

केन्द्रीय कपास अनुसंधान संस्थान, नागपुर
CENTRAL INSTITUTE FOR COTTON RESEARCH, NAGPUR

F.No.Admn./Misc./CCL/2013

Dated 26th October, 2013

CIRCULAR

It has been observed by the Competent Authority that female employees while submitting Child Care Leave Applications are not enclosing full details along with the request, therefore all the Heads/In-charge Sections are requested to follow below mentioned instructions:

1. Leave cannot be granted as a matter of right.
2. Heads/ In-charge sections should ensure that necessary proof like medical certificate of child, examination time tables etc are attached with the application.
3. Heads /In-charge sections should also give their specific recommendations while forwarding CCL application to the Competent Authority.

Henceforth, above instructions may strictly be followed. A copy of application for Child Care Leave is enclosed for further necessary action.

This issues with the approval of the Director.

Sd/-
(Sachin Agnihotri)
Senior Administrative Officer

Distribution :

1. The Head, Division of Crop Protection, CICR, Nagpur.
2. The Head, Division of Crop Production, CICR, Nagpur.
3. The I/c Head, Division of Crop Improvement, CICR, Nagpur.
4. The Project Coordinator & Head, CICR Regional Station Coimbatore.
5. The Head, CICR Regional Station, Sirsa.
6. The Finance & Accounts Officer, CICR, Nagpur.
7. The Drawing & Disbursing Officer, CICR, Nagpur.
8. I/c, Biotechnology Section/ KVK / RCM / Library / Hindi Cell / ME Cell / TMC Cell / ARIS Cell / Farm Section / Works /CICR, Nagpur.
9. The In-charge, ARIS Cell for uploading on Institute's website.
10. The P. S. to Director, CICR, Nagpur for information.
11. Notice Board.

APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant : _____
2. Designation : _____
3. Division/Section/Cell : _____
4. Name of Child for whom Child
Care leave is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which child will be attaining 18 years : _____
7. Is the child among the two eldest Children? : **Yes/No**
8. Period of Leave : _____ days from _____ to _____
9. Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave applied for : _____
**[i.e. Examination, Sickness etc.
(documentary proof may be enclosed)]**
11. Total Child Care Leave availed till date : _____
12. (a) Whether permission to leave
station is required : **Yes/No**
- (b) Address during leave period : _____

13. Date of return from last leave : _____
& nature and period of that leave _____

Date : _____

Signature of applicant

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended

Date : _____

Signature _____

Designation _____