

**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      Date of Birth
- 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  
Prefix/Suffix of holidays, if any. :      From      to
- 10) Reason (s) for 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:
- 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

**Remarks of Controlling Officer**

Leave recommended/Leave not recommended

Date:

Signature.....

Designation.....