

APPLICABLE FOR ALL WOMEN EMPLOYEES,  
TEACHING AND NON-TEACHING

**Form-IV**



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
KASHMERE GATE, DELHI - 110006**

**APPLICATION FOR CHILD CARE LEAVE**

1. Name of applicant
2. Designation with pay scale
3. School/ Branch of posting
4. Period for which leave applied for w.e.f \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_ days)
5. Saturdays/Sundays/ holidays/ vacation, if any,  
proposed to be prefixed/ suffixed to leave
6. Details of such types of leave availed  
Earlier, if any.
7. Age of the child/children as on date of application
8. Purpose for leave is applied for giving proper justification (Please enclose certificate from doctor, if  
CCL is applied on medical grounds, i.e., for illness of child/ children):-
9. Address during leave period

Signature of Applicant  
(with date)

10. Remarks and/or recommendation of the  
Dean/Head of the School/ Branch Officer concerned

Signature (with date)  
Designation

**CERTIFICATE OF AVAILABILITY OF LEAVE**

(To be given by the officer maintaining the Child Care Leave record)

--Leave already availed : .....  
--Balance due : .....  
--Number of leave applied for : .....  
Sanction of Recommendatory Authority .....  
No. of Employees already on leave in the category:.....  
Whether leave should be granted or not as per university guidelines.....  
Signature of the officer maintaining C/L Register

**Orders of the Sanctioning Authority : Sanctioned/ Not Sanctioned**

Signature of the Sanctioning Authority