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**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**

Ref. No. \_\_\_\_\_

**TEACHING**

Date: \_\_\_\_\_

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

1. Name : \_\_\_\_\_
2. Designation : \_\_\_\_\_ Emp. Code: \_\_\_\_\_
3. Department : \_\_\_\_\_
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 Classes & 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/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.)**

Recommended  Not Recommended

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/Director**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_