APPLICATION FOR CHILD CARE LEAVE

ATTLICATION FOR	CI	HLD CA	RE LEAVE				
1. Name of the Applicant	:						
2. Designation	:						
3. Dept/Office/Section	:						
			D				
4. Detail of Child/Children	;	Name	Date of birth				
			•				
5. Name of Specially abled Child	ļ <u> </u>						
6. Name of Child for whom Child Care	:						
leave is applied for							
7. Date of Birth of the Child	:		· · ·				
8. Date on which child will be attaining	:		•				
age of 18 years.							
9. Is the child among the two eldest	:		Yes/No				
Children							
10. Period of Leave & Number of Days	:	From	To Days				
Prefix/Suffix of holidays, if any							
	ļ						
11. Reason(s) for leave applied for	:						
12.Total Child Care Leave availed till date	:						
13. (a) Whether permission to leave	:		Yes/No				
station is required			1 CS/110				
(b) If Yes, Address during			Yes/No				
leave period			103/110				
14. Date of return from last leave,	:						
& nature and period of that leave							
Date:	J	·					
		•	Signature of applicant Empolyee ID No.				
Leave Sanctioning Authority							

Remarks of Controlling	Officer Leave Recommended / Leave Not Recommended.
Date :	Signature
Designation	Office

Proforma for maintaining Child Care Leave Account

	Period of Child Care Balance of Child Care Leave Leave Taken			Signature and	
From	To	Total Days	Balance	Date	designation the certifying officer
(1)	(2)	(3)	(4)	(5)	(6)
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