

**INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR**

Howrah: 711-103, West Bengal, India

Application for leave: Maternity Leave/Child Care Leave for PG Students and Ph.D Scholars**To : Head of the Department /Director of School/Centre****Name of the department/School/Centre:****1** Name of the Scholar/Student:**2** Enrollment No:**3** Enrollment Date:**4** Registration No:**5** Registration Date:**6** Whether Institute Fellowship availing: (Y/N)**7**

Institute Fellowship starts on:

DD/MM/YYYY

8 Other than Institute Fellowship
(name of the Funding Agency):**9**Effective date
of Fellowship:

DD/MM/YYYY

10 Contact No:

E-mail Id:

11 Leave applied for: **Maternity Leave / Child Care Leave:****Maternity Leave***A female student is entitled to avail the maternity leave for a maximum of (180) days once during the tenure of their studentship.***12** Mention, if any other leave taken already in credit:**13** Period of leave (other than Maternity Leave) taken already in credit (in days):**14** From:

DD/MM/YYYY

To:

DD/MM/YYYY

15 Period of Maternity Leave applied (in days):**16**

From:

DD/MM/YYYY

To:

DD/MM/YYYY

Child Care Leave*A female student is entitled to avail the child care leave for a maximum of (60) days once during the tenure of their studentship.***17** Name of the child whom
Child Care Leave is
applied for:**18**Sex
(M/F):**19** D.O.B.
of child:

DD/MM/YYYY

20Period of Child Care Leave
applied (in days):**21**

From:

DD/MM/YYYY

To:

DD/MM/YYYY

Declaration*I do hereby declare that the information furnished above are true to the best of my knowledge and belief.*

DD/MM/YYYY

Date

Signature of the Scholar/Student in full

Signature of **H.O.D./In-charge** of the
sectionSignature of **1st** Supervisor in fullSignature of **2nd** Supervisor in full

Leave Approved/ Not Approved

Signature of the Dean, Academic Affairs