

National Institute of Health and Family Welfare
(Administration)

NAME OF THE
DEPTTS/SECTION/UNIT _____

Sub : CHILD CARE LEAVE

This is to inform that Child Care Leave applied by Smt _____ have been duly considered by undersigned and recommended for the period of ___ days from _____ to _____. The employee can be spared and work will be managed within the Deptt./Section and no substitute will be demanded. In exigencies of work she may be asked to come to office.

TO BE SIGNED BY HOD

DD(A)