



“শিশু কুঞ্জ”
Child Day Care Centre,
Noakhali science and Technology University
Sonapur, Noakhali--- 3814.

Admission Form

For office use only:

Date of Enrollment: -----

Date of Resignation: -----

Personal Information

শিশুর নাম (বাংলা): -----

Name of Child (English): ----- Gender: -----

Date of Birth: ----- Age: -----

Birth Certificate Number (if have): -----

Present Address: -----

Permanent Address: -----

Father's Name:----- Occupation: -----

Phone Number: ----- National Id Card Number:-----

Address (if different from child):-----

Mother's Name:----- Occupation: -----

Phone Number: ----- National Id Card Number:-----

Address (if different from child):-----

Persons Authorized to Pick up child (Other than parents listed above)

Name:----- Relationship:-----

We the parents of-----in consideration of acceptance into the
“শিশু কুঞ্জ” day care centre of Noakhali Science and Technology University and will abide by all the rules
and regulations of this day care program.

Signature of Gurdian

Date: