



Application of Child Care Leave

To: Dean, Faculty Affairs / Dean, Administrative Affairs

1.	Personal File No.:		3.	Designation :	
2.	Name of the Applicant:		4.	Department :	
			5.	Telephone No.:	
6.	Name of the CHILD whom CCL is Applied for:				7. Sex (M/F):
8.	D.O.B of Child:	DD/MM/YYYY	9.	Date on which child will be attaining 18 yrs.:	MM/DD/YYYY
10.	Is the child among the two eldest children (Y/N):				
11.	Earned Leave (EL) in credit (as on date):		12.	Period of Child Care Leave applied (days):	
13.	From:		14.	To:	
14.	Prefix/suffix of holidays, if any:				
15.	Reason(s) for leave applied for:				
16.	Total Child Care Leave availed till date:		17.	Whether permission to leave Station is required (Yes/No), if Yes, give details:	
18.	Date of Return of the last leave availed:		19.	Nature & Period of that Leave:	

Declaration

I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Date:

Signature of the Applicant
Emp. Code No.-

The absence of the incumbent will not hamper the normal works/classes of the Department/School/Center concerned.

Signature of Head of the Department/
In-Charge of Section

Leave Approved / Not Approved

Signature of Dean, Administrative Affairs / Dean, Faculty Affairs

-----Tear off this way -----
This slip in original which should be handed over to the applicant, is considered as the initial approval of his/her leave.

FOR OFFICE USE ONLY

Name of Applicant:
Designation:
Department:

Child Care Leave from to

applied by

is approved / not approved

Signature of Dean, Administrative Affairs / Dean, Faculty Affairs