



Regular Non-Teaching

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

REGISTRAR

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