

# DEEN DAYAL UPADHYAYA COLLEGE

(UNIVERSITY OF DELHI)

SECTOR-3, DWARKA, NEW DELHI – 110078

## APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant .....
2. Designation.....Department.....
3. Leave applied for the period From.....To.....Days.....
4. Name of the Child..... Date of Birth.....
5. Class in which studying .....
6. Purpose for which leave applied.....  
(Attach documentary proof, if any)
7. Duration of Examination: From..... To.....  
(in case of leave applied for examination purposes)

Date.....

Signature of Applicant

Recommendation of Teacher-in-charge: \_\_\_\_\_

### FOR OFFICE USE ONLY

- i. Total No. of Leave availed in previous occasion(s):.....
- ii. No. of Spell(s) of CCL availed during current calendar year:.....
- iii. Remarks, if any.....

Admn. Officer

S.O. (Admn.)

Dealing Asstt.

Leave sanctioned for the period From:.....To.....Total.....

Reference, if any.....

Entry made in the Service Book at Serial No..... of C.C.L. record proforma

Admn. Officer

S.O. (Admn.)

Dealing Asstt.

**PRINCIPAL**