S. No:

Affix   
passportsize Photo ofthe child

# uni_logo.gifPONDICHERRY UNIVERSITY

**DAY CARE CENTRE & PRE- PRIMARY SCHOOL**

University Campus, R.V.Nagar, Kalapet, Puducherry – 605 014.

Phone : 0413-2654479

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| --- | --- | --- | --- |
| 1 | Application Form for Admission | Junior Kindergarten Senior Kindergarten | |
| 2 | Name of the Child |  | |
| 3 | Date of Birth | Date: Month: Year: | |
| 4 | Age (As on 31st March,2025) / Gender | Male /female | |
| 5 | Place of Birth |  | |
| 6 | Country |  | |
| 7 | Nationality |  | |
| 8 | Mother tongue |  | |
| 9 | Details of siblings Age-Wise | | |
|  | Name | Date of Birth | School & Class if above3years |
|  | **Personal Information of Parent’s/Guardian and Family** | | |
| 10 | Mother’s Name |  | |
| 11 | Official Designation |  | |
| 12 | Father’s Name |  | |
| 13 | Official Designation |  | |
| 14 | Regular employee of Pondicherry  University | Father / Mother / Both | |
| 15 | Contract employee of Pondicherry  University | Father / Mother / Both | |
| 16 | Guest faculty/ Research Associate/ Research Scholar/Student of  Pondicherry University | Father / Mother / Both | |
| 17 | Outsourcing Staff of PMC posted at Pondicherry University | Father / Mother / Both | |
| 18 | Government Employees/ Employees of PU Affiliated Colleges | Father / Mother / Both | |
| 17 | Permanent Address |  | |
| 18 | Present Address |  | |
| 19 | Phone/ Mobile/ Email Id |  | |
| **Allergies or any other medical condition we should be aware**…………………………………………. | | | |
| **Declaration**  I declare that all the particulars given in this application are true. I confirm that I have read the instructions, understood the contents and agree to abide by the rules and regulation of the School. I declare that the school willnot be liable for any damages or charges on account of injuries which may be caused or sustained by the ward during his / her presence in school while taking part in sports or other extracurricular activities of the school, due tohis/her dare negligence.  **Parent’s/Guardian’sSignature** | | | |
| **Note:**   1. Registration fee (Rs.100/-) should be remitted to A/c No.6708013718, Indian Bank, PU. 2. Scanned copy of the filled-in Application Form, Child’s Birth Certificate, Proof of remitted registration fee, Identity Card of the Regular/ Contract/ Guest faculty/ Research Associate/ Research Scholar/ Student/ Outsourcing Staff through PMC of Pondicherry University/ Government Employees / Employees of PU Affiliated Colleges should be sent through e-mail **(coordinator.pps@pondiuni.ac.in)** 3. Change of address & telephone number may please be intimated immediately to the office of Pre-Primary School. | | | |