

M. L. S. M. COLLEGE, DARBHANGA

(A CONSTITUENT UNIT OF L. N. MITHILA UNIVERSITY, DARBHANGA)

Website: www.mlsmcollege.ac.in, E-mail: mlsmcollege@gmail.com



Letter no.....

Dated.....

MATERNITY LEAVE APPLICATION FORM

1. Name of the Applicant: _____
2. Designation of the Applicant: _____
3. Department/Section: _____
4. Number of Days applied for leave: _____ 5. Date of Leave (From _____ To _____)
6. Expected Date of Delivery/Date of Delivery: (Kindly attached Doctor's confirmation Report) _____
7. Reason for taking leave: _____
8. Expected Date of resuming duty after leave: _____
9. Previous maternity leave details (if any): From: _____ To: _____
10. Medical Certificate Attached: ☐ Yes ☐ No
11. Medical Complication (If any): (Kindly attached Doctor's confirmation Report): _____

Full Signature of the Applicant: _____

Dated by: _____

=====FOR OFFICE USE=====

Signature of HOD: _____ Date: _____	Signature of Principal: _____ Date: _____ College Stamp with Date:
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