

APPLICATION FOR CHILD CARE LEAVE(CCL)

1. Name of the Applicant : _____
2. Designation : _____
3. Deptt/Office/Section : _____
4. Name of Child for whom
Child Care Leave is applied for : _____
5. Date of Birth of Child : _____
6. Date on which Child will be
Attaining 18 years of age : _____
7. Is Child among 2 eldest Children : _____
8. EL in credit(as on date) : _____
9. (a) Period of Leave : From _____ to _____ Days _____
(b)Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave : _____
11. Total CCL availed till date : _____
12. (a)Whether permission to leave
the station is required : Yes/No
(b)If yes, address during leave period: _____

13. Date of return from last leave and
nature of leave with period of that
leave : _____

Date: _____

Signature of Applicant
Pay Card No. _____

Remarks of Controlling Officer

Leave recommended/not recommended

Date: _____

Signature _____

Designation _____

Office _____