



**Dr. Ram Manohar Lohia Institute of Medical Sciences**  
**Vibhuti Khand, Gomti Nagar, Lucknow**

**Leave Application Form for Maternity/Paternity/Miscarriage/Child Care Leave\***

Dept./Ward: \_\_\_\_\_ Ext. No.: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_ S/o /W/o: \_\_\_\_\_

2. I.D. card No.: \_\_\_\_\_ Designation: \_\_\_\_\_ Contact No.: \_\_\_\_\_

**For Maternity/Paternity/Miscarriage Leave Please fill the below fields\***

I. Name of Children living	1. _____	2. _____
II. Age of Children (years completed)	1. _____	2. _____
III. Duration of cited leave taken previously	From: _____	To: _____
IV. Leave period applied (No. of days): _____	From: _____	To: _____
V. Certificate of Doctor, attached	Yes: _____	No: _____
VI. Reliever's Name: _____	Designation: _____	Contact No.: _____

**For Child Care Leave, please fill the below fields (not less than 05 days)\***

I. Total no. of Children: _____	Age: 1. _____	Age: 2. _____
II. Name of child leave applying for: _____	Age: _____ (below 18 years)	
III. CCL taken previously in the current calendar year	From: _____	To: _____
	From: _____	To: _____
IV. Reason for leave: _____		
V. Leave period: From: _____	To: _____	Total days: _____
VI. Address during Leave: _____		
VII. Reliever's Name: _____	Designation: _____	Contact No.: _____

(Signature of Reliever)

(Signature of Applicant)

\*: Strike-off that is not applicable

**Part-II**

Remarks of HoD/Section/Ward In-charge: \_\_\_\_\_

**Recommendation of Immediate Officer**

**Recommendation of HOD/In-charge**

**Part-III**

1. Leaves in credit	Days: _____
2. Proposed leave for sanction	Days: _____
3. Balance leave after above sanction	Days: _____

(Dealing Assistant)

(Sanctioning Authority)