



Form A:

# SRI RAMACHANDRA UNIVERSITY

(Declared under section 3 of the UGC Act, 1956)

**KAMALAM CHILD CARE CENTRE**



**KCCCP- 00**

PHOTO OF  
MOTHER

## REGISTRATION FORM FOR PARENTS

PHOTO OF  
FATHER

(Use Capital letters only)

Please complete this section for each applicant.

The information you provide will allow us to correspond with you efficiently and develop a database.

Details of parent working in SRU*			
NAME:			
DESIGNATION:			
Aadhar No. *			
SRU EMPLOYEE NO. *			
INSTITUTIONAL ADDRESS:			
Details of Spouse			
Name of Spouse:		Occupation:	
Telephone (O): Extension:		Mobile:	Email:
Home address:			
Door number:	Street:		City:
State:	Country: <b>India</b>		Postal Code
Telephone (O): Extension:	Mobile:	Telephone (R):	
E-mail Address:			Nationality: <b>INDIAN</b>
Details of enrolled children:			
Number of children:			
1. Name	Age		Sex
2. Name	Age		Sex

\*Please enclose Photostat of SRU ID&Aadhar;

Signature:

Date:



Form B:

# SRI RAMACHANDRA UNIVERSITY

(Declared under section 3 of the UGC Act, 1956)

## KAMALAM CHILD CARE CENTRE



KCCC-C- 00

Photo of child

## Enrollment Application

### DETAILS OF THE CHILD

(Use Capital letters only)

Please complete this section **for each applicant**

The information you provide will allow us to correspond with you efficiently and develop a database.

<b>NAME:</b>			
<b>Aadhar No.</b>	<b>Age</b>	<b>Sex</b>	<b>DoB:</b>
IF ATTENDING SCHOOL (ADDRESS):			
<b>Residential address:</b>			
DOOR number:	Street:	City:	
State:	Country: <b>INDIA</b>	Postal Code	
Telephone (O): Extension:	Mobile:	Telephone @:	
E-mail Address:	Nationality: <b>INDIAN</b>		
<b>Details of Children at SRU Day care Centre:</b>			
Name:	Male/ Female		
Identification marks:	1)	2)	
Blood Group of Child:	Any other Health related detail: e.g- allergies		
Attending Day care: (Tick) Timings	FT [8am – 5pm]	PT [2-5pm]	Week ender Saturdays- FT
Any other Information: [Alternate Caretakers/ Allergies]			

*\*Please enclose Photostat of Aadhar*

Signature:

Date :