

## FORM OR APPLICATION FOR CHILD CARE LEAVE

**Note- Item No.1 to 13 must be filled in by all applicants whether gazetted or non-gazetted**

1. Name of applicant \_\_\_\_\_
2. Post held \_\_\_\_\_
3. Department Office and Section \_\_\_\_\_
4. Pay \_\_\_\_\_
5. Total number of Children \_\_\_\_\_
6. Name & Date of birth of 1<sup>st</sup> child \_\_\_\_\_
7. Name & Date of birth of 2<sup>nd</sup> child \_\_\_\_\_
8. Where leave is applied for 1<sup>st</sup> child or 2<sup>nd</sup> child \_\_\_\_\_
9. Period of leave applied and date from which required \_\_\_\_\_
10. Sundays and holidays, if any, proposed to be pre-fixed/suffixed to leave \_\_\_\_\_
11. Ground on which leave is applied for \_\_\_\_\_
12. Date of return from last leave, and period of that leave \_\_\_\_\_
13. Address during leave \_\_\_\_\_

Signature of the applicant (with date)

14. Remarks and /or recommendation of the Controlling Officer

Signature of the Officer (with date)