

APPLICATION FORM FOR CHILD CARE LEAVE
(FOR WOMEN EMPLOYEES OF STATE GOVT.)

- 1) Name of the applicant :
- 2) Designation :
- 3) Department/Office/Section :
- 4) Detail of the Children : Sl. No. Name Date of birth
- 1.
- 2.
- 5) Name of Child for whom Child Care Leave is required and applied for. :
- 6) Date of Birth of the Child
(Attested copy of Birth Certificate to be enclosed) :
- 7) Date on which child will be attaining 18 Years :
- 8) Is the Child among the two eldest Children : Yes/No.
- 9) Period of Leave..... days
Prefix/Suffix of holidays, if any. : From to
- 10) Reason (s) for leave applied for. :
- 11) Total Child Care Leave availed till date
(a) In the current year (separated for each spell).
(b) Cumulative total in service till date :
- 12) (a) Whether permission to leave station is required. : Yes/No.
- (b) If yes, Address during leave period :
- (c) Date of return from last leave & nature and period of that leave :

Date :

Signature of applicant

Remarks of Controlling Officer

Leave recommended/Leave not recommended

Date :

Signature.....

Designation.....

Office.....