



New Delhi Municipal Council

PALIKA KENDRA: NEW DELHI-110001

DEPARTMENT OF WELFARE

Social Education Department

APPLICATION FOR ADMISSION TO CRECHE

Telephone No : 3361006 Ext.- 2807 & 3346503

Admission No :

Creche Stay Timing : _____

Section-I

1. Citizen ID :

2. Citizen Name :

3. Citizen Address :

City :

Pin Code :

4. Citizen Phone No :

5. Citizen Email ID :

Section-II

Recent photograph
of Child duly at-
tested by Parents

1. Name of the child (in block letters) :

2. Date of birth of child :

M M / D D / Y Y Y Y

3. Age & Sex of child : Male : Female : Age :

4. A. Father's Name :

B. Designation :

C. Office working hours :

D. Address and Telephone Nos :

Office :

City :

Pin Code :

Phone No :

Residential Address :

[Grid for Residential Address]

City : [Grid]

Pin Code : [Grid]

Phone No : [Grid]

CGHS Token No : [Grid]

Identity Card No : [Grid]

Income (Including allowance) : [Grid]

5. A. Mother's Name : [Grid]

B. Designation : [Grid]

C. Office working hours : [Grid]

D. Address and Telephone Nos :

Office :

[Grid for Office Address]

City : [Grid]

Pin Code : [Grid]

Phone No : [Grid]

Residential Address :

[Grid for Residential Address]

City : [Grid]

Pin Code : [Grid]

Phone No : [Grid]

CGHS Token No : [Grid]

Identity Card No : [Grid]

Income (Including allowance) : [Grid]

6. Total Income of Parents (Including allowances) : [Grid]

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 with the best of my / our knowledge. I / We agree to pay as Fees @ Rs _____ per month and admission fee 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 the crech at my / our risk and responsibility.

Date : [Grid]

M M / D D / Y Y Y Y

Signature of Father/ Mother/ Guardian

NOTE :- Any change in address/ Telephone No. should be immediately notified to creche in charge.

Forwarded and recommendation:

It is certified that the particulars in Column 4(a) and (b) are correct with the best of my knowledge.

Date : [Grid]

M M / D D / Y Y Y Y

Welfare Officer/ Admn. Officer

Name of the Officer/ Department

Date : [Grid]

M M / D D / Y Y Y Y

Welfare Officer/ Administrative Officer

FOR OFFICE USE ONLY

ADMIT _____ TO CRECHE

CENTRE IN _____

CRECHE INCHARGE

SOCIAL EDUCATION OFFICER

Date :

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M M / D D / Y Y Y Y