

AGRICULTURE UNIVERSITY JODHPUR

APPLICATION FOR CHILD CARE LEAVE

1.	Name of the Applicant	:			
2.	Designation	:			
3.	Dept/Office/Section	:			
4.	Detail of Child/Children		Name	Gender	DoB
		:			
5.	Name of Specially abled child, if any	:			
6.	Name of Child for whom Child Care	:			
7.	Leave is applied for Date of Birth of the Child	:			
8.	Date on which child will be attaining	-			
	age of 18 years	:			
9.	Is the child among the two eldest Children	:	Yes / No		
10	Period of Leave & Number of the Days		From to	T (1 D
10.	Prefix/Suffix of holidays, if any	:		. Iota	1 Days
10.		:	FIOIII	. Iota	I Days
	Prefix/Suffix of holidays, if any	: : :		. Iota	1 Days
11.	Prefix/Suffix of holidays, if any Reason (s) for leave applied for (a) Total Child Care Leave availed in	: : :		. Iota	1 Days
11.	Prefix/Suffix of holidays, if any Reason (s) for leave applied for (a) Total Child Care Leave availed in current calendar year (b) Total Child Care Leave availed till	:	Yes / No		1 Days
11.	Prefix/Suffix of holidays, if any Reason (s) for leave applied for (a) Total Child Care Leave availed in current calendar year (b) Total Child Care Leave availed till date (a) Whether permission to leave station	:			1 Days
11.	Prefix/Suffix of holidays, if any Reason (s) for leave applied for (a) Total Child Care Leave availed in current calendar year (b) Total Child Care Leave availed till date (a) Whether permission to leave station is required (b) If Yes, write address during leave	:			1 Days
11. 12. 13.	Prefix/Suffix of holidays, if any Reason (s) for leave applied for (a) Total Child Care Leave availed in current calendar year (b) Total Child Care Leave availed till date (a) Whether permission to leave station is required (b) If Yes, write address during leave period Date of return from last leave	:	Yes / No	0	

	Signature of Applicant
16. Remarks of Controlling Officer:	
Recommended / Not recommended, Please write comments:	
Official Forwarding NoDate	
	Signature and seal of
	Controlling Officer
17. Comments of the concerned Dean/Director (if applicable):	
	Signature and seal of
	Dean/Director
18. Leave Sanctioning Authority :- Sanctioned/Not Sanctioned	
Date:	Signature:
	Designation:

Proforma for maintaining Child Care Leave Account

Name of the er	nployee:					
Designation:			Total admissible days of CCL leave:			
	Child Care Leave			ild Care Leave	Signature and designation	
From	То	Total Days	Balance	Date	the certifying officer	
1	2	3	4	5	6	