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Ref No: RSST/HR/CIRCULAR/2025-26/ 3378 16-07-2025

CIRCULAR (AMENDED)

Sub: Availing of Maternity Leave by eligible Women Employee.
Ref: 1. The Maternity Benefit Act, 1961 and RSST Service Rules.
2. Circular Ref. No. RSST/HR/CIRCULAR/2025-26/1301 dated 15-05-2025.

This is with reference to the above subject on Maternity Benefit Act, 1961 and RSST Service Rules clause 66 on Maternity Leave.

To ensure smooth functioning of the Institutions the following are the guidelines to be followed to avail the Maternity Leave:

1) **Eligibility:**
a) Women Employee to avail maternity benefit should have worked in RV Educational Institution for a period of not less than 80 days in twelve months immediately preceding the date of her expected delivery.
b) The maximum period of entitlement for maternity leave shall be 26 weeks (182 days) of which not more than 8 weeks shall precede the date of expected delivery.
c) For third child onwards, they are eligible for 12 weeks of maternity leave.
d) In case of Miscarriage/Medical Termination of Pregnancy women employee is eligible for a maximum of 45 days during entire service on production of Medical Certificate.
e) If delivery happens before the expected due date, Maternity leave to be applied within a week from the date of delivery and submit the relevant documents attested by the Registered Medical Practitioner to the Institution HR.

2) **Process to Avail Maternity Leave:**
a) A Women Employee has to apply for Maternity leave by a formal written application in the prescribed format (Annexure -1).
b) The filled application along with the Medical certificate (Annexure -2) from the Registered Medical Practitioner, confirming the pregnancy and the expected date of delivery along with the copy of medical reports to be submitted to their reporting manager / designated authority, and the same will be forwarded to Hon. Secretary, RSST for Approval.
c) On Approval from the Hon. Secretary, RSST, the same must be updated in SAP-SF by the Institution HR.

d) The concerned Woman Employee is required to submit Certificate of actual delivery or miscarriage from an Authorized Medical Practitioner (Annexure-3), certifying the delivery or miscarriage with reports like Discharge summary and Fitness certificate on reporting to duty.

The earlier circular dated 15-05-2025 is superseded. This is for strict compliance.

Dr.(h.c) A.V.S Murthy
Hon. Secretary

Copy to:

1. Heads of the Institutions.
2. Registrar, RSST
3. Registrar, RV University
4. Dy. Director, IT, RVIC
5. Superintendent, RSST

RASHTREEYA SIKSHANA SAMITHI TRUST BENGALURU

Annexure -1

APPLICATION FOR SANCTION OF MATERNITY LEAVE

Institution Name :.....

Name of the Employee Employee ID Department Designation	
Date of Appointment	
Period of Maternity Leave (As per the Maternity Leave Guidelines)	From: To:
Certificate from Authorized Medical Officer (As per attached format)	
Expected Date of Delivery as per Medical Certificate	
Maternity Leave for Delivery of First/Second Child	
Mention the details of Previous Sanction if any and Employer details.	
Recommendation from the Institution.	

Signature of the Employee

Date :

Annexure -2

FORM B

MEDICAL CERTIFICATE

(Issued by an Authorised Medical Officer)

This is to Certify that I have examined Mrs.----------

w/o Sri. ---------- a women employee Emp.ID. No.----------

working in ----------(Institution) of RV Educational Institutions

since ---------- and found that she is currently in ---------- weeks

of pregnancy in respect of her First/Second child and in expected to deliver a child

around ----------(expected Date of delivery) or (Delivered a child

on----------) Mrs.---------- is advised Maternity Leave

form ---------- to ---------- as per Rules.

Signature of the Authorized Medical Officer
Seal

Name of the Doctor :
Qualifications and designation:

Annexure -3

FORM D

MEDICAL CERTIFICATE

(Issued by an Authorised Medical Officer)

This is to Certify that I have examined Mrs.----------

w/o Sri. ---------- a women employee Emp.ID. No.----------

working in ----------(Institution) of RV Educational Institutions

since ---------- (date) and found that she has been delivered of a child

on .....(date)

Signature of the Authorized Medical Officer
Seal

Name of the Doctor:
Qualifications and designation:

RASHTREEYA SIKSHANA SAMITHI TRUST BENGALURU