CSIR-Human Resource Development Centre Postal Staff College Area, Sector 19, Kamla Nehru Nagar, Ghaziabad, Uttar Pradesh 201002

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 if 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	:		Yes/ No	
	Children?				
8.	EL in Credit (As on Date)	:			
9.	Period of Leave – Days	:	From	То	
9.		:	From	То	
9. 10.	Period of Leave – Days	:	From	То	
	Period of Leave – Days Prefix/Suffix of holidays, if any	:	From	То	
10.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for	:	From	То	
10.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till	:	From	To Yes / No	
10. 11.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till date	:	From		
10. 11.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till date (a) Whether permission to leave	: : : :	From		
10. 11.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till date (a) Whether permission to leave station is required	:	From		
10. 11.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till date (a) Whether permission to leave station is required (b) If Yes, Address during leave	: : : :	From		
10. 11. 12.	Period of Leave – Days Prefix/Suffix of holidays, if any Reason(s) for leave applied for Total Child Care leave availed till date (a) Whether permission to leave station is required (b) If Yes, Address during leave period	:	From		

Date :	Signature of applicant	:
	Pay Card No	:

Remarks of Controlling Officer

Leave Recommended /Leave Not Recommended.

Date :	Signature	:
	Designation	:
	Office	: