



SILIGURI PRIMARY SCHOOL COUNCIL

SILIGURI EDUCATIONAL DISTRICT

63, Rash Behari Sarani, Hakimpara, Siliguri – 734001

APPLICATION OF CONFIRMED FEMALE TEACHER FOR CHILD CARE LEAVE (CCL)

1. Name of applicant Teacher : _____
2. Designation: _____
3. Name of School: _____
 No. of teachers with. Para teacher _____
 No. of Students including Pre-Primary _____
4. Name of Circle : _____
5. No. of teachers already on leave with nature of leave: _____
6. Date of first joining: _____
 [Photocopy of Appointment letter & joining report annexed]
7. Date of confirmation: _____
8. No. of Children: 1 _____ 2 _____ [Please put ✓ mark]
9. Names two eldest Children (a) _____ Age _____
 with age on date: (b) _____ Age _____
10. Name of Child for whom CCL is applied for _____
11. Date of Birth of the Child concerned: _____
 [Attested photocopy of Birth Certificate annexed]
12. Date on which the Child will attain 18 years of age _____
13. No. of spell of CCL applying for: 1/3 2/3 3/3 [in this Calendar year]
 [Please put ✓ mark]
14. Period of CCL applying for: From _____ To _____ Total _____ Days.
15. Prefix/Suffix of Holiday/other leave, if any: _____
16. Reason of leave applying for _____
 [Attached valid documents]
17. Period of CCL already enjoyed during the entire period of service:

FROM	TO	TOTAL DAYS	SANCTIONING MEMO No. & DATE

Place: _____

Date: _____

Signature in full

- N.B. 1. Admissible for a maximum of 730 days to the regular female teacher, up to 2 children, up to 18 years of their age for examination, sickness and any other severe health issue.
2. Not be granted more than 3 spells in a Calendar year.
 3. Not be granted for less than 15 days in a spell.
 4. Not ordinarily to be granted during the probation period i.e; before Confirmation of service.
 5. Every School and S.I/S must maintain Separate Roster for CCL (Female)

Recommended

MEMO No. _____ Date _____

Checked and Verified

Forwarded to the Chairman, Siliguri Primary School Council with following remarks

School

Head Teacher / TIC

[Applicable in case of AT]

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Sub – Inspector of Schools

_____ Circle
