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| **FORM OF APPLICATION FOR CHILD CARE LEAVE** |  |

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|  | Name of Applicant | : | |  |
|  | Designation | : | |  |
|  | Department, Office and Section | : | |  |
|  | Name of Child for whom Child Care Leave is Applied for | : | |  |
|  | Date of Birth of the Child | : | |  |
|  | Date on which Child will be attaining 18 years of age | : | |  |
|  | Is the Child among the two eldest Children | : | | **YES / NO** |
|  | EL in Credit (as on date) | : | |  |
|  | Period of leave in number of days  From /To  Prefix/ Suffix/ Holidays, if any | :  :  : | |  |
|  | Reason(s) for Leave Applied for | : | |  |
|  | Total Child Care Leave Availed till date | : | |  |
|  | 1. Whether Permission to Leave Station is required |  | |  |
|  | 1. If Yes, Address during the Leave Period | : | |  |
|  | Date of Return from last Leave and Nature and Period of last Leave | : | |  |
| **Date:** | | | **Signature of applicant** | | |

1. Remarks and/ or recommendation of the Controlling Officer:

Signature .....................................

Date: Designation: