

APPLICATION FOR CHILD CARE LEAVE

1-Name of the Applicant	:							
2-Designation	:							
3-Dept/Office/Section	:							
4- Detail of child/Children	:	<table border="1"> <thead> <tr> <th>Name</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Date of Birth	_____	_____	_____	_____
Name	Date of Birth							
_____	_____							
_____	_____							
5-Name of Specially abled Child	:							
6-Name of Child for whom Child Care 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 Children	:	Yes/No						
10-Period of Leave & Number of Days Prefix/Suffix of holidays, if any	:	From _____ To _____ Days						
11- Reason(s) for leave applied for	:							
12-Total Child Care Leave availed till date	:							
13- (a) Whether permission to leave station is required	:	Yes/No						
(b) If Yes, Address during leave Period	:	Yes/No						
14- Date of return from last leave, & nature and period of that leave	:							

Date_____

Signature of applicant

Employee ID No.

Leave Sanctioning Authority

Remark of Controlling Officer Leave Recommended/Leave Not Recommended.

Date:_____ Signature_____

Designation_____ Office _____

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