

Application for Maternity Leave

1. Name of the Applicant
2. Leave rules Applicable
3. Post held
4. Department, office and section
5. Pay a) Pay Bandb) Basic Payc) Grade Pay
6. HRA or other compensated allowance drawn on present post.....
7. Nature and Period of leave applied: **Maternity leave**, month.....days
Date from which required : from.....to
8. Sundays and holidays, if any proposed to be **prefixed** to be **suffixed** to leave
9. Ground on which leave is applied for
10. Address during leave periof
11. Date of return from last leave and the nature and the period of leave.
12. a) I undertake to refund the difference between the leave salary drawn during leave on average pay / commuted leave and that admissible during leave on average pay / half pay leave which would not have been admissible and the provision to rule 1873.
b) (ii) Rule 80, 119 (iii) of the Haryana Civil Service Rules Volume I part I not been applied in the event of my retirement from service at the end or during the currency of the leave.
c) I undertake to refund the leave salary drawn during “leave not due” which would not have been admissible, rule 80 73 c) rule, 119.
d) of Haryana Civil Service Rules, Volume 1 part I not been applied in the event of my voluntary retirement or resignation from service any time until earned half pay leave not less than the amount of leave due availed of by me.

Signature of applicant

13. Remarks and recommendations of the controlling officer.

Signature (with date)

Designation

Certificate Regarding Admissibility of leave By Accountant General in case of Gazetted

14. Certified that
applied for(Nature of leave)
For From Toperiod)
Is admissible under ruleof the
..... rules.

Signature (with date)

Designation

Affidavit

I, w/o R/o
solemnly affirm and declare as under: -

1. That I am working as in
2. That as per Govt. rules I am entitled for Maternity Leave.
3. That I am having pregnancy and my expected date of delivery is as per medical certificate no.dated issued by Civil Surgeon
4. That I have ... living child and I have not availed Maternity leave earlier/availed Maternity leave earlier during my last issue from to
5. That I shall resume my duties after completion of Maternity leave.
6. That I will abide by all the rules and regulations of the department.

Deponent

Verification: -

That the above statement is correct to the best of my knowledge and belief and nothing has been concealed therein.

Place
Dated.

Deponent

OFFICE OF THE CIVIL SURGEON

No. Medical/20..../....

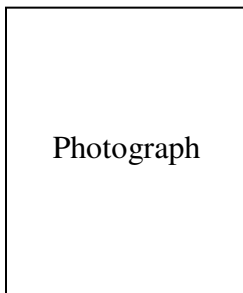
Dated

Certified that Smt, Designation, O/o, appeared on dated for Medical Examination in this office. As per report of Lady Medical Officer Civil Hospital, her expected date of delivery is

Specimen Signature of Applicant

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Civil Surgeon



Check List

- 1. Long Leave Performa**
- 2. OPD slip of LMO**
- 3. Certificate issued by Civil Surgeon**
- 4. Affidavit.**