

Office of the  
**Birbhum District Primary School Council**

Vidyasagar Bhaban  
Suri, Birbhum



Ph.No.- +91 3462 255596/256427  
Fax- +91 3462 259032  
Email- [birbhumpsc@gmail.com](mailto:birbhumpsc@gmail.com)  
[dpscbirbhum@gmail.com](mailto:dpscbirbhum@gmail.com)  
Website- [www.birbhum.gov.in/DPSC/index.htm](http://www.birbhum.gov.in/DPSC/index.htm)

Memo No.- BDPSC/GEN/1099(32)/2017

Date- 11-08-2017


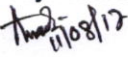
From ,  
**The Chairman**

To,  
**The Sub- Inspector of Schools**  
**All Circles , Birbhum**  
**Sub :- Regarding CCL**

This is to inform you that a revised format (enclosed herewith) for application of CCL has been introduced by replacing the former one. You are, therefore, directed to send the proposal for CCL henceforth in the revised format following the instruction as laid-down in the guideline issued by this Council vide memo no. BDPSC/GEN/891(32)/2017 dated 21/07/2017 strictly at least one month ahead of the date of leave.

If the proposal for CCL is not forwarded in the revised format and submitted to this office from your end at least one month ahead of the date of leave, CCL of the concerned teacher will not be approved.

This matter is to be taken seriously.

  
**Dr. Raja Ghosh**  


Encl: AS stated above.

**Birbhum District Primary School Council**  
**Suri, Birbhum**

**Application Format for Child Care Leave (CCL)**

(w.e.f 01/09/2015 as per memo no. 862-1/42-sc/p dated 11/09/2015 of D.S.E. Govt. of West Bengal)

- 1) Name of teacher..... Designation.....
- 2) Name of Institution & Address.....
- 3) DISE Code....., Name of Circle.....
- 4) Date of Appointment.....
- 5) No. of students of the Institution.....
- 6) No of Teachers including the applicant.....
- 7) Is any Teacher of the Institution on leave (Except Casual Leave) ? (YES/NO).....
- 8) If yes, then furnish the details.

Name of the Teacher	Nature of Leave (CCL/ Commuted/ Medical/Maternity etc.)	Duration of Leave		Expected date of joining after leave
		From	To	

9) Particulars of leave:-

Total no of CCL enjoyed prior to this proposal			Balance of CCL at credit on the date of application	No.of days applied for CCL	Purpose of leave (Enclose Supporting Documents)	Name & age of child for whom applied for CCL (Enclose birth certificate )	Mention whether the child is 1 <sup>st</sup> or 2 <sup>nd</sup> off-spring.
<u>From</u>	<u>To</u>	<u>Total</u>					
				From			
				To:			
				No. of Days:			

**(Signature of the Applicant with date)**

CCL of Smt. ....is hereby submitted to the Sub- Inspector of Schools .....  
..... Circle

**(Signature of the H.T./T.I.C with date & seal)**

Verify the leave proposal and relevant documents as per Memo issued by the BDPSC vide no. BDPSC/GEN/891(32)/2017 dated 21/07/2017 and the proposal for leave is hereby recommended/ not recommended for approval.

**(Signature of the S. I. Schools with date & seal)**