



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

Form No.25

APPLICATION FOR CHILD CARE LEAVE (CCL)

(CCL rules applicable in the Institute is as per Annexure 1, to be submitted at least 10 days in advance)

A. TO BE FILLED IN BY THE APPLICANT

1. Name of Applicant & Designation :
2. Dept/ Centre/Section :
3. Pay in the Pay Band + Grade Pay :
4. Date of joining the service /present post :
5. Date of confirmation :
6. Details of the child for whom the present CCL is applied for:

Name of Child(s)	Sex	DoB (birth certificate to be attached)	1 st or 2 nd child

7. Period of CCL applied for :From_____ to_____ = days
Prefix : From _____ To _____, Suffix: From _____ To _____
Reason(s) of the CCL (Examination, sickness etc.): _____
8. Address during the leave along with contact no: _____

I understand and agree to abide by the rule & regulations of CCL as applicable in the Institute & I also undertake to refund the amount if paid in excess than the admissible leave salary.

Date:

(Signature of the applicant)

Name/Designation_____

Dept./Centre/Section_____

B. RECOMMENDATION OF THE CONTROLLING OFFICER: RECOMMENDED/ NOT RECOMMENDED

Date:

Signature_____

Designation_____

Dept./Centre/Section_____

A. TO BE FILLED IN BY THE OFFICE:

1. Name of the Applicant:

2. No. & Date of receipt of application :

3. Details of CCL:

Total no. of days of CCL admissible	No. of days of CCL already availed	Balance of CCL as on	Period of CCL now applied for	Balance of CCL after approval

4. Recommended / not recommended for approval (delete which is not applicable)

Dealing Assistant

DR/AR (Admn. / Faculty Affairs)

Registrar