

## **APPLICATION FOR CHILD CARE LEAVE**

1. Name of the applicant : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Dept./Office/Section : \_\_\_\_\_
4. Name of Child for whom Child  
Care leave is applied for : \_\_\_\_\_
5. Date of Birth of the Child : \_\_\_\_\_
6. Date on which child will be  
Attaining 18 year : \_\_\_\_\_
7. Is the child among the two  
Eldest Children (Yes/No) : \_\_\_\_\_
8. EL in credit (as on date) : \_\_\_\_\_
9. Period of Leave -Days : From \_\_\_\_\_ To \_\_\_\_\_  
Prefix/Suffix of holidays, if any : \_\_\_\_\_
10. Reason(s) for leave applied for : \_\_\_\_\_
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 applicant

Belt No. \_\_\_\_\_

PIS No. \_\_\_\_\_

Mob. No. \_\_\_\_\_

Email id:- \_\_\_\_\_

Date : \_\_\_\_\_

### **Remarks of Controlling Officer**

Leave Recommended/Leave not recommended. : \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_