BHASKARACHARYA COLLEGE OF APPLIED SCIENCES
(UNIVERSITY OF DELHI)
SECTOR-2, PHASE-I, DWARKA, NEW DELHI-110075

APPLICATION FOR CHILD CARE LEAVE (CCL)

1. Name : _____
2. Designation & Department : _____
3. Name of the child for whom Child care leave is applied for : _____
4. Date of birth of the child (In Christian Era) : _____
5. Date on which child will be attaining age of 18 years : _____
6. Is the child among the first two children : _____
7. Earned Leave at credit : _____ (on the date of application)
8. Period of CCL applied for : From _____ To _____ ____days
9. Prefix/Suffix of holidays, if any : _____
10. Reason(s) for CCL applied for : _____

    (if on medical grounds, please attach medical certificate of the Child)
11. Total no. of CCL availed : _____
12. (a) Whether permission to leave Station is required : _____

    (b) If yes, address during the leave period : _____
13. Date of return from last leave & nature and period of that leave : _____

Note :

1. Application for grant of CCL should be submitted 15 days before the proposed date of availing the same.
2. The leave will be admissible for two eldest surviving Children only and admissible for 730 days only.
3. Employees cannot proceed on CCL without prior approval of the leave by the Leave Sanctioning Authority.
4. Saturdays, Sundays, Gazetted holidays etc., if any, occurring in between the period of leave would also count for CCL, as in the case of Earned Leave.

Dated: _____ **(Signature of the Employees)**

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Dated: _____

(To be filled by Administration Section)

Submitted to The Principal, BCAS, for sanction of Child Care Leave in Favour of Dr/Ms. _____, Department of _____ form _____ to _____ total _____ nos of days. Further she had availed _____ days of CCL out of 730 days of Child Care Leave. _____ days shall be debited in the account of Child Care Leave of the Official after the CL is sanctioned by the Principal/the Chairman, Governing Body, BCAS.

Dealing Assistant

Section Officer (Admn.)

(a) Sanctioned Child Care Leave in favour of Dr/Ms. _____, Department of _____ from _____ to _____ both days included and for debiting _____ days of Child Care Leave account.

OR

(b) To be placed before the Leave Committee/Governing Body/Chairman, Governing Body, BCAS for its consideration and recommendations.

Dated: _____ **Principal**

Office Order issued vide reference No. BCAS/_____dated_____.

Dealing Assistant