

**APPLICATION FOR CHILD CARE LEAVE**

1. Name of the Applicant : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Dept/Office/Section : \_\_\_\_\_
4. Name of Child for whom Child Care leave is applied for : \_\_\_\_\_
5. Date of Birth of the Child : \_\_\_\_\_
6. Date on which child will be attaining 18 years. : \_\_\_\_\_
7. Is the child among the two eldest Children : Yes/No
8. EL in credit (as on date) : \_\_\_\_\_
9. Period of Leave- Days : From \_\_\_\_\_ To \_\_\_\_\_  
Prefix/Suffix of holidays, if any : \_\_\_\_\_
10. Reason(s) for leave applied for : \_\_\_\_\_
11. Total Child Care Leave availed till date : \_\_\_\_\_
12. (a) Whether permission to leave station is required : Yes/No  
(b) If Yes, Address during leave period : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
13. Date of return from last leave, & nature and period of that leave : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of applicant  
Pay Card No. \_\_\_\_\_

**Remarks of Controlling Officer**

Leave Recommended / Leave Not Recommended.

Date : \_\_\_\_\_

Signature \_\_\_\_\_  
Designation \_\_\_\_\_  
Office \_\_\_\_\_



**NATIONAL BOOK TRUST, INDIA**  
 Nahru Bhawan, 5, Institutional Area, Phase-II,  
 Vasant Kunj, New Delhi-110070  
**CASH / BANK / JOURNAL VOUCHER**  
 (From Sholu be Filled in Capital Letter Only)

EMP/PARTY/OTHER CODE

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TA/DA/MISC.ADV REGISTER PAGE No.

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CANARA BANK SB A/C

SL.No.

1. NAME

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2. ADDRESS

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 .....

3. BILL NO. & DATE :

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4. PARTICULARS :

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5. RUPEES ( IN FIGURES )

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6. RUPEES (IN WORDS)

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Signing on Revenue Stamp is mandatory for all payment above Rs.5000/-

(SIGNATURE OF CLAIMANT)

NOT PAID EARLIER. CLAIM IS IN ORDER AND RECOMMENDED FOR PAYMENT.

ECR & STOCK ENTRY HAVE BEEN MADE AND CERTIFIED

(DEALING ASSISTANT)

(SUPERVISOR)

SECTIONAL IN-CHARGE/HEAD

FOR OFFICE (A/CS USE ONLY)

BROAD HEAD:

N-Plan	Plan	ADHOC
1	2	3

DEBIT HEAD CODE:


CREDIT HEAD CODE

CASH	BANK	JOURNAL

7. PAY ORDER :

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(DEALING ASSISTANT)

(ACCOUNTANT)

(AUTHORISED SIGNATORY)

CASHIER