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 : .....

UNDERTAKING

I, Dr. .....Registrar / Assistant Prof / Associate Prof / Prof of .....in the Department .....do hereby declare that the Child Care Leave applied for .....days with effect from .....for taking care of my child below 18 (eighteen) years of age. Out of total i.e 730 days, I have already availed .....w.e.f.....to..... .....as sanctioned by the Govt. vide No. .....dated .....

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

Signature of the applicant