APPLICATION FOR CHILD CARE LEAVE

1.	Nam	e of Applicant	:	
2.	Desi	gnation	:	
3.	Dept	t./Office/Section	:	
4.		e of Child for whom Child Leave is applied for	:	
5.	Date	of Birth of the Child	:	
6.		on which child will be ning 18 years	:	
7.	Is the	<u> </u>	:	Yes / No
8.	EL in	n Credit (as on date)	:	
9.	Perio	d of leave days	:	From to
	Prefix any.	x / Suffix of holidays, if	:	
10.	Reason(s) for leave applied for		:	
11.	Total Child Care Leave availed till date		:	
12.	(a)	Whether permission to leave station is required	:	Yes / No
	(b)	If yes, Address during leave period		
13.		of return from last leave nature and period of that	:	
Date:				(Signature of Applicant) Emp.No. Contact No.

Remarks of Controlling Officer

Leave Recommended / Leave not Recommended

Divisional Incharge

Approved / Not approved

Signature	
Designation	
Office	