



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
Chumukedima, Dimapur
Nagaland-797 103

PATERNITY LEAVE APPLICATION FORM

Form - 22

1. APPLICANT DETAILS:

Name of the employee: _____

Employee ID No.: _____

Designation: _____

Department: _____

Present Position/ Pay Scale: _____

Home Address: _____

Contact Telephone No: _____

I would like my Paternity Leave to start on: _____ and end on: _____

2. DECLARATION

2A. To be completed by the Applicant

I declare that I am the child`s biological/ adopted father, I have responsibility for the child`s upbringing; and I will take the time off to provide support to the mother and assist in caring for the child.

Signature: _____

Date: _____

2B. To be completed by the Spouse/ Mother

Surname: _____ First Name: _____

Telephone No: _____

Home Address: _____

I declare that Mr. _____ as stated in Section 2A above is the father of my unborn child/ adopted child. *(Please attach a copy of the Expected/Actual Date of Confinement Certificate/Final Adoption Letter)*

Signature: _____

Date: _____

3. FOR OFFICIAL USE ONLY

Superintendent (Admn)/ Dealing Assistant (Admn)

Head of Department/ Reporting officer

Director/ Registrar