



Application Form for Maternity Leave (Teaching)

Name:		
Designation:		
Department:		
Pay level		
Previous Leave Details (EL/HPL/Commuted Leave/CL/RH/SCL)	From	To
Period Of Leave	From	To
Date of joining duty		
Number of leaves (Sundays and Holidays,if any,proposeto be prefixed/suffixed to Leave)		
Charge hand over to		
Whether Head Quarter Leave required (if required please mention dates)	From	To
Phone no. and Address during absence		

Certified that I am having ____Nos. of children and this is/will be eldest/youngest child of mine against Maternity leave.

Note:-

1. Admissible to married/unmarried female employees during-

- (a) **Pregnancy:** 180 days from 1-9-2008. - Admissible only to employees with less than two surviving children.
- (b) **Miscarriage/Abortion (induced or otherwise):** Total of **45 days** in the entire service excluding any such leave taken prior to 16-6-1994. Admissible irrespective of number of surviving children. Application should be supported by a certificate from a Registered Medical Practitioner for NGOs and from AMA for GOs.
2. Not Admissible for 'threatened abortion'.
3. Admissible for induced abortion.
4. In the case of officials to whom the provisions of employees' State Insurance Act apply, the leave salary will be reduced by the benefitadmissible under the Act for the corresponding period.

Signature of applicant

Recommended/Non-Recommended
(Head of the Department)

Verified by

Joint Registrar

Date of Application:

Granted/ Not granted
(Director)