

# The M.P. Maternity Benefit Rules, 1965

MADHYA PRADESH

India

## The M.P. Maternity Benefit Rules, 1965

### Rule THE-M-P-MATERNITY-BENEFIT-RULES-1965 of 1965

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The M.P. Maternity Benefit Rules, 1965 Published vide Notification No. 6721-4290-16, dated 30-8-1965, M.P. Rajpatra, Part 4 (Ga) dated 20-5-1966 at page 308 In exercise of the powers conferred by Section 28 of the Maternity Benefit Act, 1961 (No. 53 of 1961), the State Government hereby makes the following rules, the same having been previously published as required in sub-section (1) of the said section, namely :-

#### 1. Short title and commencement.

- These rules may be called the Madhya Pradesh Maternity Benefit Rules, 1965.

#### 2. Definitions.

- In these rules, unless the context otherwise requires : (a) "Act" means the Maternity Benefit Act, 1961 (No. 53 of 1961); (b) "Competent Authority" means (i) in relation, to a Factory, the Chief Inspector of Factories and (ii) in relation to any other establishment, such authority as may be prescribed, by the State Government; (c) "Form" means a form appended to these rules; (d) "Muster roll" means a muster roll maintained under Rule 3; (e) "Registered Medical Practitioner" means a medical practitioner whose name has been enrolled in a register maintained under any law for the time being in force regulating the registration of practitioners of medicine; (f) "Section" means a section of the Act; (g) All other words and expressions used hereinafter but not defined herein shall have the same meaning as respectively assigned to them in the Maternity Benefit Act, 1961 (No. 53 of 1961).

#### 3. Muster roll.

(1) The employer of every establishment in which women are employed shall prepare and maintain a muster roll in Form A and shall enter the particulars of all woman workers in the establishment. (2) All entries in the muster roll shall be made in ink and maintained up-to-date and it

shall always be available for inspection by the Inspector during working hours.(3)The employer may enter in the muster roll such other particulars as may be required for any other purpose of the Act.

#### **4. Form of notice under Section 6.**

- The written notice referred to in Section 6 shall be in Form B.

#### **5. Proof.**

(1)The fact that a woman is pregnant or has been delivered of a child or has undergone miscarriage or is suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage shall be proved by the production of a certificate to that effect, from the registered medical practitioner. The certificate shall be in Form C.(2)The fact that a woman has been confined may also be proved by the production of a certified extract from a birth register maintained under the provisions of any law for the time being in force or a certificate signed by a qualified mid-wife.(3)The fact that a woman has undergone miscarriage may also be proved by the production of a certificate signed by a qualified midwife.(4)The fact of death of a woman or a child may be proved by the production of a certificate to that effect in Form D from the authority referred to in sub-rule (1) or by the production of a certified extract from a death register maintained under the provisions of any law for the time being in force.(5)For the purposes of sub-rules (2) and (3), the qualifications to be possessed by a mid-wife shall be determined by the State Government. The certificate from a qualified mid-wife shall be in Form E.

#### **6. Method and time of payment.**

(1)Payment of maternity benefit and any other amount due under the Act shall be made by the employer to the woman concerned or the person nominated by her in the notice in Form B or her legal representative, as the case may be.(2)In case of doubt, the maternity benefit or other amount due shall be paid by the employer to the Competent Authority who shall, after making necessary enquiries, pay it to the person, who in his opinion, is entitled to receive it.(3)Whenever the payment referred to in sub-rule (1) is made, a receipt shall be obtained by the employer in Form F from the person to whom the payment is made. In cases falling under sub-rule (2) a receipt shall be given to the employer by the Competent Authority.(4)The medical bonus shall be paid along with the second instalment of the maternity benefit.(5)The payment under Section 7 shall be made within two months of the date of death of the woman.(6)The wages due under Section 9 shall be paid immediately after production of the certificate in Form C or Form E.(7)The wages due under Section 10 shall be paid within 48 hours of the expiry of the period of leave referred to in that section.

#### **7. Break for nursing child.**

- Each of the two breaks mentioned in Section 11 shall be of 15 minutes duration :Provided that in case the creche or the place where children are left by women while on duty is not in the vicinity of the place of work a period upto 15 minutes more may be allowed for the purpose of journey to and

from.

## **8. Duties and powers of the Competent Authority and Inspectors.**

(1)The Competent Authority shall be responsible for the due administration of these rules throughout the territories to which they extend.(2)Every Inspector shall discharge his duties within the area assigned to him by the State Government and shall act under the supervision and control of Competent Authority.(3)Every Inspector shall at each inspection of an establishment see-(a)whether due action has been taken on every notice under Section 6;(b)whether the Muster Roll prescribed under Rule 3 is correctly maintained;(c)whether there have been any cases of discharge or dismissal or notices of discharge or dismissal in contravention of Section 12 since the last inspection;(d)whether the provisions of sub-section (1) of Section 4, sub-sections (5) and (6) of Section 6, Sections 8, 9, 10, 11, 13 and 19 have been complied with and, whether amounts due have been paid within the prescribed time;(e)whether there have been any cases of deprivation of maternity benefit or medical bonus in contravention of sub-section (2) of Section 12; and(f)how far the irregularities pointed out at previous inspections have been remedied and how far orders previously issued have been complied with.(4)An Inspector may issue orders in writing to the employer asking for the correction of all irregularities against the Act or these rules noticed by him.(5)The Inspector shall keep a file of the records of his inspection and shall indicate in a diary the work done by him.

## **9. Acts which constitute gross misconduct.**

- The following acts shall constitute gross misconduct for purposes of Section 12, namely :-(a)Wilful destruction of goods or property;(b)assault;(c)serious crime resulting in a conviction in Court of law;(d)theft, fraud, or dishonesty in connection with employer's business property; and(e)deliberate tampering with safety arrangements especially if done with intent to cause harm to the employer.

## **10. Appeal under Section 12.**

(1)An appeal under clause (b) of sub-section (2) of Section 12 shall be referred to the Competent Authority in Form G.(2)The appeal may be made in writing and either handed over personally or send under a registered cover to the Competent Authority.(3)When an appeal is received the Competent Authority shall furnish a copy of the appeal to the employer, call for his reply thereto and also ask him to produce documents connected with the issue of the appeal within a fixed date. The Competent Authority may ascertain further details if necessary from the employer as well as from the woman. On considering the facts presented to him and ascertained by him he shall give his decision. In case the employer fails to submit his reply or produce the required documents within the specified period, the Competent Authority may give his decision ex parte.

## **11. Complaint under Section 17.**

(1)A complaint under sub-section (1) of Section 17 shall be made in writing in Form H or I as the case may be.(2)When a complaint referred to in Section 17 is received by an Inspector he shall

examine the relevant records maintained by the employer in this behalf examine any person employed in the establishment and take down necessary statement for the purpose of the enquiry and if he is satisfied that the maternity benefit or the amount has been improperly withheld, he shall direct the employer to make the payment to the woman or to the person claiming the payment under Section 7, as the case may be, immediately or within a specified period.

## **12. Appeal under Section 17.**

(1)An appeal against the decision of the Inspector under sub-section (2) of Section 17 shall lie to the Competent Authority under sub-section (3) of that section.(2)The aggrieved person shall prefer an appeal in writing to the Competent Authority within the prescribed period in Form J and file other supporting documents.(3)When an appeal is received, the Competent Authority shall call upon the said Inspector to produce before him, before a fixed date, a copy of his decision and other documents concerning the decision. The Competent Authority shall, if necessary, also record the statement of the aggrieved person, and the Inspector and seek clarification if required any.(4)Taking into account the documents, the evidence produced before him and the facts presented to him or ascertained by him, the Competent Authority shall give his decision.

## **13. Supply of forms.**

- The employer shall supply to every woman employed by him at her request free of cost copies of Forms B, C, D, E, F, G, H and I.

## **14. Records.**

- Records kept under the provisions of the Act and these rules shall be preserved for a period of two years from the date of their preparation.

## **15. Abstract.**

- The abstract of the provisions of the Act and their rules required to be exhibited under Section 19 shall be in such form as the Competent Authority may approve and be exhibited in such manner as that authority may require. The Competent Authority may prepare an abstract and supply copies to an employer who makes an application for the same.

## **16. Annual returns.**

(1)The employer of every establishment shall on or before the 21st day of January in each year submit to the Competent Authority a return in each of the Forms K, L, M and giving information as to the particulars specified in respect of the preceding year.(2)If the employer of an establishment to which the Act applies sells, abandons or discontinues the working of the establishment he shall, within one month of the date of sale or abandonment or four months of the date of discontinuance, as the case may be, submit to the Competent Authority a further return in each of the said forms in

respect of the period between the end of the preceding year and the date of sale, abandonment or discontinuance. Form A [See Rule 3] Muster Roll Name of establishment.....

- 1. Serial Number.**
- 2. Name of woman and her father's (or, if married, husband's) name.**
- 3. Date of appointment.**
- 4. Nature of work.**
- 5. Dates with month and year in which she is employed, laid off and not employed.**
- 6. Date on which the woman gives notice under Section 6.**
- 7. Date of discharge/dismissal, if any.**
- 8. Date of production of proof of pregnancy under Section 6.**
- 9. Date of birth of child.**
- 10. Date of production of proof of delivery/miscarriage/death.**
- 11. Date of production of proof of illness referred to in Section 10.**
- 12. Date with the amount of maternity benefit paid in advance of expected delivery.**
- 13. Date with the amount of subsequent payment of maternity benefit.**
- 14. Date with the bonus, if paid, under Section 8.**
- 15. Date with amount of wages paid on account of leave under Section 9.**
- 16. Date with amount of wages paid on account of leave under Section 10.**
- 17. Name of the person nominated by the woman under Section 6.**

**18. If the woman dies, the date of her death, the name of the person to whom maternity benefit and/or other amount was paid, the amount thereof and the date of payment.**

**19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.**

**20. Signature of the manager of establishment authenticating the entries in the muster roll.**

**21. Remarks column for the use of the Inspector.**

(Note. - One complete page may be allotted to each woman)Form B[See Rule 4]Notice Under Section 6 of the Maternity Benefit Act, 1961(Name of Establishment)I, .....(name of woman) wife/daughter of ..... employed as .... at ..... (establishment), hereby give notice that I expect to be confined within six weeks next following from the date of this notice/have given birth to a child on .....(date). I shall not work in any establishment during the period for which receive maternity benefit.

**2. For the purpose of Section 7, I hereby nominate ..... (here enter name and address of the nominee) to receive maternity benefit and/or any other amount due to me under the Act in case of my death.**

.....

Signature of an Attestor in case the woman is not able to sign and affixes their impression.

Date.....

.....

Signature or thumb-impression of woman.

Form C[See sub-rule (1) of Rule 5 (1)]This is to certify that I examined..... wife/daughter of..... a woman employee in..... (establishment) on..... (date) and found/cannot discover, that she is pregnant and is expected to be delivered of a child within months and/days from the above mentioned date/has undergone miscarriage/has been delivered of a child on..... (date) or is suffering from..... (date) from illness arising out of pregnancy/delivery/premature birth of a child or miscarriage.Date.....Signature, qualification and designation of (Medical officer/Medical Practitioner).Definitions of 'child' and 'miscarriage' as in the Maternity Benefit Act, 1961

**1. "Child" includes a Still-Born child.**

**2. "Miscarriage" means expulsion of the contents of pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.**

Form D[See sub-rule (4) of Rule 5]This is to certify that Smt..... wife/daughter of..... employed in..... (establishment) expired on..... before/during/after confinement. The child dies on...../survives her.Date.....Signature, qualification and designation of the Medical Practitioner.

Form E[See sub-rule (5) of Rule 5]This is to certify that I examined..... wife/daughter of.....woman employed in.....(name of establishment) and found that she has been delivered of a child/has undergone miscarriage on .....(date).Date.....Signature of qualified mid-wife.Definitions of 'child' and 'miscarriage' as in the Maternity Benefit Act, 1961

**1. "Child" includes a still-Born child.**

**2. "Miscarriage" means expulsion of the contents of pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.**

Form F[See Rule 6]Form of Maternity BenefitTo.....(Name of establishment).I, ..... the undersigned, a woman employee/the nominee of..... woman employee/legal representative of..... woman employee deceased in..... (establishment) at..... in..... district received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of the establishment referred to above, as detailed below :-Rs.....being the first instalment of maternity benefit after delivery paid on.....Rs.....being the second instalment of maternity benefit after delivery paid on.....Rs.....being the medical bonus under Section 8 of the Act paid on.....Rs.....being the wages for the leave period from..... mentioned under Section 9 or 10.....\* My/her confinement/miscarriage took place on.....or I/she feels ill, because of pregnancy, delivery, premature birth of a child or miscarriage on.....In consequence I.....her nominee, or her legal representative have received the aforesaid amounts prescribed in Sections 5, 8, 9 and 10 of the Maternity Benefit Act, 1961.Date.....Signature or thumb impression of\*Woman employee or her nominee or legal representative.....Signature of an attester in case the woman is not able to sign and affixes thumb-impression.\* Strike out unnecessary portion.

Form G[See Rule 10]ToThe Competent AuthorityAppointed under the Maternity Benefit Act, 1961(Address)Sir,I, ..... the undersigned, woman employee of ..... (name of establishment and full address), having been wrongly deprived by the employer of maternity benefit or medical bonus or both (strike out unnecessary portion) for the reasons attached hereto, prefer this appeal under sub-section (2) of Section 12 of the Maternity Benefit Act, 1961 and request that the said employer be ordered to pay the above mentioned amount to me. A copy of the order of the employer in this behalf is

enclosed. Date..... Signature or thumb-impression of the woman..... Signature of an Attester in case the woman is not able to sign and affixes thumb-impression. Form H [See Rule 11] To, The Inspector, (Under the Maternity Benefit Act, 1961) Sir, \*I ..... (name of woman) employed in ..... (name and full address of establishment) having fulfilled the conditions laid down in the Maternity Benefit Act, 1961, and the rules thereunder am entitled to Rs. .... being maternity benefit and/or Rs. .... being the medical bonus and/or Rs. .... being wages for leave due under Section 9 or 10 but the same had been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me. Date..... Signature or thumb impression of the woman Full address..... \* Strike out unnecessary portion. Form I [See Rule 11] To The Inspector, (Under the Maternity Benefit Act, 1961). I ..... (name) a person nominated under Section 6 by or a legal representative of ..... (name of woman) employed in ..... (name and full address of establishment) have to complain that the said woman having fulfilled the conditions laid down in the Maternity Benefit Act, 1961 and the rules thereunder is entitled to Rs. .... being maternity benefit and or Rs. .... being the medical bonus and/or Rs. .... being wages for leave due under Section 9 or 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me. Date..... Signature or thumb-impression of the nominee/legal representative. Full address..... Form J [See Rule 12] To..... Sir, Shri..... Inspector, having directed under sub-section (2) of Section 17 of the Maternity Benefit Act, 1961 to pay the maternity benefit or other amount being..... (nature of amount) to which..... (name of woman) is said to be entitled, I prefer this appeal under sub-section (3) of the said section. In view of the facts mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that the woman is not entitled to the maternity benefit or the said amount and hence the decision of the Inspector in this behalf copy of which is enclosed, may be set-aside. Date..... Signature of aggrieved person Full Address..... Form K [See Rule 16] Annual Return for the Year Ending on the 31st December, 19..

## 1. Name of the establishment.

## 2. Situation of the Establishment:-

Mouza District State Nearest Railway Station

## 3. Date of opening of the establishment.

## 4. Date of closing, if closed.

## 5. Postal address of establishment.



**6. Name of employer.**

Postal address of employer.

**7. Name of managing agent, if any.**

Postal address of managing agent.

**8. Name of agent or representative of employer.**

Postal address of representative of employer.

**9. Name of Manager.**

Postal address of Manager.

**10. (a) Name of Medical Officer, attached to the establishment.**

(b)Qualification of Medical Officer attached to the establishment.(c)Is he resident at the establishment?(d)It a part-time employee, how often does he pay visits to the establishment?

**11. (a) Is there any hospital at the establishment?**

(b)If so, how many beds are provided for woman employees?(c)Is there a lady doctor?(d)If so, what are her qualifications?(e)Is there a qualified midwife?(f)Has any creche been provided?Date.....Signature of employer.Form L[See Rule 16]Employment, Dismissal, Payment of Bonus etc. of Woman for the Year Ending on 31st December, 19.....

**1. Establishment.**

**2. Aggregate number of women permanently or temporarily employed during the year.**

**3. Number of women who worked for a period of not less than one hundred and sixty days in the twelve months immediately preceding the date of delivery.**

**4. Number of women who gave notice under Section 6.**

- 5. Number of women who were granted permission to absent on receipt of notice of confinement.**
- 6. Number of claims for maternity benefit paid.**
- 7. Number of claims for maternity benefit rejected.**
- 8. Number of cases where pre-natal confinement and postnatal care was provided by the management free of charge (Section 8).**
- 9. Number of claims for medical bonus paid (Section 8).**
- 10. Number of claims for medical bonus rejected.**
- 11. Number of cases in which leave for miscarriage was granted.**
- 12. Number of cases in which leave for miscarriage was applied for but was rejected.**
- 13. Number of cases in which additional leave for illness under Section 10 was granted.**
- 14. Number of cases in which additional leave for illness under Section 10 was applied for but was rejected.**
- 15. Number of women who died :**  
  
(a)before delivery.(b)after delivery.
- 16. Number of cases in which payment was made to persons other than the woman concerned.**
- 17. Number of women discharged or dismissed while working.**
- 18. Number of women deprived of maternity benefit and/or medical bonus under proviso to sub-section (2) of Section 12.**

**19. Number of cases in which payment was made on the order of Competent Authority or Inspector.**

**20. Remarks.**

N.B. - Full particulars of each case and reason for the action taken under serials 7, 10, 12,14,17 and 18 should be given in the Appendix below : -Date.....Signature of employer.  
Form M[See Rule 16]Details of Payment made During the Year Ending 31st December, 19.....Name of person to whom paid Amount paid

**1. Date of payment.**

**2. Woman employees.**

**3. Nominee of the Woman**

**4. Legal representative of the woman.**

**5. Amount for period preceding date of expected delivery.**

**6. Amount for the subsequent period.**

**7. Under Section 8 of the Act.**

**8. Under Section 9 of the Act.**

**9. Under Section 10 of the Act.**

**10. Number of woman workers who absconded after receiving the first instalment of maternity benefit.**

**11. Cases where claims were contested in a Court of law.**

**12. Results of such cases.**

**13. Remarks.**

Date.....Signature of employer.  
Form N[See Rule 16]Prosecution During the Year Ending 31st December, 19.....

Remarks

Place of employment of the woman employee	Number of cases instituted	No. of cases which resulted in convicted	
(1)	(2)	(3)	(4)

N.B. - Reasons for prosecution would be given in full in the Appendix below:

-Dated.....19.....Signature of employer.