

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

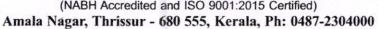
APPLICATION FOR LEAVE (TS)

Name :	CHANLIN C	HACKO		
	ASSO. PROFES	SOR		
Department :	Str. Agnala	Lollege of Nurs	ing.	
Date of joining :	01-02-2011	8	U	
Type of leave	From	То	No.of days	
Casual leave		8/4		
Annual leave				
Compensatory leave				
Other leave (ML/LWA)	29/4 23	28 2 23	3 months.	
Purpose of leave	:	After delivery		
Prefix / suffix if any (with date)	:	0		
Whether permitted to leave head	quarters :	•		
If leaving head quarters furnish or				
address (with Phone No.)				
Substitute arrangement during lea	we period			
(with name and signature of the sa				
	uostitute) :			
Remarks, if any	:			
Date: 22 04 2023		-Chambie -		
	•••	S	ignature of applicant	
Recommended and forwarded:	Signatur	e of HOD/in-charge, with	th Date:	
P 11 9	fully Name of	HOD/in-charge:		
Reumilet J. 3 month LOP HRM	margue			
3 mmm - MAIN	OFFICE US	E		
Dr./Mr./Ms				
			has been	
sanctioned / not sanctioned	EGE OF NU	leave w.e.f	to	
	Sal Sal	0		
10	1	190"	00	
g. X CM	THE SE	Prof. Dr. RAJEE R	EGHUNATH	
PRINCIPAL AST DURCE	ACADEMIC CO-ORI	PRINCIP AMALA COLLEGE (DINATMARA NAGAR P.O., TH	FNURSINGRECTOR	
		- Thiering, In	MISSUM-640 555	



AMALA INSTITUTE OF MEDICAL SCIENCES

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





MATERNITY LEAVE APPLICATION FORM

Name of Staff : CHANLIN CHACK	O Department: Amala College of Nurs			
Name of Husband : VIBIN C . SAKARI	MA Designation: ASSO. Professoz.			
Contact Number: 1) 9495086182	2) 9447525080			
(To be filled by Gynaecologist)				
Name of Gynaecologist : Dr. Ano. Ko	ttookaan.			
Gravida: 2 Parity: 3 Abortion	ns: Living: 2			
LMP (DD/MM/YYYY): 09052022	EDC (DD/MM/YYYY): 130222022			
Leave required from: 0 7 0 2 2 0 2 3 (DD/MM/YYYY)	Upto (DD/MM/YYYY): 09 08 2023			
	Signature of Gynderologist with seal			
Note:	Professor & HOU has Cynaecology			
1. Please attach Ultrasound Report with application	A ====================================			
2. Please submit copy of Birth Certificate of new born child within 60 days of delivery to HR Department.				
Staff / Close relatives to update HR Dept. regard board child, during Delivery/Maternity leave period	ing any complications including death of Staff / New			
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 a in any establishment during the period for which I rec	are true & correct and I undertake that I will not work eive maternity benefit from the organization.			
Date 03 02 2023	Employee signature than his			
In charge HOD/CN	9			
Thursday Hob/CN	HR Manager			
Joint Director / Associate Diffector	this dostab			
AIMS/HRM02/HR-33	Director Rev. 01 (16.08.2010) wire and the second of the			
	RINCIPAL Rev: 01 (16-08-2019) AIMS(PD)-UGN			

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