**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: