

GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR
(Established by State Legislature Act 17 of 1995)

Letter. B



'A' GRADE NAAC Accredited

No.EN-I/2018/ 9530-89

DATED : 25/10/18

To

All Deans/Director/Chairpersons/
Head of the offices/Branch Officers,
Guru Jambheshwar University of
Science & Technology, Hisar.

Sub: - Policy regarding grant of CCL to women employees of the university.

Sir/Madam,

I am to inform you that the Executive Council vide resolution No. 47 dated 08.09.2018 constituted a committee consisting of following to consider the cases of grant of child care leave to women employees of the University obtained on the prescribed Performa (Copy enclosed):-

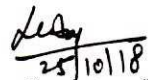
1. Dean, Academic Affairs.
2. Prof. of Psychology Deptt.,
3. Nominee of the Vice-Chancellor
4. Doctor from Health Centre
5. Head of the Department/Branch of employee concerned
6. Deputy/Assistant Registrar (Estt.)

Further, it was resolved that the Registrar will be the competent authority for grant of such leave to Group C & D categories employees and the Vice-Chancellor will be the competent authority for grant of such leaves to Group A & B category employees.

You are requested to bring it in the notice of all women employees working under your control.

Encl: As above

Yours faithfully,


25/10/18
Assistant Registrar (Estt.)
for Registrar

CC:-

1. Above committee members.
2. Director UCIC with the request to upload Performa for CCL on website of University.
3. Deputy Registrar (Faculty), Guru Jambheshwar University of Science & Technology, Hisar.
4. Joint Director (Audit), Guru Jambheshwar University of Science & Technology, Hisar.
5. EN-M/EN-II/EN-III sets (Internal).



**GURU JAMBHESHWAR UNIVERSITY OF SCIENCE &
TECHNOLOGY, HISAR**
(Established by State Legislature Act 17 of 1995)
'A' GRADE NAAC Accredited

PERFORMA FOR CHILD CARE LEAVE

I _____ D/o Sh. _____ W/o Sh. _____
working as _____ on regular/on probation basis in Guru Jambheshwar University of
Science & Technology, Hisar and at present working in _____ Dept./Branch, do hereby
undertake and certify as under:-

1. That I have following child/children:

| Sr. No | Name of Child | D.O.B | Age |
|--------|---------------|-------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

2. I am applying Child Care Leave for one of my two eldest children below the age of 18 years not for third one.
3. Child Care Leave applied w.e.f. _____ to _____ or _____ months.
4. CCL applied for first eldest child/second eldest child _____ (attach date of birth certificate).
5. Purpose of Leave (attach Medical, if on Medical grounds).
6. That if at any stage either of the contents given above found incorrect/false, I shall be fully responsible for potential action.

Signature of Applicant

Designation _____

Dept./Office _____

Dated: _____

I _____ being the Head of Dept./Principal/Branch Office recommend the Child Care Leave to Mrs _____, designation _____ of my office and also assured that in her absence office work will not suffer and I will also not demand for any substitute during her leave period and her work will also be adjusted by the office.

Countersigned by
Head of the Dept./Principal/
Chairman/Director/Branch Office

Forwarded for further necessary action to
Asstt. Registrar (Estt.)/ Deputy Registrar (Estt.)