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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Non-Teaching Staff

Date: _____

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

1. Name : _____
2. Employee Code : _____
3. Designation : _____
4. Department/Section : _____
5. 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)
6. Period : From _____ To _____ Total days = _____
7. Combination of other leave : EL HPL Commuted Leave CL Vacation Other
Enclose separate application form
From _____ To _____ Total days = _____
8. Prefixed/Suffixed : Prefixed: _____ Total days = _____
Suffixed: _____ Total days = _____
9. Station Leave required : From _____ To _____ Total days = _____
10. Address while on leave with mobile no. : _____

11. Alternate arrangements for Classes & other Academic/Administration work

S.No.	Name of the faculty/staff	Assigned Duties/Classes	Pending/routine work	Signature

Date: ____/____/20____

Signature of the Applicant

Forwarded Not Forwarded

Counter Signature of HoD/Section Head/Registrar/Director

12. 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**
					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: Paternity leave can be availed fifteen days before delivery or upto six months from date of delivery.

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

For adoption of a child below the age of one year.

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

Data entered and recorded
in service book

Checked & verified

Recommended Not recommended

Junior Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Admin)

Approved Not Approved

Registrar

To,
Establishment Section

Ref. No. _____

Date: _____

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 ** 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: _____