



Guru Gobind Singh  
Indraprastha University

## Day Care Center

**Guru Gobind Singh Indraprastha University**

Sector 16-C, Dwarka-110078

### NOTICE

This is for information of all concerned that the Day Care Center in the university will resume operation from 1<sup>st</sup> March 2022. Teaching and Non-teaching staff of the university wishing to avail the facility for their wards will be required to fill up and submit a Consent form (enclosed below) to the supervisor of the facility as a mandatory requirement post COVID-19 lockdown resumption of the facility. This issues with approval from competent authority.

*Meenu Kapoor*  
Dr. Meenu Kapoor 23/02/2022  
Faculty-In-Charge  
Day Care Center

Copy to:

In-charge server room with request to upload the notice on University website.

## Consent Form

(Resumption of GGSIPU Day Care Center Facility)

To,  
The Supervisor  
Day Care Center  
GGSIPU, New Delhi-110078

### CONSENT

I/We, Dr./Smt....., mother and Dr./  
Sri....., father having employee  
code.....(mother) and .....(Father) and residential  
address.....  
.....  
.....

being the legal guardian and parents of .....,  
aged.....(less than 6 years), hereby give my/our consent to my  
son/daughter to stay for half day (9.00 am to 1.00 pm)/full day (9.00 am to 5.30pm) at the  
university Day Care Center that will resume operation from 1<sup>st</sup> April 2021 after COVID-19  
lockdown. **This consent is on voluntary basis as we are unable to take care of our child at  
home due to work commitments and /or lack of support system at home.**

I/We, am/are aware of the COVID-19 pandemic and its symptomatic and safety protocols and  
assure that we will abide by the safety protocols issued by the supervisor of the facility from  
time to time in accordance with Government of India and University guidelines.

The above mentioned information is true to my knowledge and I shall be liable for punishment  
or panel action as per rules if the information furnished by me is found to be false or fabricated  
in any nature at any point of time.

Full signature of mother.....

And/or

Full signature of Father.....

Contact number.....