

FORM OF APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant : _____
 2. Designation : _____
 3. Section/Division : _____
 4. (a) Name of Child for whom Child Care leave is applied for : _____
(b) Date of Birth of the Child : _____
(c) Date on which child will be attaining 18 years : _____
 5. Period of CCL to be availed : From _____ to _____ (No. of Days _____)
 6. Prefix/Suffix of holidays, if any : _____
 7. Reason(s) for CCL applied for : _____
 8. (a) Whether permission to leave station is required (Yes/No) : _____
(b) If Yes, address and contact number during leave period _____
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Signature of applicant with date

Signature of Head of
Section/Division with date

TO BE FILLED BY ADMINISTRATION

1. Due balance of Child Care Leave : _____ out of 730.
2. No. of spells of CCL already availed in the current year : _____
3. Whether the above CCL of _____ days w.e.f _____ to _____ is within the provisions of Leave rules (Y/N) : _____

Submitted for perusal and approval of the above CCL.

Director
Central Research Institute,
Kasauli, HP – 173204