

KHAJA BANDANAWAZ UNIVERSITY

MATERNITY LEAVE APPLICATION

TEACHING / NON-TEACHING

Date:

I wish to apply for MATERNITY leave as per the Rules and Regulations of the Khaja Bandanawaz University, Kalaburagi.

1.	Name	
2.	Designation	
3.	Name of the Faculty	
4.	Name of the Department	
5.	Date of Appointment	
6.	Nature of Appointment	Permanent / Contractual / Adhoc
7.	Date of Joining	
8.	Date of Probation Declaration	
9.	Leave applied	From _____ To _____
10.	1 st or 2 nd Child:	
11.	If 2 nd Child submit details of earlier leave applied.	From _____ To _____
12.	Details of substitute arrangement made, with signature of the reliever. (Attach sperate sheet if needed)	
13.	Contact Address, E-mail and Mobile No. during leave period	

I affirm that the above information submitted by me is true and correct. If any information submitted above founds to be false and untrue, the University can initiate the action as per the Rules and Regulations. I assure that in case of any emergency where my physical appearance is necessary, I will attend my duties.

Mandatory Enclosures in **ORIGINAL** :

1. Medical Certificates
2. Consent Letter of Substitute Staff

Signature of Employee

Signature of Substitute Staff

Effective from : 1st April, 2025

Contd...2..

Please Note : Any alteration to this Form is liable to be rejected.

Recommendation / Remark of the Head of the Department

1. I have been informed that the above-named employee will be absent during the period stated above.
2. I am satisfied/not satisfied with the SUBSTITUTE arrangements made by the above staff.
3. Requested leave may be granted/may not be granted.

Date :

Seal & Signature of HOD

Recommendation / Remark of the Administrator (For Non-teaching staff)

1. I am satisfied / not satisfied with the remarks of the HOD.
2. Requested leave may be granted/may not be granted.

Date :

Seal & Signature of Administrator

**Recommendation / Remark of the Medical Superintendent
(For teaching and non-teaching staff)**

1. I am satisfied / not satisfied with the remarks of the HOD / Administrator
2. Requested leave may be granted/may not be granted.

Date :

Seal & Signature of Medical Superintendent

Recommendation / Remark of the Dean

1. I am satisfied / not satisfied with the remarks of the above authorities.
2. Requested leave may be granted/may not be granted.

Submitted to the Registrar, Khaja Bandanawaz University, Kalaburagi for further orders.

Date :

Seal & Signature of Dean