**National Institute of Technology Raipur**

G.E. Road, Raipur Chhattisgarh - 492010, India

**Application Form for Maternity Leave (Non-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,propose to 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-**
2. **Pregnancy:** 180 days from 1-9-2008. - Admissible only to employees with less than two surviving children.
3. **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.
4. Not Admissible for ‘threatened abortion’.
5. Admissible for induced abortion.
6. In the case of officials to whom the provisions of employees’ State Insurance Act apply, the leave salary will be reduced by the benefit admissible under the Act for the corresponding period.

**Signature of applicant** Recommended/Non-Recommended

**(Head of the Department)**

# Verified by

**Joint Registrar**

# Date of app:

application:

 Granted/ Not granted

**(Registrar)**