

**APPLICATION FOR CHILD CARE LEAVE**

1. Name of the Applicant \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Dept/office/section \_\_\_\_\_
4. Name of child for whose child Care leave applied for \_\_\_\_\_
5. Date of Birth the Child \_\_\_\_\_
6. Date on which child will be attaining 18 years \_\_\_\_\_
7. Is the child among the two elder children : Yes/No
8. E.L. in credit (as on date) \_\_\_\_\_
9. Period of Leave for Days : From \_\_\_\_\_ To \_\_\_\_\_

Prefix/Suffix of holiday if any

10. Reason(s) for Leave applied till date : \_\_\_\_\_
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 : \_\_\_\_\_

Signature of the applicant

Name :.....

Employee ID:.....

Contact No.....

**Remarks of Controlling Officer**

**Certified that the department work will not suffer in CCL period**

Therefore, her leave is recommended/OR Not recommended

Signature of the Controlling Officer

Designation.....

Date.....