



AGRICULTURE UNIVERSITY, JODHPUR

Form of Application for Maternity Leave

- (1) Name of applicant :
- (2) Designation and Place of posting :
- (3) Department/Section/Office:
- (4) Pay band with grade pay :
- (5) Nature and period of leave applied :
- (6) Duration from which leave required: From.....to,total days
- (7) Sunday/holiday, if any, prefixed or suffixed :
- (8) Details of Live Child/Children :

Name	Gender	DoB
1.		
2.		

- (9) Whether medically examined by a Doctor :Yes / No
If yes, attach medical documents/report.
- (10) Expected date of delivery:
- (11) Leave availing employee's address & contact number in case applicant leaves the Head Quarters:
.....
.....

Signature of applicant with designation & date

- (12) Remarks and recommendation of controlling officer :
Name of person who will look-after the duty of the applicant:
Official forwarding No.Date:.....

Signature with designation of Controlling Officer

- (13) Comments of the Concerned Dean/Director:
.....

Signature and seal of Dean/Director

- (14) Leave Sanctioning Authority :- Sanctioned / Not Sanctioned
Date:.....

Signature :.....
Designation:.....