

**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.

ॐ::ॐ

Name	
Course & year	
Purpose of maternity leave	
Leave requirement	From..... To..... No. of days.....
Name of the specialist (not below the rank of civil asst. surgeon in the specialty concerned)	(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**

Note:

1. The list of investigations and their reports are to submitted (on demand) for verification and appear before the medical board of the university (if required).
2. The academic year is extended for fulfilment of 80% of requisite the attendance during the academic year (if necessary)