**Date:**

**To be filled/signed by regd.Medical Officer/Practitioner**

**FORM 2**

**[See rule 5 (1)]**

**This is to certify that I examined ……………………………………………….. wife/daughter of**

**..….....…………………………………. A woman employed/engaged in (Name Of Company)**

**………………………………………….. Pune. On …/…/… and \* found that she is pregnant**

**And is expected to be delivered of a child within …/…/… (mention date)from the above**

**mentioned date/\*found that she is delivered of achild on …/…/… \* found that she is**

**miscarriage on …/…/… \* found that she suffering from …/…/… an illness arising out of**

**her \* pregnancy /\* delivery/\* premature birth of a child/ \* miscarriage.**

**Dr. Sanjiv S. Jadhav.**

**Signature (with seal &regn. No.), qualification and**

**Designation of Medical Officer/Medical Practitioner**

**Contact Number Details.**