

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

ACADEMIC SECTION

ACAD FORM - 05

APPLICATION FOR SANCTION OF MATERNITY LEAVE

From

Tirupati

Date:

To

The Dean
SVIMS
Tirupati.

Sir / Madam,

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

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Name	
Course & year	
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

Mobile No:

//forwarded by//

Signature of HoD with Seal

Note:

1. The course period will be extended (if necessary).