

Dated: _____

The Principal
Bhagini Nivedita College
Kair, near Najafgarh,
New Delhi-110043.

Subject: Grant of Child Care Leave (CCL)

Dear Madam,

I wish to avail of CCL for the period from _____ to _____ to take care of my child. The particulars of my child / Children are given as under:-

S. No.	Name of the child / Children	Date of Birth	Date of attaining 18 years	CCL Being taken for * (Mark against the name)

** Please attach a copy of the Date of Birth Certificate of the child for whom CCL is being applied.*

Particular of the CCL taken in the Current Calendar Year (Ignore if applying for the next Calendar Year)

S.No.	Period		No. of days	Remarks, if any
	From	To		

Kindly grant me CCL for the above mentioned period and oblige.

Thanking you,

Yours faithfully,

Signature: _____

Name: _____

Department: _____

For Office Use Only

Details of previous CCL availed				Total No of Days	Balance Available
S.No.	From	To			

Recommendation of Incharge/ S.O. _____

Dealing Assistant

TIC/S.O.

Principal