

**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 years : \_\_\_\_\_
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 \_\_\_\_\_

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

Signature of applicant  
Pay Card No. \_\_\_\_\_

**Remarks of Controlling Officer**

Leave Recommended / Leave Not Recommended.

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

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_