ACAD FORM - 05

APPLICATION FOR SANCTION OF MATERNITY LEAVE

Tirupati

Date:

From

To

The Registrar
SVIMS
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Sanction of Maternity Leave - Request – Reg.

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Name	
Course & year	
Purpose of Maternity Leave	
Leave requirement	From…………………….. To………………….. No. of days……..
Name of the Gynecologist	(Enclose certificate)

Hence, I request you to grant me maternity leave for the period mentioned above.

Thank you

Yours sincerely

Signature

//forwarded by//

Signature of HoD with Seal

<u>Note</u>:
  1. *The course period will be extended (if necessary).*