



SOUTHERN RAILWAY

SALEM DIVISION

MATERNITY / PATERNITY LEAVE APPLICATION

1. Name :
2. PF No. :
3. Designation/ Station :
4. Number of surviving children With Name, age on the date of Application
5. ML / PL applied for : From to

DECLARATION BY THE EMPLOYEE

I hereby declare that I am having one / two child on the date of my ML/PL application. I am aware if my statement proved to be false, I am liable for DAR action.

Enc: Birth Certificate / Medical Certificate

Signature of the employee

Forwarded to DPO/SA. The details furnished by the employee is verified and found correct

Station:

Date:

Signature of the Supervisory official