



राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश  
**NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH**

Near National Highway No. 16, Kondrupolu, Tadepalligudem – 534101  
West Godavari District, Andhra Pradesh, India

**APPLICATION FOR CHILD CARE LEAVE**

Name of the applicant & EC No. (in full with capital letters)	
Designation / Department	
Name of Child (for whom Child Care leave is applied for)	
Date of Birth of the Child	
Date on which child will be attaining 18 Years	
Is the child among the two eldest Children: Yes/No	
EL in credit (as on date)	
Period of leave applied for _____ Days	From: _____ To: _____
Prefix/Suffix of holidays, if any	From: _____ To: _____
Reason/ Purpose for leave applied for	
Alternative arrangement details	
I propose/do not propose to avail myself of Leave Travel Concession for the block years _____ during the leave	
Permission to leave Headquarters required (Yes/No); if Yes, address during leave period	

Signature of the applicant with date

**Administration (Office use only)**

No.of CCL already availed	Now applied for	Balance

Dealing of the Department (Admin/Estt)

Remarks of the Head: Recommended/Not Recommended

Signature of the HOD

Sanctioned/Not sanctioned

Approved/Not approved

Dean (Faculty Welfare)

DIRECTOR

**For use by the Administration Section**

(i) Joining report received on \_\_\_\_\_ (ii) Leave entered in the Service Book/ Leave Register at page No. \_\_\_\_\_

Signature of the Verifying Officer