



SANSKRITHI SCHOOL OF BUSINESS

Approved by AICTE, New Delhi. Affiliated to JNTUA, Anantapur.
Beedupalli Road, Prasanthigram, Puttaparthi, Sri Sathya Sai District – 515 134.

6.3.1 file no: 7- Maternity Leave

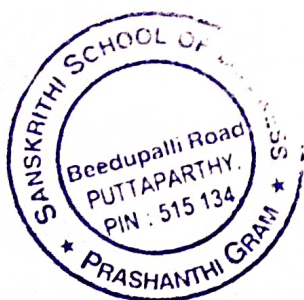
The following faculty members availed the maternity leave as per the provisions of the institution policy

| Sl.No | Name of the Faculty | Designation | Period of Leave |
|-------|-----------------------|---------------------|--|
| 1 | Mrs. D Hidayathunnisa | Assistant Professor | 07/02/2022 to 01/01/2023 (11 Months) |
| 2 | Mrs. B Aswini | Assistant Professor | 05/01/2020 to 01/01/2021 (One Year) |
| 3 | B O Prashanthi | Assistant Professor | 08/05/2020 to 28/03/2021 (11 Months) |

Dr. Bala Koteswari

PRINCIPAL

Sanskriti School of Business,
Beedupalli Road, Prasanthigram,
PUTTAPARTHI - 515134,
Ananthapuramu (Dt.) A.P.





SANSKRITHI SCHOOL OF BUSINESS

(APPROVED BY AICTE, AFFILIATED TO JNTUA, Life Membership of AIMS)
PUTTAPARTHI-515 134.

LEAVE APPLICATION FORM : CL/EL/CO/OD/PERMISSION

1. Name of the Staff : D. Hidayathunnisa.
2. Designation : Assistant Professor.
3. Department : MBA
4. Reason : Maternity leave
5. Date of Leave / Permission : 7/02/22 to 01/01/23
6. Number of Days : 11 Months

HOD

CAO

Sig. of Applicant

Alternate Arrangement (To be Retained by HOD)

Name of the Staff & Designation : D. Hidayathunnisa, Assistant Professor
Department : MBA

| Day & Date | Class | Hours | Name of the Alternate Staff | Signature of the Alternate Staff | Compensatory hours details | | |
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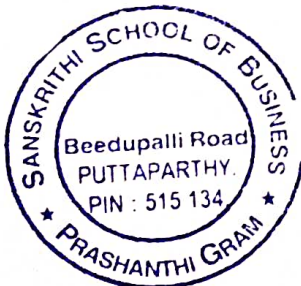
* Alternate Staff : Should handle the subject for the same Class

Signature of the Staff

CAO

Principal

Dr. Balakrishnan



PRINCIPAL

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PUTTAPARTHI-515 134.

LEAVE APPLICATION FORM : CL/EL/CO/OD/PERMISSION

1. Name of the Staff : B Aswini
2. Designation : Assistant Professor
3. Department : MBA
4. Reason : Maternity Leaves.
5. Date of Leave / Permission : 05/01/2020 to 01/01/2021
6. Number of Days : 01 Year

[Signature]
HOD 05/01/2020

CAO

B Aswini
Sig. of Applicant

Alternate Arrangement (To be Retained by HOD)

Name of the Staff & Designation :

Department :

| Day & Date | Class | Hours | Name of the Alternate Staff | Signature of the Alternate Staff | Compensatory hours details | | |
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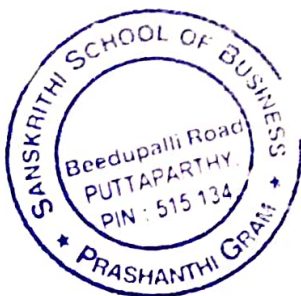
* Alternate Staff : Should handle the subject for the same Class

B Aswini
Signature of the Staff

CAO

[Signature]
Principal

Dr. Balakrishnan



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PUTTAPARTHI-515 134.

LEAVE APPLICATION FORM: CLEL/CO/OD/PERMISSION

1. Name of the Staff : B.O. Prashanthi
2. Designation : Assistant professor
3. Department : M.B.A
4. Reason : Maternity Leave.
5. Date of Leave / Permission : 08/05/2020 to 28/03/2021
6. Number of Days : 11 months

[Signature]
HOD 07/05/2020

CAO

[Signature]
Sig. of Applicant

Alternate Arrangement (To be Retained by HOD)

Name of the Staff & Designation :

Department :

| Day & Date | Class | Hours | Name of the Alternate Staff | Signature of the Alternate Staff | Compensatory hours details | | |
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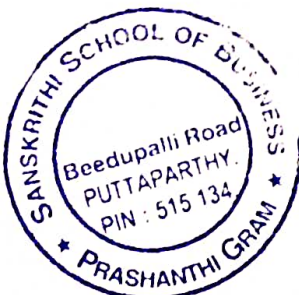
* Alternate Staff : Should handle the subject for the same Class

[Signature]
Signature of the Staff

CAO

[Signature]
Principal 7/5/2020

Dr. Balakrishna



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