अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी

All India Institute of Medical Sciences, Guwahati

Silbharal, Changsari, District- Kamrup

Assam- 781101

APPLICATION FORM FOR CHILD CARE LEAVE

1. Name of the Applicant : .....
2. Designation : .....
3. Date of joining Govt. Service : .....
4. Department/Office/Section : .....
5. Basic Pay and Level : .....
6. Date of completion of Probation Period : .....
7. Details of Children :

Sl No.	Name	Son/Daughter	Date of Birth	Class (Education)
1				
2				

8. Name of Child for whom Child Care Leave is required and applied for : .....
9. Date of Birth of the Child (Attested copy of Birth Certificate to be enclosed) : .....
10. Date on which child will be attaining 18 years : .....
11. Is the Child among the two eldest Children (Yes/No) : .....
12. Period of Leave.....Days : From To
    Prefix/Suffix of holidays, if any
13. Reason (s) for leave applied for : .....
14. Total child Care Leave availed till date
    (a) In the current year (separated For each spell) : .....
    (b) Cumulative total in service till date : .....
15. Whether permission to leave station is Required (Yes/No) : .....
    - If yes, Address during leave period : .....
16. Date of return from last leave & nature And period of that leave : .....

Date: Signature of Applicant

Remarks of Controlling Officer

Leave recommended/ Leave not recommended

Date : Signature : .....

Designation : .....

Office : .....