

**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
Birth
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 Certification
To be enclosed)
7. Date on which the child will be
Attaining 18 years :
8. Is the child among the two eldest
Children : Yes/No
9. Period of leavedays
Prefix/suffix of holidays, if any :
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

Signature.....

Designation.....

UNDERTAKING

I Sister/ Tutor /Lecturer / Reader / Professor of
.....
do hereby declare that the Child Care leave applied for days w.e.f.
.....to for taking care of my child below 18(eighteen) years of age. Out
of total CCL i.e. 730 days I have already availed days w.e.f. to
..... As sanctioned by the Government vide No. dt.
.....

The above mentioned declaration is true to the best of my knowledge and there is any
false information I am liable to get any punishment which may be deemed fit and proper by
the authority.

Signature of applicant

