

jk"Vh; i kS| kfxdh I lFkku] mRrjk[k.M  
**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**

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

**Teaching Staff**

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

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

1. Name : \_\_\_\_\_
2. Employee Code : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Department : \_\_\_\_\_
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/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)

Recommended  Not Recommended

Approved  Not Approved

Registrar

Director

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/Registrar/Director**

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

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