

केन्द्रीय विद्युत अनुसंधान संस्थान, बेंगलूर
Central Power Research Institute, Bangalore

Application for grant of Child Care Leave

Name & Designation	
Employee ID No.	
Division	
Period of CCL applied No. of days	
Grounds on which CCL is applied (Documents if any may be enclosed)	
Name of the child, date of birth (with proof) First Child/Second Child	
Whether permission to leave station is required: Yes/No	
Whether Child is Physical Handicapped Yes/No	
Whether Single parent (Yes/No)	
Present Residential Address /Address during CCL	

I declare that the above information is true to the best of my knowledge and belief.

Signature of the Applicant

Place:

Date:

Remarks/Recommendation of the HoD	
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Orders of the Competent Authority to grant CCL

CCL fordays from.....to.....is sanctioned.

Signature of the Sanctioning Authority

Certificate reading Admissible of CCL to be filed by Administration

Details of previous CCL Aailed	From	to
Balance of CCL at credit		
Whether the applicant is eligible for availing CCL	Yes/No	

Administrative Officer (Admn-II)