**ICMR-NATIONAL ANIMAL RESOURCE FACILITY FOR BIOMEDICAL RESEARCH**

Indian Council of Medical Research

Genome Valley, Shamirpet, Hyderabad – 500 101

# APPLICATION FOR CHILD CARE LEAVE

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

13. Date of return from last leave, : & nature and period of that leave

Date :

Signature of applicant Pay Card No.

# Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended.

Date :

Signature Designation Office