

APPLICATION FOR GRANT OF CHILD CARE LEAVE (CCL)

1. Name (in block letter) : \_\_\_\_\_
2. Designation & Section : \_\_\_\_\_
3. Office/ Department : \_\_\_\_\_
4. Control No. & B.U.No. : \_\_\_\_\_
5. Period of CCL applying For & No. of days. : \_\_\_\_\_
6. Reason of CCL (Supported by documents) : \_\_\_\_\_
7. Age of Child (Supported by documents) : \_\_\_\_\_
8. Whether CCL availed earlier (If so, mention period) : \_\_\_\_\_

Declaration:-

I do hereby declare that:-

- (i) I am eligible for CCL.
- (ii) I have \_\_\_\_\_ no. of surviving child.
- (iii) My Son/ Daughter is studying in class \_\_\_\_\_ under \_\_\_\_\_ Board.
- (iv) The date of birth of my Son/ Daughter is \_\_\_\_\_.
- (v) I have availed CCL in 1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup> spell in the year 20\_\_\_\_.
- (vi) I have not availed CCL in the year 20\_\_\_\_ or earlier.
- (vii) This is my 1<sup>st</sup>/ 2<sup>nd</sup> child.

D.A.

( Signature of the applicant with date)