

C. L. No. 05/UHC/Admin.A/2020  
Dated: 30 th June, 2020

**ANNEXURE – ‘A’**

**MEDICAL LEAVE APPLICATION**

1	Name of the Employee	
2	Leave Rule applicable	
3	Designation	
4	Date of appointment in Service	
5	Period for which medical leave is being applied	

Dated:

Signature of Applicant

**ANNEXURE – ‘B’**

**MEDICAL CERTIFICATE FOR LEAVE**  
**Subsidiary Rule -89**

Name : -----  
Appointment held : -----  
Age : -----  
Total Service : -----  
Previous period of  
leave of absence on  
medical certificates : -----  
Disease : -----  
History : -----  
Signature of  
employee :  
concerned

-----after careful and personal examination of the case hereby certify that  
Shri/Smt./Kumari is in bad state of health and I solemnly and sincerely declare that according to the  
best of my judgement, aperiod of absence from duty is essentially necessary for the recovery of  
his/herhealth and recommended that he/she may be granted leave for  
.....with effect from.....

Date: \_\_\_\_\_ Medical Officer/Authorised Medical Attendant

Countersignature

CMO OR CMS/PMS of Government Hospital

**FITNESS CERTIFICATE FOR LEAVE**  
**Subsidiary Rule -43 (a)**

I.....Medical Officer/Authorised Medical Attendant at do hereby certify that I have carefully examined of the.....department and find thathe/she has recovered from his/her illness and now fit to resume duties in Government service w.e.f. ....I also certify that before arriving at this decision, I examined the original medical certificate and statement of the case on which leave was granted and have taken these into consideration in arriving my decision.

Date:

Medical Officer/Authorised Medical Attendant

Countersignature

CMO OR CMS/PMS of Government Hospital

**ANNEXURE – ‘D’**

**MATERNITY LEAVE APPLICATION**

1	Name of the Judicial Officer	
2	Designation	
3	Date of appointment in Service	
4	Duration for which maternity leave is being applied	
5	Whether applying for maternity leave for the first time/second time.	
6	Nos. of surviving children before present maternity leave application.	
7	Has 2 years time elapsed from the end of last maternity leave (if availed)	
8	Date of Birth/Expected date of Birth of child	

Dated:

Signature of Applicant

Dated: 30 th June, 2020

**ANNEXURE – ‘E’**

**MATERNITY LEAVE CERTIFICATE**

1. Name :-----
2. Designation :-----
3. Age :-----
4. Total Service :-----
5. Previous period of maternity leave :-----
6. Disease/Reason :-----
7. History :-----

I.....at.....  
.....after careful and personal examination of the case hereby  
certify that Ms.....has given birth to amale/female child  
on...../Or expected date of delivery of Ms.....is.....Hence, I  
solemnly and sincerely declare that a period of absence from duty is essential necessary recovery of  
her health and recommend that she may be granted maternity leave as per rules with effect  
from.....

Date:

Medical Officer/Authorised Medical Attendant

Countersignature

CMO OR CMS/PMS of Government Hospital

Dated: 30 th June, 2020

**ANNEXURE – ‘F’**

**CHILD CARE LEAVE APPLICATION**

1	Name of the Judicial Officer	
2	Designation	
3	Date of appointment in Service	
4	Has probation been completed	
5	Name of the child for whom child care leave is being applied	
6	Date of Birth of child	
7	Date on which child will be attaining age of 18 years	
8	Is the child among the two eldest children	
9	Duration for which child care leave is being applied	
10	Reason for child care leave	
11	Has the applicant previously availed child care leave in current calendar year (if yes, mention detail)	
12	Total child care leave availed till date (out of total 730)	

Dated:

Signature of Applicant

C. L. No. 05/UHC/Admin.A/2020  
Dated: 30 th June, 2020

PATERNITY LEAVE APPLICATION

1	Name of the Judicial Officer	
2	Designation	
3	Date of appointment in Service	
4	Duration for which paternity leave is being applied	
5	No. of surviving children before present paternity leave application.	
6	Date of Birth of child /Expected date of delivery of applicant's wife	
7	Duration of previous paternity leave (if availed)	
8	Detail of enclosed document as proof of child birth/expected date of delivery of applicant's wife	

Dated:

Signature of Applicant