APPLICATION FORM FOR CHILD CARE LEAVE

Name :

Designation :

Department :

No. of Children, Name & Age :

Date of Birth of Children :

(Please produce age proof if not submitted earlier)

Reason for leave :

Period of leave :

Total No. of CCL already availed :

Which spell is applied presently : I / II/ III

Whether the child is Disabled/ Mentally Challenged : YES/ NO

(If Yes, please produce the certificate issued by Competent

Authority)

Signature with Date

Recommended & Forwarded

HoD/ Sections

Dean (FW) (For Faculty only) Sanctioned

Registrar