**Form No: AA-1**

**Indian Institute of Technology Indore**

Application Form for Maternity Leave (ML) for Female Students

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category of Admission:\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline/Center/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration for which ML is sought: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prefix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address during the ML: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Option for Scholarship during maternity leave *(choose only one)***

**Option 1:** No scholarship during ML and full scholarship beyond the maximum scholarship time period\* for the duration of ML @ scholarship applicable during ML.

**Option 2:** 25% of the applicable scholarship rate during ML and 75% of the scholarship for the duration beyond the maximum scholarship time period\* for the duration of ML @ scholarship applicable during ML.

**Option 3:** Full scholarship during ML and no scholarship beyond the maximum scholarship time period\* (only for those female students who are only earning member for their dependents. Income proof of husband/dependents must be enclosed with the application form).

In case a female student completes her PhD/MTech/MS(Research) program within the applicable maximum scholarship duration\* even after availing ML then the scholarship not paid because of choosing option 1 and option 2 can be released after submission of her PhD/MTech/MS(Research) thesis.

***\* four years for PhD and 2 years for MTech/MS(Research) program from the date of joining the respective program or date of thesis submission whichever earlier.***

**Number of relevant supporting documents attached:**

Signature of the student with date

**Recommendation of the thesis supervisor (s):**

Signature with date

**Recommendation of the DPGC Convener:**

Signature with date

**Recommendation of the Head:**

Signature with date

**For use by Academic Office**

**Remarks of DR/ AO, Academic Affairs:**

Signature with date

**Dean, Academic Affairs:**

Signature with date