



Guru Gobind Singh Indraprastha University
Surajmal Vihar, Delhi-110092

General Administration Branch

F.15(7)(5)/2025/GA-II(EDC)/132

18th December, 2025

CIRCULAR

Subject: Invitation of Applications for Enrolment in Day Care Centre, East Delhi Campus

It is hereby inform to all concerned that the Day Care Centre at the East Delhi Campus will begin operations shortly to facilitate the regular employees (teaching and non-teaching staff) and research scholars of the University by providing day care services for their wards.

Accordingly, fresh applications are invited from interested parents (teaching and non-teaching staff) who wish to avail the facilities of the Day Care Centre for their wards. The child age group should be from 6+ months to 6 years. The centre will operate from 9:00 am to 5:00 pm on all working days. The fee per child shall be Rs. 3000 per month. Seats will be allotted on a first-come, first served basis, subject to availability and fulfilment of eligibility conditions.

Interested parents may submit the duly filled application form in the prescribed format (attached herewith) to the General Administration Branch, East Delhi Campus by 31/12/2025.

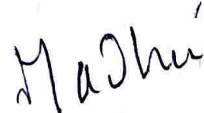
For further details, please contact: Dr. Madhu Gupta, Coordinator, Day Care Centre/ Ms. Rimple Arora, ASO, GA Branch.

All concerned are requested to circulate this information among their respective departments for wide publicity.


(Prof. A K Saini)
Director Incharge, EDC

Copy for information and necessary action, if any, to:-

1. Director Incharge, EDC
2. All Deans, USAR, USDI, USAP, USMC
3. Director, IPU Innovation and Incubation Center
4. Proctor, East Delhi Campus
5. Incharge, UIRC
6. Chief Warden & Associate Director (DSW), East Delhi Campus
7. Wardens, (Boys & Girls Hostel), EDC
8. EE (UWD), EDC
9. Project Director (UITs), GGS Indraprastha University with a request to upload it on the University website.
10. Notice Board


(Dr. Madhu Gupta)
Assistant Registrar



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
East Delhi Campus, Surajmal Vihar, Delhi-110092

Day Care Registration Form

Please paste latest
passport size
photograph of the
child here

Blood Group:

Details of Child

Last Name:.....

First name:.....Middle name:.....

Nickname:.....

Date of Birth:.....

Names of siblings and Birth dates:.....

Child's doctor details Name:..... Phone number:.....

Details of Parents/Guardians

(1) Last Name:..... First name:.....

Relationship with the child:.....

Employee code:

Branch/School:.....

Designation:.....

Pay scale:.....

Residential

address:.....
.....

Phone numbers: Mobile.....Residential..... Office Number:.....

Email I.D:.....

(2) Last Name:.....First name:.....

Relationship with the child:.....

Employee code: Deptt./Branch/School:.....

Designation:..... Pay scale:.....

Residential

address:.....
.....

Phone numbers: Mobile.....Residential.....Office Number:.....

Email I.D:.....

Other Emergency Contact

Name:.....Relationship to Child:.....

Phone numbers: Mobile.....Residential.....

Authorization for Pickup

Your child will only be given to an authorized person listed by you in this form (parent/guardian and /or Emergency contact). Kindly attach a photo ID of the authorized person with this form. In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

| Name | Address | Phone |
|------|---------|-------|
| | | |

Medical Information:

Medical Problems (past and present, if any):.....

.....

On Medication:.....Yes.....No.....

Additional Information: Please indicate eating habits, likes/dislikes, potty training

(trained/untrained), Special Interests etc.....

.....

*Immunization:

*Kindly provide a photocopy of your child's recent immunization record.

Consent in Case of Emergency

It is our policy to notify a parent when a child is ill or needs medical attention. In case the parent/Guardian cannot be contacted and the child needs immediate medical help, he/she will be taken to the University Health Centre/ nearby hospital as required.

Please sign below so that we can take appropriate action on the child on your behalf.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD....., WHEN ILL/INJURED/IN CASE OF ANY OTHER UNFORSEEN MEDICAL EMERGENCY, TO BE TAKEN TO THE UNIVERSITY HEALTH CENTER/NEAR BY HOSPITAL, IF REQUIRED, BY THE STAFF OF MY CHILD'S DAY CARE CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO THE ON CALL AMBULANCE BEING USED TO TRANSPORT THE CHILD, IF NECESSARY.

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Parent/Guardian Signature

Parent/Guardian Signature

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|--|--|
| | |
|--|--|

Date

Date