

APPLICABLE FOR ALL EMPLOYEES,
TEACHING AND NON-TEACHING

Form-III



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR -16C, DWARKA, NEW DELHI-110078**

APPLICATION FOR MATERNITY/ PATERNITY LEAVE

1. Name of applicant
2. Designation with pay scale
3. School/ Branch of posting
4. Period for which leave applied for - w.e.f _____ to _____ (days)
(Please enclose certificate of expected date of confinement from doctor)
5. Saturdays/Sundays/ holidays/ vacation, if any,
proposed to be prefixed/ suffixed to leave
6. Details of such types of leave availed
earlier and number of surviving children
7. Address during leave period

Signature of Applicant
(with date)

8. Remarks and/or recommendation of the
Dean/Head of the School/ Branch Officer concerned

Signature (with date)
Designation