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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 daysFrom /ToPrefix/ 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: