

1/12/15

Ms. Jyoti S. Lahane  
Assistant Professor  
KGRDCP & RI, Karjat.

To,  
Principal  
KGRDCP & RI, Karjat.

Subject: Application for maternity leave.

Respected Sir,

With reference to above mentioned subject  
I Ms. Jyoti S. Lahane (Mrs. Jyoti Rahul Bhalerao) wants  
to apply for maternity leave from 2<sup>nd</sup> December 2015  
to 1<sup>st</sup> March 2016, as my due date is 22<sup>nd</sup> Dec. 2015.

Please sanction the same.

Yours faithfully

86/15

1/12/15

Ms. Jyoti S. Lahane.

Three months  
maternity leave granted.  
as special case.  
M/hule  
2/12/15

# KONKAN GYANPEETH

## RAHUL DHARKAR COLLEGE OF PHARMACY AND RESEARCH INSTITUTE

Vengaoon Road, Dahivali, Karjat, Dist. Raigad-410 201 (Maharashtra) India (Approved by AICTE & P.C.I. (New Delhi), D.T.E. (Govt. of Maharashtra) and Affiliated to Mumbai University)

### APPLICATION FOR LEAVE

(C.L., E.L., COMP.OFF, MEDICAL, VACATION, LWP)

Applicant Name Ms. Jyoti S. Lahane Designation: Assistant Professor - Pharmacy

Category of Leave applied: Maternity Period of leave required :- (From 2<sup>nd</sup> Dec 2015 to 1<sup>st</sup> March 2016) No. days: 3 Months

Reason of Leave: Maternity

Address during the leave period Opposite Mangal Khand stores, Anand nagar, Kalva (E), Thane - 400601 Mobile No. 9960713684

Declaration: - I have made arrangement of my assigned duties with Prof./Mr./Mrs./Ms. \_\_\_\_\_ during my absence (Give details of work adjusted on back side).

Date of joining after leave: -

Sign. of alternate with date

Sign. of Applicant with date 21/12/15

Details of leaves available: - (To be filled by applicant)

Year:-Jan. to Dec. 20\_\_

| Leave/Month   | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Balance |
|---------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|---------|
| C.L.          |      |      |       |       |     |      |      |      |      |      |      |      |         |
| E.L.          |      |      |       |       |     |      |      |      |      |      |      |      |         |
| Comp. Off     |      |      |       |       |     |      |      |      |      |      |      |      |         |
| Medical       |      |      |       |       |     |      |      |      |      |      |      |      |         |
| Vacation      |      |      |       |       |     |      |      |      |      |      |      |      |         |
| L.W.P.        |      |      |       |       |     |      |      |      |      |      |      |      |         |
| O.D. / Others |      |      |       |       |     |      |      |      |      |      |      |      |         |
| Total         |      |      |       |       |     |      |      |      |      |      |      |      |         |

Name & Sign. Of concerned clerk  
With date

Name & Sign. Of in-charge  
with date

(For Office Use Only)

Leave Sanctioned / not sanctioned. Remark:-

3 months Maternity leave

Principal

Date: 21/12/15

Notes: -

- I hereby declare that I shall resume my duties immediately after the sanctioned leave.
- I am aware that no extension of leave will be granted to me and if leaves are extended then it will be considered as

Unauthorized leave without pay.

(P.T.O.)

