



“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: -----

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Permanent Address: -----

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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.

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Signature of Gurdian

Date: