



ଜାତୀୟ ବିଜ୍ଞାନ ଶିକ୍ଷା ଏବଂ ଗବେଷଣା ପ୍ରତିଷ୍ଠାନ

ରାଷ୍ଟ୍ରୀୟ ବିଜ୍ଞାନ ଶିକ୍ଷା ଏବଂ ଅନୁସଂଧାନ ସଂସ୍ଥାନ

National Institute of Science Education and Research



FORM FOR VISITORS TO AVAIL THE CRÈCHE FACILITY

(NISER D1, 103 & 104)

Enrolment No :

Date :

1.	General Information		
1.1.	Name of the Child		
1.2.	Birth Date (DD/MM/YYYY)		
1.3.	Gender		
1.4.	Address (NISER Premises)		
1.5.	Primary Contact Number		
1.6.	Emergency contact Number		
1.7.	Other name of child at home		
2.	Parent's Details		
2.1.	Name		
2.2.	Occupation & Office address (Picture of ID card of work place is to be submitted)		
2.3.	Contact Number		
2.4.	Email		
3.	Purpose to visit NISER (A copy of proof of the same is to be submitted)		
4.	Hours of child care required (Tick at the choice)	Full Day	
		Half Day (Before noon)	
		Half day (After noon)	
		Others	

5.	Days of the week required	
6.	Is the child Vegetarian (<input type="checkbox"/>) or Non-vegetarian (<input type="checkbox"/>)?	
7.	Mention the food restrictions for your child and the reasons (medical, personal, religious, dislike, etc.)	
8.	Sleeping habits during the day: Any other information (such as sleeping with a favourite toy, music, etc.):	Timings: Duration:
9.	What will be the timings of your child at the Crèche?	Drop time: Pick up time:
10.	Who will drop her to and pick her up from the Crèche?	
11.	In case of emergency	
11.1.	Persons to be contacted in emergency	
11.2.	Do you agree for contacting the NISER Health Centre if any of the above persons could not be contacted	
12.	Any other information that you would like to furnish to the Crèche	

Note: Parents must read the Crèche rules provided and submit the signed copy of it along with the registration form

Date:

Place:

Signature of Crèche supervisor

Signature of Parent