

### APPLICATION FOR CHILD CARE LEAVE

<b>1. Name of the Applicant</b>	:									
<b>2. Designation</b>	:									
<b>3. Dept/Office/Section</b>	:									
<b>4. Detail of Child/Children</b>	:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>Name</b></td> <td style="width: 40%;"><b>Date of Birth</b></td> </tr> <tr> <td>.....</td> <td></td> </tr> <tr> <td>.....</td> <td></td> </tr> <tr> <td>.....</td> <td></td> </tr> </table>	<b>Name</b>	<b>Date of Birth</b>	.....		.....		.....	
<b>Name</b>	<b>Date of Birth</b>									
.....										
.....										
.....										
<b>5. Name of Specially abled Child</b>	:									
<b>6. Name of Child for whom Child care leave is applied for</b>	:									
<b>7. Date of Birth of the Child</b>	:									
<b>8. Date of which child will be attaining age of 18 years</b>	:									
<b>9. Is the child among the two eldest children</b>	:	Yes/No								
<b>10. Period of Leave &amp; Number of Days Prefix/Suffix of holidays, if any</b>	:	From ..... To ..... Days .....								
<b>11. Reason (s) for leave applied for</b>	:									
<b>12. Total Child Care Leave availed till date</b>	:									
<b>13. (a) Whether permission to leave station is required</b>	:	Yes/No								
<b>(b) If Yes, Address during leave period</b>	:									
<b>14. Date of return from last leave, &amp; nature and period of that leave</b>	:									

Date :

Signature of applicant  
Employee ID No.

#### Leave Sanction Authority

Remarks of Controlling Officer Leave Recommended / Leave Not Recommended

Date :

Designation :

Signature :

Office :