



ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No: OUTR-PhD-47/26.f

APPLICATION FOR LEAVE (MATERNITY / CHILD CARE)

Name of the Ph.D. student	
Name of the School/ Department	
Enrollment No. & Date	
Regd. No.& Date:	
Reasons for seeking leave (Give details)	
Present status of Research	
Period of leave	From: _____ to : _____
Leave already availed during the year	
Address during the leave with phone number	

N.B. The prescription of Medical Officer in support of the leave is to be attached.

I understand that this leave does not entitle me to extra classes, alternative examination or credit for class tests/ home assignments.

Date:

Signature of Ph.D. Student

Recommendation of DRC/ Supervisor

Recommended/ Not Recommended for sanction of Maternity/ Child Care leave from _____ to _____ as proposed above.

Date:

Signature of Chairperson DRC/ Supervisor

Recommendation of HOS/ HOD

Recommended/ Not Recommended for sanction of Maternity/ Child Care leave from _____ to _____ as proposed above.

Date:

Signature of HOS/ HOD

Approval of VICE CHANCELLOR, OUTR

Approved / Not Approved