

OFFICE OF THE
MURSHIDABAD DISTRICT PRIMARY SCHOOL COUNCIL
APPLICATION PRAYING OF CHILD CARE LEAVE
for regular female teacher

1. NAME OF THE TEACHER (in Capital letter) : _____

2. NAME OF THE SCHOOL : _____

SCHOOL NO. _____ P.O. _____

3. DESIGNATION : _____

4. DATE OF JOINING _____ DATE OF CONFIRMATION _____

5. CHILD DETAILS

| SL | NAME OF THE CHILD (for whom CCL prayed for) | SON / DAUGHTER | DATE OF BIRTH | EDUCATION |
|----|--|----------------|---------------|-----------|
| | | | | |
| | | | | |

6. PREVIOUS LEAVE ENJOYED : from _____ to _____

7. PERIOD OF CCL APPLIED : from _____ to _____ days.

8. SPECIFIC REASONS OF CCL : _____

9. VALID DOCUMENTS (insupport of specific reasons) : _____

10. POSTAL ADDRESS DURING THE LEAVE PERIOD WITH CONTACT NO. _____

11. I have gone through the G.O. No. 5560-F (P) dated 17th July' 15 and amendments thereof and agree/promise to abide by the extant CCL rules and regulations prescribed by the Govt. Aforesaid information submitted are correct.

Signature of the applicant teacher with date

12. TOTAL NO. OF STUDENTS (excluding **SISHU SHRENI**) _____

13. TOTAL NO. OF STUDENTS (reading in **SISHU SHRENI**) _____

14. NO. OF TEACHERS : MALE _____ FEMALE _____ PARA-TEACHER _____

15. FORWARDING OF THE HEAD TEACHER / TEACHER IN CHARGE OF THE SCHOOL (In case of Application of Head Teacher or Teacher-in-Charge of the school should be submitted to the concerned SIS directly for onwards transmission)

Application praying for Child Care Leave (in terms of G.O. No. 5560-F(P) dated 17th July '15) submitted by Srmt. _____ A.T. for the period from _____ to _____ is hereby forwarded to the authority of the Murshidabad District Primary School Council through the concerned Sub-Inspector of Schools for sanction. (IF OTHER TEACHERS OF THE SCHOOL REMAIN ON CCL, PLEASE STATE THE NAME OF THE TEACHER AND PERIOD OF CCL)

DATE :

Signature of the Head Teacher / TIC with seal

(Space use for only)
Office of the

SUB-INSPECTOR OF SCHOOLS _____ CIRCLE

RECOMMENDATION OF CONCERNED SUB-INSPECTOR OF SCHOOLS

DOCKET NO _____ DATE _____

a) PREVIOUS CCL ENJOYED (spell wise period are to be mentioned):

b) HENCE, CHILD CARE LEAVE IS RECOMMENDED FOR THE PERIOD FROM _____ TO _____ =DAYS.

MEMO NO, _____

DATE : _____

Signature of the Concerned SIS with seal