

FORM A
[See sub-rule (1) of Rule 3]
MUSTER ROLL

Name and address of establishment : **GREENPLY INDUSTRIES LIMITED , Ward-82, PS - Chetla, Kolkata**

1	Empcd			E0017	
2	Name of women and her father's (or if married husband's) name			Vijay shree, 32	
3	Date of appointment			28-02-2022	
4	Nature of work			Executive- Packaging	
5	Dates with month and year in which she is employed, laid off and not employed				
	Month	Number of days employed	Number of days laid-off	Number of days not employed	Remarks
	January	21			
	February	19			
	March				
	April				
	May				
	June				
	July				
	August				
	September				
	October				
	November				
	December				
	6	Date on which women 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/Medical Termination of pregnancy/tubectomy operation/death			Amount	Date
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 amount of bonus, if paid under section 8				
15	Date with amount of wages paid on account of leave under section 9				
16	Date with the amount of wages paid on amount of leave under section 10 and period of leave granted.				
17	Name of the person nominated by the women under section 6				
18	If the woman dies, the date of her death, the name of the person to whom the amount of maternity and/or other amount was paid, the amount thereof, and the date of payment				
19	If the women dies child survive, 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 employer of the establishment authenticating the entries in the muster roll				
21	Remarks column for the use of the Inspector				