

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 expected to be delivered of a child
within (month 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 pregnancy/delivery/premature birth of a
child or miscarriage.

Date:

**Signature, Qualifications 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 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.

Employee No: _____

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

NOTICE UNDER SECTION 6 OF THE MATERNITY BENEFIT ACT, 1961

Manager HR
M/s.

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) to _____. 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-impression
affix thumb-impression of woman**

Date: