

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  
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 : From to  
Prefix/Suffix of holidays, if any
10. Reasons of 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
- 12a. 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

Date :

Signature

Designation

Office