

**APPLICATION FOR MATERNITY LEAVE/PATERNITY LEAVE**

1. Name of applicant :
2. Post held with Pay Band & Present Basic Pay + GP :
3. Deptt./Branch/Section where working :
4. Period of leave applied for  
(Please enclose certificate date  
of confinement from doctor) :
5. Saturday/Sunday and other holidays, if any,  
proposed to be prefixed/suffixed to leave :
6. Details of such types of leave availed  
earlier and number of surviving children :
7. Expected/Due Date & delivery or  
Delivery Date as the case may be :
8. Address during leave period :
9. Telephone/Mobile No. during leave :
10. Whether approval for adoption a new child,  
if no then age & child adopted :
11. Whether any Paternity Leave allowed earlier :

Signature of Applicant  
(with date)

12. Remark/recommendations of the  
Dean/Head of the School/Branch Officer concerned

Signature (with date)  
Designation