ (0) _____ (M)

6. NAME OF OTHER PARENT/GUARDIAN: _____

7. RESIDENTIAL ADDRESS AND CONTACT NO. _____

8. EMERGENCY CONTACT NO. (RELATION WITH THE CHILD): _____

9. PERSON AUTHORISED TO PICK THE CHILD: _____

10. ALLERGIES (if any) _____

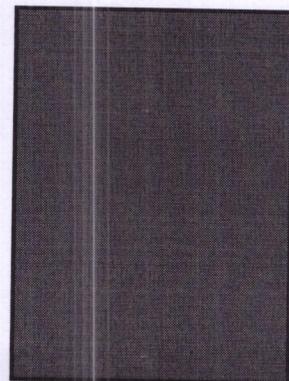
DATE:

SIGNATURE OF EMPLOYEE

PHOTO OF CHILD

PHOTO OF EMPLOYEE

PHOTO OF OTHER
PARENT/GUARDIAN



UNDERTAKING

I here by declare that the statements made in the application form for availing creche facility are true to the best of my knowledge I/We the parents/guardian of , agree to adhere to all rules and regulations of the creche facility.

Note: In case of guardian, they need to submit the consent form from biological parents or legal papers (In case of adoption if any). Father's/
Guardian Signature Mother's / Guardian
Signature

Date :

Place :