

### 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-collapse: collapse;"> <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<br/>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 :

Signature :

Designation :

Office :