INFORMATION TO BE FURNISHED BY THE EMPLOYEE

UNDER MATERNITY BENEFIT ACT

1.   Name:

2.   Department:

3.   Designation:

4.   Maternity Leave Type: Maternity / Miscarriage / Illness due to pregnancy.
(Strike of which is not required)

5.   Date of proceeding on Maternity Leave:

6.   Date of birth of child / Miscarriage:

7.   Date of joining back to duty   :

8.   Name of nominee & address   :
         (Please mention full address with pin code)

Signature of the employee

HR Remarks:

FORM B

[See Rule 4(1)]

This is to certify that I examined _____ wife/daughter of _____ woman employee in _____ (name of the establishment) on _____ (date) and found / cannot discover that she is pregnant and is expected to be delivered of a child within (month and / days) from the above mentioned dates / has under gone 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, Qualifications and Designation
of Medical Officer/ Medical Practitioner
(Please get the seal of the hospital / doctor)

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 a 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.

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FORM `D'
[See Rule 5(1)]

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NOTICE UNDER SECTION 6 OF THE MATERNITY BENEFIT ACT, 1961

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Manager HR
M/s. _____ *(Name of the Establishment)*

I _____ (Name of the Woman) wife/daughter of_____ employed as _____ at _____ (Name of the 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) and shall be absent from work from _____ (date) on _____. I shall not work in any establishment during the period for which I 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
Signature or thumb-
 affix thumb-impression of Woman.

Date: