## APPLICATION FOR CHILD CARE LEAVE

			Office
			Designation
Date :			Signature
	Leave Recommended / L	eave N	ot Recommended.
	Remarks of Con	ntrolli	ng Officer
Date :			Signature of applicant Pay Card No
	& nature and period of that leave		
13.	Date of return from last leave, & nature and period of that leave	:	
	(b) If Yes, Address during leave period		
12.	(a) Whether permission to leave station is required		Yes/No
11.	Total Child Care Leave availed till date		
10.	Reason(s) for leave applied for		
	Prefix/Suffix of holidays, if any	•	
9.	Period of Leave- Days	:	FromTo
8.	EL in credit (as on date)		
7.	Is the child among the two eldest Children	•	Yes/No
6.	Date on which child will be attaining 18 years.		
5.	Date of Birth of the Child		
4.	Name of Child for whom Child Care leave is applied for		
3.	Dept/Office/Section	1	
2.	Designation		
1.	Name of the Applicant		