



**राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश**  
**NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH**  
 Near National Highway No. 16, Kondrupolu, Tadepalligudem – 534101  
 West Godavari District, Andhra Pradesh, India

**APPLICATION FOR MATERNITY/PATERNITY LEAVE**

Name of the applicant & EC No.			
Designation/Department			
Nature of Leave applied for (ML/PL)			
Period of Leave (including any Holidays)	From:	To:	No.of days:
Leave (if extended)	From:	To:	No.of days:
Alternative arrangement details			
Address during the leave			
	Pincode:	Contact No:	
Medical Certificate enclosed (Yes/No)			

Signature of the applicant with date

**For use by the Administration Section**

Certified that \_\_\_\_\_ (nature of leave) for \_\_\_\_\_ period, From \_\_\_\_\_  
 To \_\_\_\_\_ is available as per following details.

Nature of leave applied for	No.of surviving children's	Medical Certificate enclosed (Yes/No)

Dealing of the Department (Admin/Estt)

Remarks of the Head: Recommended/Not recommended

Signature of the HOD

**Sanctioned/Not Sanctioned**

Signature of the Dean(Faculty Welfare)

**For use by the Administration Section**

i) Joining Report received on \_\_\_\_\_ ii) Leave entered in the Service Book/Leave Register at page no. \_\_\_\_\_ iii) Fitness Certificate Attached (Yes/No) \_\_\_\_\_

**Verifying Officer**