

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

1. Name of 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. Whether permission to leave station is required (Yes/No) :
- If yes, Address during leave Period :
13. 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 :