



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Mangalagiri, Andhra Pradesh

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. EL in credit (as on date) : _____
- 9. Period of Leave- Days : From _____ To _____
- 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
Pan Card No. _____

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended

Date: _____

Signature: _____
Designation: _____
Office: _____