



**NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR**  
**APPLICATION FOR CHILD CARE LEAVE**

1. Name: \_\_\_\_\_ 2. P. F. No.: \_\_\_\_\_
3. Designation: \_\_\_\_\_ 4. School/Section: \_\_\_\_\_
5. Name of the Child for whom CCL is applied for: \_\_\_\_\_
6. DOB of the child: \_\_\_\_\_ 7. Date on which child will be attaining age of 18 years: \_\_\_\_\_
8. Is the child among the two eldest children : Yes/No
9. Leave Applied For \_\_\_\_\_ day(s), From \_\_\_\_\_ to \_\_\_\_\_
10. Details of Prefixed / suffixed holidays, if any: \_\_\_\_\_
11. Purpose of leave applied for: \_\_\_\_\_
12. Total Child Care Leave availed till date : \_\_\_\_\_
13. Details of last leave (nature & period) availed : \_\_\_\_\_
14. (a) Whether permission to leave headquarter is required : Yes/No  
(b) If yes, Address & Telephone No. during leave period: \_\_\_\_\_
- \_\_\_\_\_.

Date: \_\_\_\_\_

Signature of Applicant

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**Recommendation of the Chairperson of School**

Leave recommended / Not recommended

Special remarks if any \_\_\_\_\_

\_\_\_\_\_.

Signature

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**To be used in Administration Section**

Leave Status: \_\_\_\_\_ as on \_\_\_\_\_ Dealing Assistant \_\_\_\_\_

A.P.O. (Admin.): \_\_\_\_\_

A.O. (Admin.): \_\_\_\_\_

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Leave Granted /Not Granted

Signature of Sanctioning Authority: \_\_\_\_\_

Designation: FIC – Faculty Affairs