



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड  
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND  
(An Institute of National Importance under MoE, Govt of India)  
Chumukedima, Nagaland-797 103

**APPLICATION FOR MATERNITY/ COMMUTED LEAVE**

1. NAME OF EMPLOYEE :
2. DESIGNATION :
3. DEPARTMENT :
4. PERIOD OF LEAVE APPLIED (No. of days) :
- FROM :
- TO :
5. STATION LEAVING PERMISSION :
- FROM :
- TO :
8. REASON FOR APPLYING THIS LEAVE :
9. NO. OF LEAVES ALREADY AVAILED  
IN THE CURRENT YEAR :
10. ADDRESS DURING LEAVE PERIOD :
11. ALTERNATIVE ARRANGEMENT :

(Alternative employee details)

Signature

Name:

Designation:

Signature:

Name:

Designation:

(Signature of Employee with date)

Superintendent (Admin)/Dealing Assistant (Admin)

Head of Department/Reporting Officer

Director/Registrar

**Note: Supporting Documents have to be submitted while applying (Doctor's Certificate/  
Medical Reports)**