



डॉ बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालंधर

DR. B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR

APPLICATION FOR CHILD CARE LEAVE

Name of applicant	:		
Designation	:		
Department/section	:		
Period of leave applied (minimum 16 days)	:	From	To
No. of spell(s) for Child Care			
Leave has already been availed			
During the current calendar year	:		
Detail of surviving children	:	Name	age
		(i)	
		(ii)	
		(iii)	
Address during leave	:		

It is certified that the age of child whom child care leave has been applied is less than 18 years.

Date

Signature of applicant

Recommended By

Dean/HOD/Section Incharge

For office use only

1. Ms. _____ has availed _____ spell(s) of child care leave during the current calendar year and _____ day(s) Child Care Leave due to her till date.
2. As per rule the request of Ms. _____ is in order and she may be granted Child Care Leave from _____ to _____.

Clerk

Senior Assistant

Supdt.(Estt)

Sanctioned

Signature of sanctioning authority