## UTTAR BANGA KRISHI VISWAVIDYALAYA

## APPLICATION FOR CHILD CARE LEAVE (CCL)

	1.	Name of the Applicant	:			
	2.	Designation	;			
	3.	Establishment/Department/Office/Section	:			
	4.	Name of Child for whom CCL is applied for	: *			
	5.	Date of Birth of the Child	:			
		(Enclose copy of the Birth Certificate)				
	6.	Is the Child among the two eldest Children	:			
	7.	Period of Leave	•			
	8.	Reason(s) for leave applied for	:			
		(Supporting document(s), if any)				
	9.	a) Whether permission to leave station is required : Yes/ No				
		b) If Yes, Address during leave period:				
	`.	······				
Phone/Mobile No.						• • • • • • • • • • • • • • • • • • • •
						• • • • • • • • • • • • • • • • • • • •
		Signature of Applicant in full with date				
			•			
Signature of the Forwarding Authority with date						
		OFFICE REPO	RT		••••••	
1. Date on which the Child will be attaining 18 years :					*	
		2. Prefix/ Suffix of holidays with CCL, if any	•	:		
		3. Total CCL availed till date		:		
		4. 4. CCL due till date		:		
		5. Date of Return from last leave &				
× * ***	Supplied to a	nature and period of that leave		:		
		6. EL in credit (as on date)		:		
	••,•••	SANCTION OF CHILD CAP			***************************************	•••••
Chil	d C	Care Leave fordays from			may/ m	ay not be
be g	rar	nted to Smt		******		
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Submitted by the Leave Section

Approved / Not Approved

Registrar