

APPLICATION FOR MATERNITY LEAVE

Date:

1. EMPLOYEE CODE NO. :
2. NAME OF APPLICANT :
3. POST HELD :
4. SECTION/DIVISION :
5. INTERCOM/TELEPHONE NO. :
6. PERIOD OF LEAVE APPLIED (no. of days) :
- FROM :
- TO :
7. STATION LEAVING PERMISSION :
- FROM :
- TO :
8. REASON FOR APPLYING THIS LEAVE :
9. NO. OF LEAVES ALREADY AVAILED
 IN THE CURRENT YEAR :
10. ADDRESS DURING LEAVE PERIOD :

11. ALTERNATIVE ARRANGEMENT :

(Alternative employee details)

Signature	Signature:
Name:	Name:
Designation:	Designation:

Recommendation: YES/ NO

Checked by

HOD/ HOD- I/C

Junior Assistant

Verified by

Forwarded By

Assistant Registrar

Registrar-I/c

Approved / Not Approved

Director

**Note: Supporting Documents have to be submitted while applying (Doctor's Certificate/Medical Reports)
To be printed on Green Paper**