

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
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)
 WRIL – Full pay and allowances will be granted to all employees during the entire period of hospitalization. Beyond hospitalization employee shall be paid full pay and allowances for the first 6 months and Half pay for next 12 months.
5. Period : From _____ To _____ Total days = _____
6. Combination of other leave : EL HPL Commuted Leave RH Vacation Other
From _____ To _____ Total days = _____
7. Prefixed/Suffixed : Prefixed: _____ Total days = _____
Suffixed: _____ Total days = _____
8. Station Leave required : From _____ To _____ Total days = _____
(Please submit separate station leave form after sanction of this leave to HoD/Section Head)
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***	WRIL#
				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 single female Govt. servant, the CCL shall be granted for six spells in a calendar year. LTC shall also be granted while employee is on CCL. CCL is also extended to single male parents who may include unmarried or widower or divorcee employees. CCL shall be granted at 100% of the leave salary for the first 365 days and 80% of the leave salary for the next 365 days.

** 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).

The Work Related Illness and Injury Leave (WRIL) Entitled to Government servants, who suffers illness or injury that is attributable to or aggravated in the performance of her or his official duties or in consequence of her or his official position. WRIL shall be granted on the production of medical certificate. No EL or HPL will be credited during the period that employee is on WRIL.

Data entered and recorded
in service book

Checked & verified

Recommended Not recommended

Junior Assistant (Estt.)

Superintendent (Estt.)

Asstt./Dy. Registrar (Estt.)

Recommended Not Recommended

Approved Not Approved

Dean (Faculty Welfare)

Director

To,
Asstt./Dy. Registrar (Establishment)

JOINING REPORT

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

Sir,

With reference to the Office Order No.A-_____ dated _____ and on expiry of

- 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 _____ (FN).

* **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: _____