

Refers to Office Order No. Estt./OO/2021/IITK/302, dated May 18, 2021

INDIAN INSTITUTE OF TECHNOLOGY KANPUR**Application for grant of Child Care Leave to women/ single male employees
(Please refer to attached guidelines)**

1. Name, Designation and PF No. : Dr./Ms.
PF No. Designation
2. Name of the Deptt./Section/Unit :
3. Reason for availing CCL : **Health Care** **Education**
(attach supporting documents, where applicable)
4. Details of child/ children for whom availing CCL : Name DOB
Class
5. Period for which CCL is required : From To
6. Address with tel. nos. during the period of CCL applied for :
Tel./Mob.
7. Grounds justifying priority, if any :

I, Dr./Mr./Ms. hereby confirm and declare that I have understood all the guidelines related to grant of CCL and I hereby undertake that the above information submitted by me is correct and if at any time my services are required by the Institute I will resume my duties immediately.

Date:

Signature:

Name:

=====

(To be filled by Head of Deptt./Section/Unit concerned)

I hereby certify that:-

1. Total No. of women employees in Deptt./Section/Unit are
2. Out of these are already on CCL.
3. Grant of CCL to Dr./Mr./Ms. from to
is recommended/ not recommended for the reason that
4. The applicant has made adequate arrangement for the teaching/ research and administrative responsibilities assigned to her (documents attached).
5. No request for grant of any substitute during the period of CCL recommended will be made by the Deptt./Section/Unit.

Date:

Signature Head of
Deptt./Section/Unit

(To be filled by the concerned authority)

The information furnished by the applicant and HoD/HoS/HoU has been verified and the application is submitted for consideration with the following remarks:

1. The request for CCL does/ does not conform to the Institute guidelines.
2. Priority for grant of CCL (if applicable)
3. Head has recommended/ not recommended the CCL
4. The status of employee is regular/ contractual/ on probation.
5. Dr./Mr./Ms. has already availed days of CCL during the current and/or preceding calendar year in spells.
6. Any other remark(s)

Dealing Assistant

Jr. Superintendent (Admin.)

Recommended / Not recommended

Recommended / Not recommended

AR/Dy. Registrar (Admin.)

Registrar

Recommended / Not recommended

Deputy Director

Approved/ Not approved

Director