



Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING

AQAR (2022-2023)



CRITERION 6 – Governance, Leadership and Management

Key Indicator 6.3– Faculty Empowerment Strategies

Metric No. 6.3.1 The Institution has effective welfare measures for teaching and non- teaching staff

SUBMITTED TO



National Assessment and Accreditation Council

**MATERNITY LEAVE FOR
FEMALE EMPLOYEES**



AMALA INSTITUTE OF MEDICAL SCIENCES, THRISSUR

APPLICATION FOR LEAVE (TS)

Name : CHANLIN CHACKO
 Designation : ASSO. PROFESSOR
 Department : Gk. Amala College of Nursing
 Date of joining : 01-02-2011

Type of leave	From	To	No. of days
Casual leave			
Annual leave			
Compensatory leave			
Other leave (ML/LWA)	29/4/23	28/7/23	3 months

Purpose of leave : After delivery
 Prefix / suffix if any (with date) :
 Whether permitted to leave head quarters :
 If leaving head quarters furnish outstation address (with Phone No.) :
 Substitute arrangement during leave period (with name and signature of the substitute) :
 Remarks, if any :

Date: 22/04/2023

Signature of applicant

Recommended and forwarded:

Signature of HOD/in-charge, with Date:

Name of HOD/in-charge :

Recommended 3 month LOP
 HR manager

OFFICE USE

Dr./Mr./Ms. has been sanctioned / not sanctioned days leave w.e.f. to



PRINCIPAL

Asst Director

ACADEMIC CO-ORDINATOR

Prof. Dr. RAJEE REGHUNATH
 PRINCIPAL

AMALA COLLEGE OF NURSING
 AMALA NAGAR P.O., THRISSUR-680 555
 DIRECTOR



AMALA INSTITUTE OF MEDICAL SCIENCES

(An undertaking of Amala Cancer Hospital Society)
(NABH Accredited and ISO 9001:2015 Certified)

Amala Nagar, Thrissur - 680 555, Kerala, Ph: 0487-2304000



MATERNITY LEAVE APPLICATION FORM

Name of Staff : CHANLIN CHACKO Department : Amala College of Nursing
Name of Husband : VIBIN C. SAKARIYA Designation : Asso. Professor
Contact Number: 1) 9445086182 2) 9447525080

(To be filled by Gynaecologist)

Name of Gynaecologist : Dr. Anoj. Kattookaran

Gravida: 3 Parity: 3 Abortions: ☐ Living: 2
LMP (DD/MM/YYYY): 09/05/2022 EDC (DD/MM/YYYY): 13/02/2023
Leave required from: 07/02/2023 Upto (DD/MM/YYYY): 09/08/2023

Signature of Gynaecologist with seal
Dr. ANOJ KATTOOKARAN
Professor & HOD Reg. No: 23409
Department of Obstetrics & Gynaecology
Amala Institute of Medical Sciences
Thrissur - 680 555

Note:

1. Please attach Ultrasound Report with application form.
2. Please submit copy of Birth Certificate of new born child within 60 days of delivery to HR Department.
3. Staff / Close relatives to update HR Dept. regarding any complications including death of Staff / New board child, during Delivery/Maternity leave period.
4. Salary during maternity leave will be withheld, in case above information is not provided in time.

Declaration

☒ I hereby declare that the details furnished above are true & correct and I undertake that I will not work in any establishment during the period for which I receive maternity benefit from the organization.

Date: 03/02/2023

Employee signature: Chanlin

In-charge

HOD/CNO

HR Manager

Joint Director / Associate Director

Director

AIMS/HRM02/HR-33



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
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Rev: 01 (16-08-2019) AIMS(PD)-UGN