

CHANDIGARH ADMINISTRATION
POLICE DEPARTMENT

APPLICATION FOR MATERNITY LEAVE

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|----|---|--|
| 1. | Rank, Name & No. | |
| 2. | Place of Posting | |
| 3. | Expected date of Delivery/ Date of Delivery | |
| 4. | No. of already surviving Children | |
| 5. | Date of birth of surviving Children | (1)DOB _____ (2)DOB _____ (3)DOB _____ |
| 6. | Period of leave required | From _____ to _____ |
| 7. | Address while on leave with mobile No. | |
| 8. | Whether facing Criminal Case or Departmental Enquiry | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Certified that the above information is correct. A self attested copy of Medical Card is attached.

Signature of Applicant

Forwarded & recommended

Inspector/i/c Unit/SHO

Forwarded & recommended

GO/Dy SP/.....

Dy Director(Admn)