

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

APPLICATION FOR CHILD CARE LEAVE

1.	Name of applicant (Female Employee only)	
2.	Post held (on regular basis)	
3.	Probation cleared or not (mention date)	
4.	Department/ office/ branch/ section	
5.	Period of leave applied for (not less than 15 days)	w.e.f. to
6.	Period of Child care leave availed during current calendar year	w.e.f. to
7.	Ground on which leave is applied for (attach proof)	
8.	Age and Date of Birth of (two eldest surviving child/ children below 18 years of age for whom CCL is required) attach proof	
9.	Date of return from last leave, and the nature and period of that leave	
10.	Address during leave period	

I undertake that I will not proceed for leave prior to the sanction of 'Child Care Leave'.

Enclosure: An Undertaking, Proof of date of Birth of child/ children, date sheet of exam or Medical certificate of the child.

Signature of Applicant
(Female employee with date)

There is no Show Cause Notice/ Inquiry /Disciplinary action initiated or pending against her. Recommended and forwarded.

Signature of the controlling Officer
(With date) Designation

CERTIFICATE REGARDING ADMISSIBILITY OF CHILD CARE LEAVE

Certified that **Child Care Leave** for _____ (days) from _____ to _____ is admissible under the Child Care leave Rules of the university.

If the Child Care Leave applied for, is sanctioned, the balance of **Child Care Leave** at the applicant's credit will be _____ days

Signature of the dealing hand
(with date) Designation

Order of the authority competent to grant leave.

Signature of competent Authority
(with date) Designation