

**CENTRAL MANUFACTURING TECHNOLOGY INSTITUTE
TUMKUR ROAD BENGALURU – 560022**

APPLICATION FORM FOR AVAILING CRÈCHE FACILITY

1. Name/ Staff No. of the Employee :
2. Residential Address :
3. Contact Number: a. Internal Telephone No. Mobile No.
4. Mother's Name :
5. Father's Name :
6. Name of the child and Date of birth :
7. Relationship to the employee :
8. Expected Admission date :
9. Emergency contact : a. Name : b. Name :
Contact No. : Contact No. :
10. Person Authorized to Drop / pick up (Other than parents listed above):
 - a. Name Relationship :
 - b. Name Relationship :
11. List any existing Medical conditions, Medication and/or special attention your child may require
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I hereby declare that the statements made above are true to the best of my knowledge and our kid doesn't have any congenital disease and also doesn't require any special attention beyond the one required for normal healthy kids.

I/We the parents of , agree to adhere to all rules and regulations of the 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 :