




KONGU ARTS AND SCIENCE COLLEGE
(An Autonomous Institution Affiliated to Bharathiar University, Coimbatore)
ERODE-638 107


26.07.2022

Circular


The teaching and non-teaching staff of our college are hereby informed that those who wish to avail the facility of the Day Care Centre at our College are requested to submit the requisition form of their child/children to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.


26/7/22
Dr. G. Manju

Coordinator-Day Care Centre


Principal
Dr. N. RAMAN
PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM, ERODE - 638 107.




Dr. N. RAMAN
PRINCIPAL,
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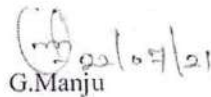


KONGU ARTS AND SCIENCE COLLEGE
(An Autonomous Institution Affiliated to Bharathiar University, Coimbatore)
ERODE-638 107

22.07.2021

Circular

The teaching and non-teaching staff of our college are here by informed that those who wish to avail the facility of the Day Care Centre at our College are requested to submit the requisition form of their child/children to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.



G.Manju

Coordinator-Day Care Centre



Principal
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09.06.2020

Circular

The teaching and non-teaching staff of our college are here by informed that those who wish to avail the facility of the Day Care Centre at our College are requested to submit the requisition form of their child/children to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.

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Coordinator-Day Care Centre

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KONGU ARTS AND SCIENCE COLLEGE
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25.06.2019

Circular


The teaching and non-teaching staff of our college are here by informed that those who wish to avail the facility of the Day Care Centre at our College are requested to submit the requisition form of their child/children to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.


25/6/2019
G.Manju

Coordinator-Day Care Centre


Principal
Dr. N. RAMAN
PRINCIPAL,
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NANJANAPURAM, ERODE - 638 107.




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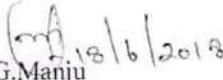


KONGU ARTS AND SCIENCE COLLEGE
(An Autonomous Institution Affiliated to Bharathiar University, Coimbatore)
ERODE-638 107


18.06.2018

Circular


The teaching and non-teaching staff of our college are here by informed that those who wish to avail the facility of the Day Care Centre at our College are requested to submit the requisition form of their child/children to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.


G.Manju

Coordinator-Day Care Centre


Principal
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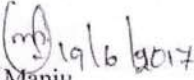


KONGU ARTS AND SCIENCE COLLEGE
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19.06.2017

Circular

In view of taking care your children, a Day Care Centre will function in KASC premises from the Academic year 2017-2018. In this regard, teaching and non-teaching staff of our college are here by informed that our Day Care Centre is facilitated to intake 7 to 15 young children of age group between 2-5 years from June 2017 onwards. The Staff members who wish to avail the facility are requested to submit the requisition form to the Coordinator of the Centre. After approval, parents would be requested to provide further details of their child/ children in the requisition form available with the Supervisor at the Day Care Centre.



G. Manju

Coordinator-Day Care Centre



Principal
Dr. N. RAMAN
PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM, ERODE - 638 107.




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KONGU ARTS AND SCIENCE COLLEGE
(An Autonomous Institution Affiliated to Bharathiar University, Coimbatore)
ERODE-638 107

REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	M. Karthikraj
	Address	155, Senjuri Garden OPP, Thoppupalayam (Pc) Perundurai, Erode (DT)
	Occupation	Lab Assistant
	Mobile Number	9942097879
	Employee id	OFF 56
	Name of the Department	Biotechnology
	Email ID	Mkarthiasun@gmail.com
2	No. of children to avail the day care facility	One
	Male/Female	Male
	Name of the Child	K. Kirthik
	Age & Date of Birth	4 & 20.02.2013
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	P. Thilagavathi
	Relationship	Wife
	Address	155, Senjuri Garden OPP, Thoppupalayam (Pc) Perundurai, Erode (DT)
	Mobile Number	9865665377
10.	Meals to be served while in care	Breakfast : 8:30 a.m. Lunch : 12:30 p.m. Snacks : 2:50 p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	NIL
12.	Please list allergies, if any	NIL

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately.

Place: KASC, Erode

Dr. N. RAMAN

Signature of the Parent

PRINCIPAL,

KONGU ARTS AND SCIENCE COLLEGE

(AUTONOMOUS)

NANJANAPURAM, ERODE - 638 107

Date of Registration: 09/08/2013

Dr. N. RAMAN

PRINCIPAL,

KONGU ARTS AND SCIENCE COLLEGE

(AUTONOMOUS)

NANJANAPURAM, ERODE - 638 107.





KONGU ARTS AND SCIENCE COLLEGE
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ERODE-638 107

REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	K. Gomathi
	Address	3/35, Murungatholuvu & (PO) Chennimalai, Erode.
	Occupation	Assistant Professor
	Mobile Number	8760876022
	Employee id	cdt 26
	Name of the Department	Costume Design and Fashion
	Email ID	gomathiguna.sekaran@gmail.com
2	No. of children to avail the day care facility	1
	Male/Female	Female
	Name of the Child	Nakehabra G
	Age & Date of Birth	11.07.2016, 2 Yrs
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	Gunasekaran P
	Relationship	Father
	Address	3/35, Murungatholuvu & (PO) Chennimalai, Erode.
	Mobile Number	9976469254
10.	Meals to be served while in care	Breakfast : 8:30 - a.m. Lunch : 01:00 p.m. Snacks : 03:00 p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	NIL
12.	Please list allergies, if any	NIL

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately.

Place: KASC

↓
Dr. N RAMAN
PRINCIPAL,

Signature of the Parent

KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS) Principal
NANJANAPURAM, ERODE - 638 107.

Date of Registration: 28.09.2018

Dr. N. RAMAN
PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
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KONGU ARTS AND SCIENCE COLLEGE
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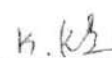
REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	K. Kalavani
	Address	8/47-A, Eluthingalpatty, SIPCOT, Ingru (P.O), Perundurai
	Occupation	Assistant Professor
	Mobile Number	9750508679
	Employee id	314 (CORPIS)
	Name of the Department	Commerce
	Email ID	kalai.dazzling@gmail.com
2	No. of children to avail the day care facility	one
	Male/Female	Female
	Name of the Child	K.K. Nathiyalin
	Age & Date of Birth	03 & 14.06.2016
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	E. K. Krishnamoorthi
	Relationship	Husband
	Address	8/47 A, Eluthingalpatty, SIPCOT, Ingru (P.O), Perundurai
	Mobile Number	9942862046
10.	Meals to be served while in care	Breakfast : 8:00 a.m. Lunch : 12:30 p.m. Snacks : 3:00 p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	
12.	Please list allergies, if any	

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately.

Place: KASC, Erode


Dr. N. RAMAN
PRINCIPAL,


Signature of the Parent

KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM, ERODE - 638 107

Date of Registration: 17.07.2019

Principal

Dr. N. RAMAN
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REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	R.DEVI
	Address	1178A, Avoranpalayathan Kadu, vadugapatti (Pb), Sankarai (TK), Salem PIN: 637301
	Occupation	Assistant Professor
	Mobile Number	8618684553
	Employee id	813
	Name of the Department	Commerce
	Email ID	devisadha19@gmail.com
2	No. of children to avail the day care facility	1
	Male/Female	Male
	Name of the Child	Nadim S.D
	Age & Date of Birth	18/05/2016 (5 yrs)
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	Mr. P. Sadasivam
	Relationship	Husband
	Address	1178A, Avoranpalayathan Kadu, Vadugapatti (Pb), Sankarai (TK) Salem (DT) PIN: 637301
	Mobile Number	9842735879
10.	Meals to be served while in care	Breakfast : 8:30--a.m. Lunch : 12:00--p.m. Snacks : 2:00--p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	NIL
12.	Please list allergies, if any	NIL

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately.

Place: Erode

Dr. N. RAMAN

PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM. ERODE - 638 107

Signature of the Parent

Date of Registration: 22/01/2020

Principal

Dr. N. RAMAN
PRINCIPAL,
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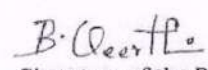
REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	Mrs. B Keerthana
	Address	63 Semmanagkattu thottam, Vazhai thottam (po), Sivagiri
	Occupation	Assistant professor
	Mobile Number	8220829788
	Employee id	863
	Name of the Department	Commerce
	Email ID	keertiker@gmail.com
2	No. of children to avail the day care facility	01
	Male/Female	Female
	Name of the Child	Kavinaya S.K
	Age & Date of Birth	16.11.2019
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	Mr. R. Balasubramanian
	Relationship	Grand father
	Address	48, Amman Nagar, Marikampalayam
	Mobile Number	9443947343
10.	Meals to be served while in care	Breakfast : -----a.m. Lunch : 12:30 p.m. Snacks : 3:00 p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	-
12.	Please list allergies, if any	-

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Place: Erode


Dr. N. RAMAN
PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)


Signature of the Parent

Date of Registration: 20/01/2021




Dr. N. RAMAN
PRINCIPAL,
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REQUISITION FORM FOR THE DAY CARE CENTRE

S.No	Particulars	Details
1.	Name of the Parent	D. Saravanan
	Address	NO.102 Staff Quarters, First floor, KASC(AUTONOMOUS), Nanjanapuram, Erode-638107
	Occupation	Assistant Professor and Head
	Mobile Number	9486587002
	Employee id	966 (BIOTECH 19)
	Name of the Department	Biotechnology
	Email ID	d.saravananand@gmail.com
2	No. of children to avail the day care facility	1
	Male/Female	Female
	Name of the Child	Ms. S. Sharni
	Age & Date of Birth	3 X 22.09.2019
3.	Tick the days on which care to be given	Mon/Tue/Wed/Thu/Fri/Sat/All days
4.	Emergency Contact Details: You are required to list at least one person with whom you would feel comfortable in leaving your child in case of emergency	
	Name of the Guardian	MS. K. SAWANTHARIYA
	Relationship	WIFE
	Address	NO.102 Staff Quarters, First floor, KASC(AUTONOMOUS), Nanjanapuram, Erode-638107
	Mobile Number	9976315859
10.	Meals to be served while in care	Breakfast : 8:30 a.m. Lunch : 12:30 p.m. Snacks : 3:30 p.m.
11.	Specify the medical information of the child (if the child is on any Medication)	NIL
12.	Please list allergies, if any	NIL

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Place: KASC

Dr. N. RAMAN
PRINCIPAL,

Signature of the Parent

KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM, ERODE - 638 107.

Principal

Date of Registration: 21.09.2019

Dr. N. RAMAN
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