PROFORMA FOR MAINTAINING CHILD CARE LEAVE ACCOUNT
FOR FEMALE EMPLOYEES OF RIPANS

NAME: _____DESIGNATION:_____
NO.OF DAYS ALLOWED – 730 Days (2 YEARS)

Period of Child Care Leave Availed		No of days availed	Office Order No. & Date	Balance of Child Care Leave		Signature and designation of the Certifying Officer
From	To			Balance	As on	