

Swami Shraddhanand College

(University of Delhi)

Alipur, Delhi-110036

Proforma for Child Care Leave

Name of the Employee _____

Designation & Department _____

Detail of Children:

Name	Date of Birth & Age	Class in which Studying

Purpose of Leave _____

From _____ to _____

Undertaking: -

I declare that all the information given above are true & correct to the best of my knowledge & record.

Signature of the Employee

Signature of the Head of the Department

For Office Use

Total CCL _____ Already availed _____ Balance _____

Dealing Asstt.

S.O. Admn.

Principal