**Application for Child Care Leave**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Applicant | | : |  | | | | |
| 2. | Designation | | : |  | | | | |
| 3. | Dept./Office/Section | | : |  | | | | |
| 4. | Name of Child for whom Child Care Leave if applied for | | : |  | | | | |
| 5. | Date of Birth of the Child | | : |  | | | | |
| 6. | Date on which child will be attaining 18 years | | : |  | | | | |
| 7. | Is the child among the two eldest Children? | | : | Yes/ No | | | | |
| 8. | EL in Credit (As on Date) | | : |  | | | | |
| 9. | Period of Leave – Days | | : | From |  | | To |  |
|  | Prefix/Suffix of holidays, if any | | : |  | | | | |
| 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. | Date of return from last leave, & nature and period of that leave | | : |  | | | | |
|  |  | |  |  | | | | |
| Date | : |  | Signature of applicant | | | : |  | |
|  |  | | Pay Card No | | | : |  | |
| **Remarks of Controlling Officer** | | | | | | | | |
| Leave Recommended /Leave Not Recommended. | | | | | | | | |
| Date | : |  | Signature | | | : |  | |
|  |  | | Designation | | | : |  | |
|  |  | | Office | | | : |  | |