

INDIAN INSTITUTE OF SCIENCE
BANGALORE 560 012

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 is 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 Children : Yes/No
8. Period of Leave-Days : From _____ To _____
Prefix/Suffix of holidays, if any
9. Reason(s) for leave applied for :
10. Total Child Care Leave availed
till date :
11. (a) Whether permission to leave
station is required : Yes/No
- (b) If Yes, Address during leave
Period :

Date:

Signature of applicant
Pay Card No:

Remarks of Controlling Officer

Leave Recommended/Leave Not Recommended.

Date:

Signature
Designation
Office