

APPLICABLE FOR ALL EMPLOYEES,  
TEACHING AND NON-TEACHING

**Form-III**



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
KASHMERE GATE, DELHI - 110006**

**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