



GTU/Ph.D./Maternity Leave/20 /

Date:

### **Application for availing Maternity Leave**

1. Name of Research Scholar:
2. Enrollment No.:
3. Faculty/Discipline:
4. Mobile No.:
5. Registered email ID:
6. Ph.D. registration category: Full-Time / Part-Time
7. Have you completed coursework (DPC1): Yes / No  
Specify Date:     /     /     <dd/mm/yyyy>
8. Research Title:

9. Name of Supervisor (with Designation):

Institute Name & Address:

Email ID:

Mobile No.:

10. Specify the date from ..... to ..... for availing leave on account of Maternity.

(Enclose a copy of certificate issued by a registered Medical Practitioner, in this regard)

**Note:** *Maternity leave can be availed only once during the entire duration of Ph.D. Programme for a maximum of 240 days only. This period shall be over and above the allowed minimum 8 years from the date of generation of enrolment number and submitting a certificate from registered Senior Medical Officer/ Practitioner.*



11. Declaration by the Research Scholar:

I, .....<Name of the research scholar>  
will continue to deposit the due semester fee as applicable during the period under  
maternity/child care leave.

(Signature of the Research Scholar)

12. Recommendation by the Supervisor:

(Signature of the Supervisor)

---

**FOR OFFICE PURPOSE ONLY**

Remarks of the Section (if any)

Dealing Person

I/c Section

Registrar