

**To**

The [Designation of Competent Authority],

[Name of Department / Office],

[Address]

Date: \_\_\_\_\_

Subject: Application for Extension of Maternity Leave

Respected Sir/Madam,

I, \_\_\_\_\_ [Full Name], working as \_\_\_\_\_  
[Designation] in \_\_\_\_\_ [Department/Office Name], was granted  
maternity leave from \_\_\_\_\_ [Start Date] to \_\_\_\_\_ [End  
Date] as per the sanction order dated \_\_\_\_\_ [Date].

Due to medical reasons / health complications post-delivery / the need for continued care of  
my newborn, I am unable to resume duties immediately upon completion of the sanctioned  
leave. Therefore, I respectfully request an extension of maternity leave for a further period  
of \_\_\_\_\_ [Number of Days/Weeks], i.e., from  
\_\_\_\_\_ [Start Date] to \_\_\_\_\_ [End Date], under the  
provisions of the Maternity Benefit Act, 1961 and applicable service rules.

I am enclosing the medical certificate issued by a registered medical practitioner in support  
of this request. Kindly grant approval for the extension of maternity leave and oblige.

Thanking you,

Yours faithfully,

(Signature)

[Full Name]

[Designation]

[Employee ID / PF No.]

[Department / Office Name]

[Contact Number]

[Address]

**Enclosures:**

- Copy of previous maternity leave sanction order
- Medical certificate / doctor's recommendation
- Relevant supporting documents