



ANNEXURE- I

APPLICATION FORM

DAY CARE CENTRE: SIKKIM MANIPAL UNIVERSITY

1. Name of Employee : _____
2. Employee ID: _____
3. Designation: _____
4. Department: _____
5. Name of Child : _____
6. Gender of Child : _____
7. Date of Birth : _____ (Certificate to be attached)
8. Facility required : From Date _____ To Date _____
9. Address : _____

10. Contact Details : _____

.....
Signature of the Applicant

Recommended by:

.....
(HOI)

Verified by:

.....
HR Department

Approved by:

.....
Dean, SMIMS

Copy To: Chairperson/Member Secretary, Management Committee, Day Care Centre, SMU