

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. Name of the Applicant.....

2. Designation with pay scale.....

3. Department/Office/Centre.....

4. Nature and period of leave applied for and the date from which required.....

5. Sundays and holidays, if any, proposed to be prefixed/suffixed to leave.....

6. Grounds on which leave is applied for.....

7. Date of return from 1<sup>st</sup> leave.....

8. Address during the leave period.....

9. Earned /Commuted/or any other leave (like special casual leave, half pay leave, extraordinary leave):  
(tick whichever is applicable)

- A. Date of Appointment in the IUST.....
- B. Total days earned/due till 1<sup>st</sup> January/July, 20\_\_\_\_.....
- C. Total no of days availed so far.....
- D. Winter Vacation availed so far. ....
- E. Medical Certificate by registered Medical Practitioner attached. YES / NO

10. Maternity/Paternity/Child Care leave: (tick whichever is applicable)

- A. Date of Appointment in the IUST.....
- B. Expected date of delivery:.....
- C. No of days (Child Care leave) availed so far.....

**I certify that:**

- D. The Paternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving children and is being availed during the confinement of my wife for childbirth.
- E. That the Maternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving children.
- F. The Child Care Leave to be availed/approved is for the taking care of my 1<sup>st</sup>/2<sup>nd</sup> surviving children.
- G. Medical certificate/ medical prescription attached in support. YES / NO

11. In the event of my resignation or voluntary retirement from service, I undertake to refund: -

- (i) The difference between the leave salary drawn during commuted leave and that admissible during half pay leave, which would not have been admissible had sub-rule (I) of rule 29 not been applied;
- (ii) The leave salary drawn during leave not due which would not have been admissible had sub rule (I) of rule 30 not been applied.

I certify that the information as detailed above provide by me is true and correct.

Signature of applicant (with date)

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- B. Expected date of delivery:.....
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**I certify that:**

- D. The Paternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving children and is being availed during the confinement of my wife for childbirth.
- E. That the Maternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/2<sup>nd</sup> surviving children.
- F. The Child Care Leave to be availed/approved is for the taking care of my 1<sup>st</sup>/2<sup>nd</sup> surviving children.
- G. Medical certificate/ medical prescription attached in support. **YES / NO**

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I certify that the information as detailed above provide by me is true and correct.

Signature of applicant (with date)

12. Remarks and recommendations of the Controlling Officer

Signature (with date)

Designation

13. Certificate regarding admissibility of leave:-

Certified that..... (nature of leave) for (period).... from.....to.....  
..... is admissible under rule.....of the Civil Services (Leave) Rule 1979.

Assistant Registrar/Deputy Registrar  
(Establishment)

14. Remarks and recommendations of the Registrar

15. Order of the authority competent to grant leave

A. Date of Appointment in the JUST.....  
B. Expected date of delivery.....  
C. No of days (Child Care leave) availed so far.....  
I certify that.....  
D. The Maternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/<sup>2</sup><sup>nd</sup> surviving children and is being availed during the confinement of my wife for childbirth.....  
E. That the Maternity leave to be availed/approved is for the birth of my 1<sup>st</sup>/<sup>2</sup><sup>nd</sup> surviving children.....  
F. The Child Care Leave to be availed/approved is for the taking care of my 1<sup>st</sup>/<sup>2</sup><sup>nd</sup> surviving children.....  
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