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|  | **MAHATMA GANDHI CENTRAL UNIVERSITY BIHAR**  [Established by an Act of Parliament]  TempCamp, Zila School Campus, Motihari – 845 401, District – East Champaran, Bihar |

**APPLICATION FORM FOR CHILD CARE LEAVE**

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| --- | --- | --- | --- |
|  | Name of the Employee | : |  |
|  | Designation | : |  |
|  | Department / Office / Section | : |  |
|  | Name of Child for whom Child Care leave is applied for | : |  |
|  | Date of Birth of the Child (Attach proof) | : |  |
|  | Date on which child will be attaining 18 Years | : |  |
|  | Is the child among the two eldest Children | : |  |
|  | Period of Leave - Days  Prefix/Suffix of holidays, if any | : |  |
|  | Reason(s) for leave applied for | : |  |
|  | Total Child Care Leave availed till date | : |  |
|  | Whether permission to leave Station is required | : |  |
| If Yes, Address during Leave period | : |  |
|  | Date of return from last Leave & nature and period of that leave | : |  |

**Date: Signature of Employee**

**Recommendation of the Head of the Department (HoD)**

1. Certified that teaching and other work assigned to the applicant, will not be hampered during the above-mentioned period and the work-load will be shared by the others members within the department/section.
2. No. of teachers available in the Department during the above period: ...........................

**Date:** **Signature of the HoD**

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**Recommendation of the Dean of the School / Concerned Authority**

**Date:** **Signature**

**Recommendation of the Academic Coordinator / Concerned Authority**

**Date: Signature**

**Observation(s) of the Establishment Section**

**Date: Signature**

**Recommendation of the Registrar**

**Date: Signature**

**Recommendation of the Hon’ble Vice-Chancellor**

**Approved / Not Approved**

**Date: Signature of the Vice-Chancellor**