

List of Beneficiaries for
Maternal Leave
(2018-2020)



GODAVARI FOUNDATIONS

GODAVARI COLLEGE OF NURSING


NH 6, BHUSAWAL ROAD, JALGAON KHURD, JALGAON,
MAHARASHTRA 425309

Maternal Leave Benefit

S.N	List Of Beneficiaries For Maternal Leave Benefit	Date	Duration
1	Mrs. Ashwini K Vaidya	01/08/2018 to 31/10/2018	90 Days
2	Mrs. Manorama Kashyap	1/7/2018 to 30/09/2018	90 Days
3	Mrs. Jacinth Dhaya C.H	13/11/2019 to 12/2/2020	90 Days



ATTESTED


Principal
Gadavari College of Nursing
JALGAON

GODAVARI COLLEGE OF NURSING JALGAON

EMPLOYEE LEAVE FORM

Date of Application: 12/11/2019

Department: CHN

I, Mrs. Jyoti Chavan, working as PWS: Prof. in Godavari college of nursing wish to apply for leave from 13/11/2019 To 12/12/2019. With following reason: Maternity leave.

Address During Leave Period:

3-10/9, Thangarajan Nagar,
Kalyanpur,
Kamalkumar, Tanulnagar

LEAVE REQUEST

TYPE OF LEAVE	Please Tick	Total Allotted	Taken Till date	Applied this time	Remaining
Casual Leave					
Sick Leave					
Maternity Unpaid	✓	90	-	90	
Other					

Departmental and Clinical Responsibility Handed over To:

Sr.No	Department	Name of the Teacher	Signature with Date
1.	H.P.B.B.SL (N)	Mrs. Hemangi	

Applicant's Signature

Date

FOR OFFICIAL USE

Approved ✓	Rejected
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Signature of Administrative officer:



Signature of Principal
PRINCIPAL
GODAVARI COLLEGE OF NURSING
JALGAON

GODAVARI COLLEGE OF NURSING JALGAON

EMPLOYEE LEAVE FORM

Date of Application: 27/05/2018

Department: Psychiatric Nursing

I, Ashwini K. Naikya working as Asst professor in Godavari college of nursing wish to apply for leave from 1/8/2018 To 31/10/2018 With following reason..... maternity

Address During Leave Period:

Siddharth Nagar ward No. 5 Near
power house wardha - 442001

LEAVE REQUEST

TYPE OF LEAVE	Please Tick	Total Allotted	Taken Till date	Applied this time	Remaining
Casual Leave					
Sick Leave					
Maternity	✓	3 months	—	3 months	—
Unpaid					
Other					

Departmental and Clinical Responsibility Handed over To:

Sr.No	Department	Name of the Teacher	Signature with Date
1.	MSc Nsg II	ms. prikt Naikya	

Ashwini K. Naikya
27/05/2018
Applicant's Signature

Date

FOR OFFICIAL USE

Approved ✓	Rejected
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Signature of Administrative officer:

[Handwritten Signature]



Signature of Principal

[Handwritten Signature]
PRINCIPAL
GODAVARI COLLEGE OF NURSING
JALGAON

GODAVARI COLLEGE OF NURSING JALGAON

EMPLOYEE LEAVE FORM

Date of Application: 30/6/2018

Department:

Ms. Manuama : k working as Asst. Prof. in Godavari college of nursing wish to apply for leave from 1/7/2018 To 30/9/2018 With following reason Malismita

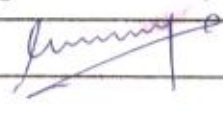
Address During Leave Period:

DVPMCH campus

LEAVE REQUEST

TYPE OF LEAVE	Please Tick	Total Allotted	Taken Till date	Applied this time	Remaining
Casual Leave					
Sick Leave					
Maternity	✓	90	—	90	—
Unpaid					
Other					


Departmental and Clinical Responsibility Handed over To:

Sr.No	Department	Name of the Teacher	Signature with Date
1.	P.B.B. & C (W)	Ms. Sumaiya S	



Applicant's Signature

Date 30/6/2018

FOR OFFICIAL USE

Approved 	Rejected
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Signature of Administrative officer:





Signature of Principal


PRINCIPAL
GODAVARI COLLEGE OF NURSING
JALGAON