ශ්‍රී ලංකා විවෘත විශ්වවිද්‍යාලය

இலங்கை திறந்த பல்கலைக்கழகம்

THE OPEN UNIVERSITY OF SRI LANKA

ප්‍රසූති නිවාඩු සඳහා ඉල්ලුම් පත්‍රය/ மகப்பேற்று விடுப்பிற்கான விண்ணப்பம்

APPLICATION FOR MATERNITY LEAVE

(To be submitted to the Non-academic Establishment
through Head of the Department)

1. නම / பெயர் / Name :.....
   (පත්වීම් ලිපියේ දී ඇති පරිදි හෝ පසුව කරන ලද සංශෝධන අනුව)
   (நியமனக் கடிதத்தில் குறிப்பிடப்பட்டவாறு அல்லது பின்னர் திருத்தப்பட்டவாறு)
   (Please give name as in the letter of appointment or as amended subsequently)

2. තනතුර / பதவி / Designation :.....

   2.1 **ස්ථීර/ තාවකාලික/ අනියම් ද යන වග**
   நிரந்தரம்/ தற்காலிகம் /அமையம் .....
   Whether permanent/temporary/casual

3. දැනට දරණ තනතුරට පත්වූ දිනය
   தற்போதைய பதவியின் நியமன திகதி .....
   Date of Appointment to the present post

4. මුල් පත්වීමේ දිනය / முதல் நியமன திகதி /Date of first appointment : .....

5. සේවය කරන අධ්‍යයන අංශය/ අංශය
   கடமை புரியும் கல்வித்துறை/ துறை .....
   Academic Division/Division

6. පෞද්ගලික ලිපිනය .....
   தனிப்பட்ட முகவரி .....
   Private Address .....

7. දරුවාගේ උපන් දිනය / குழந்தை பிறந்த திகதி / Date of Birth of Child : .....

8. **ප්‍රසූති නිවාඩු පිළිබඳ වෛද්‍ය සහතිකයේ විස්තර**
   பிரசவ விடுப்பு தொடர்பான மருத்துவச் சான்றிதழ் விபரம்
   Details of Medical Certificate recommending maternity leave

   8.1 රෝහලේ/වෛද්‍ය මධ්‍යස්ථානයේ/වෛද්‍යවරයාගේ/ නම
   வைத்தியசாலையின் / நிலையத்தின் /அலுவலரின் பெயர் .....
   Name of Hospital / Medical Centre / Medical Officer

   8.2 වෛද්‍ය සහතිකයේ දිනය සහ අංකය
   மருத்துவசான்றிதழின் இலக்கமும் திகதியும் .....
   No. & date of Medical Certificate

අදාළ වෛද්‍ය සහතිකයේ මුල් පිටපත මෙයට අමුණා ඇත. තවද, ම විසින් සපයන ලද ඉහත සඳහන් තොරතුරු සත්‍ය හා නිවැරදි බව මෙයින් සහතික කරමි.
மருத்துவச் சான்றிதழின் மூலப்பிரதி இத்துடன் இணைக்கப்பட்டுள்ளது. மேலும் என்னால் மேலே சமர்ப்பிக்கப்பட்டுள்ள தகவல்கள் யாவும் சரியானதும் உண்மையானதும் என உறுதிப்படுத்துகின்றேன்.

I attach hereto the original of the Medical Certificate. I certify that the information furnished by me above are true and correct.

.....
දිනය
திகதி
Date

.....
ඉල්ලුම්කරුගේ අත්සන
விண்ணப்பதாரியின் கையொப்பம்
Signature of Applicant

Assistant Registrar,

Non-academic Establishment,

Recommended / Not recommended to grant maternity leave to Mrs…….. w.e.f. ……..……..

…….. ……..

Head of the Department / Division Dean of the Faculty

Date : Date :

Official Seal : Official Seal :

Vice Chancellor / Registrar,

Recommended to grant 84 working days maternity leave from …….. to …….. to Mrs…….. as per the University Grants Commission circular No. 10/2013 dated 02.09.2013.

…….. ……..

Leave Clerk Assistant Registrar,

Non-academic Establishment Non-academic Establishment

Date : Date :

Assistant Registrar

Non-academic Establishment,

Recommended / Approved to grant 84 working days maternity leave as above.

……..

Registrar

Date :

Approved to grant 84 working days maternity leave as above.

……..

Vice Chancellor

Date :