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DELHI PHARMACEUTICAL SCIENCE AND RESEARCH UNIVERSITY
(Established under Act 07 of 2008, Govt. of NCT of Delhi)
Pushp Vihar, Sect-III, M.B. Road, New Delhi-110017

APPLICATION FOR MATERNITY/ PATERNITY LEAVE

1. Name of applicant
2. Designation with pay scale
3. Department / 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)

Countersigned
(HOD/Branch Incharge with seal)