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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

NON-TEACHING

Date: _____

Application for Maternity Leave/Paternity Leave/Child Care Leave/Child Adoption Leave/Hospital Leave

1. Name : _____
2. Designation : _____ Emp. Code: _____
3. Department/Section : _____
4. Nature of Leave : Maternity Leave* (Maximum 180 days) Paternity Leave* (Maximum 15 days) Child Care Leave (Female) (Maximum 730 days)
 Child Adoption Leave (Female) (Maximum 180 days) Child Adoption Leave (Male) (Maximum 15 days)
 Maternity Leave for miscarriage including abortion (Maximum 45 days)
 Hospital Leave – admissible to Group-C & D employees only (Leave salary equal to EL for the first 120 days, equal leave salary of HPL for the remaining period)
5. Period : From _____ To _____ Total days = _____
6. Combination of other leave : EL HPL Commuted Leave CL Vacation Other
From _____ To _____ Total days = _____
7. Prefixed/Suffixed : Prefixed: _____ Total days = _____
Suffixed: _____ Total days = _____
8. Station Leave required : From _____ To _____ Total days = _____
9. Address while on leave with mobile no. : _____

10. Alternate arrangements for Assigned duties and other Academic/Administration work:

S.No.	Name of the employee	Assigned Duties	Pending/routine work	Signature

* Enclose the proof of confinement/Birth Certificate of child.

Date: ____/____/20____

Signature of the Applicant

Forwarded Not Forwarded

Counter Signature of HoD/Section Head/Registrar/Director

11. Name of the recommending authority & designation _____

FOR ESTABLISHMENT SECTION USE ONLY

12. Application received on _____

13. Certified that the following leave is admissible to:

Prof./Dr./Mrs./Ms./Mr. _____

	Maternity Leave	Paternity Leave	Child Care Leave *	Child Adoption Leave		Maternity Leave for miscarriage including abortion***	Hospital Leave#
				Female **	Male **		
a) Leave at Credit	180	15		180	15	45	
b) Leave applied	Date	.../.../... to .../.../...	.../.../... to .../.../...	.../.../... to .../.../...	.../.../... to .../.../...	.../.../... to .../.../...	.../.../... to .../.../...
	Days						
c) Balance of Leave (a-b)	-	-		-	-	-	-
Remarks							

NOTE: A) Paternity leave can be granted during the confinement of wife for childbirth, i.e. upto 15 days before, or upto six months from the date of delivery of the child.

B) Female employee may be granted Commuted leave not exceeding 60 days without production of medical certificate with Maternity Leave, Child Adoption Leave and Child Care Leave.

* CCL shall not be granted less than 05 days & more than three spells in a calendar year and during the probation period.

** For adoption of a child below the age of one year. Not admissible, if having two surviving children.

*** Once in entire service period of female govt. employee on production of medical certificate (but not threatened abortion)

Entitled to the Group-C & D employees only whose duties involve the handling of dangerous machinery, explosive materials, poisonous drugs and the like, or the performance of hazardous tasks. Hospital leave shall be granted on the production of medical certificate only.

Data entered and recorded
in service book

Checked & verified

Recommended Not recommended

Junior Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Estt.)

Approved Not Approved

Registrar/Director

To,
Establishment Section

JOINING REPORT

To,
The Director
National Institute of Technology, Uttarakhand
Srinagar (Garhwal), Uttarakhand

Sir,

On expiry of my Maternity Leave Paternity Leave Child Care Leave (Female)
 Child Adoption Leave* (Female) Child Adoption Leave* (Male) Maternity Leave for
miscarriage including abortion** Hospital Leave** of _____ days with _____ Prefixed/Suffixed
days, I report for duty with effect from _____ forenoon.

* **Submit Child adoption certificate from the Authorities.**

** **Submit medical certificate from the Authorities.**

Yours faithfully,

Signature of the Applicant

Name: _____

Designation: _____

Dept./Section: _____

Forwarded to Establishment

Counter Signature of HoD/Section Head/Registrar/Director

Name: _____

Designation: _____