



Annexure 1

CENTRAL UNIVERSITY OF HARYANA

UNIVERSITY CRECHE

APPLICATION FORM FOR AVAILING CRECHE FACILITY

Creche Services Required

Type of Service Required (Tick ✓):

Full Day

Half Day

Emergency Day Care

(Affix Photographs Below)

Photograph of Child	Photograph of Mother	Photograph of Father
(Passport Size)	(Passport Size)	(Passport Size)

A. Details of the Child

Name of the Child (IN CAPITAL LETTERS): _____

Date of Birth (in figures): _____ / _____ / _____

Age (at the time of admission): Years _____ Months _____ Days _____

Gender: Male Female Other

Nationality: _____

Residential Address:

B. Details of Parents

A) Mother's Details

Name: _____

Designation: _____

Department / Office: _____

Official Work Address: _____

Mobile Number: _____

Email Address: _____

B) Father's Details

Name: _____

Designation: _____

Department / Office: _____

Official Work Address: _____

Mobile Number: _____

Email Address: _____

C. Relationship & Status

Name of the parent Affiliated with CUH: _____

Status of the Parent (Tick applicable):

Employee Research Scholar

Designation of the Parent (at CUH): _____

Department (at CUH): _____

Employee ID/Registration Number (at CUH): _____

Are you a single parent? (“Single Parent” means a parent who is divorced, separated, widowed, or a parent who, due to the spouse residing in different cities or locations is solely and single-handedly responsible for the day-to-day care, supervision and upbringing of the child). (Yes or No): _____

Are both the parents of the child employed or engaged in full time study? (Yes or No): _____

D. Local Guardian (if any)

Name and Address of Local Guardian:

E. Purpose

Reason for Using the Crèche Facility: _____

F. Emergency Contact Details

Emergency Contact – 1

Name: _____

Contact No.: _____

Emergency Contact – 2

Name: _____

Contact No.: _____

G. Medical Information

Details of any existing medical condition, allergy, ongoing medication, or special care required for the child (if any):

H. Authorised Persons for Drop / Pick-up

S. No.	Name	Relationship to Child	Contact Number	Photograph
1				(Passport Size)
2				(Passport Size)

I. Fees Payment Details

Amount Paid: _____ Receipt No.: _____ Paid on (Date): _____

J. Declaration by the Parents / Guardian

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge. I/We further declare that our child does not suffer from any congenital disease and does not require any special attention beyond that required for a normal, healthy child.

I/We agree to abide by all the rules and regulations of the University Crèche of the Central University of Haryana.

I/We consent to the use and sharing of photographs and videos of creche activities for documentation and institutional visibility.

K. Signatures

Father's / Guardian's Signature: _____

Mother's / Guardian's Signature: _____

Date: ____ / ____ / ____

Place: _____