## APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant	:							
2. Designation	:							
3. Dept/Office/Section	:							
4. Detail of Child/Children	;	Name Date of birth	birth					
6 27 6 C 11 11 1 C 11	ļ <u> </u>							
5. Name of Specially abled Child								
6. Name of Child for whom Child Care	<u>.</u>							
	:							
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		105/110						
10. Period of Leave & Number of Days	:	From To Days	S					
Prefix/Suffix of holidays, if any	'	110111102435						
Troine sufficient womany of it may		·						
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								
(b) If Yes, Address during	:	Yes/No						
leave period		·						
14. Date of return from last leave,	:							
& nature and period of that leave	<u></u>							
		. •						
_								
Date :								
		Signature of applicant	ant					
		Empolyee ID No.	1111					
•		Emporyee ID No.						
Leave Sanctioning Authority								
Deave Dancholling 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 Leave Taken		Balance of Chil	Signature and designation the		
From	То	Total Days	Balance	Date	designation the certifying officer
(1)	(2)	(3)	(4)	(5)	(6)
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