**FORM B**

**[See rule 4 (1)]**

This is to certify that I examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wife / daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a woman employee in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of [[1]](#endnote-1)[mine or circus]) 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 date/has undergone miscarriage/[[2]](#endnote-2)[Medical Termination of pregnancy or tubectomy operation] 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. [[3]](#endnote-3)[Medical Termination of pregnancy or tubectomy operation]

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature, qualifications and designations

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.

**FORM C**

**(See rule 4(4))**

This to certify that Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wife / daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of [[4]](#endnote-4)[mine or circus]) expired on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before / during after confinement. The child died on \_\_\_\_\_\_\_\_\_\_\_ / survives her.

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature, qualifications and designations

Medical Officer / Medical Practitioner

**FORM D**

**(See rule 4 (5))**

This to certify that I examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wife / daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a woman employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of [[5]](#endnote-5)[mine or circus]) and found that she has been delivered of a child / has undergone miscarriage on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature of registered midwife

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 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.

**FORM E**

**(See rule 5 (1))**

**(NOTICE UNDER SECTION 6 OF THE MATERNITY BENEFIT ACT, 1961)**

To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of [[6]](#endnote-6)[mine or circus])

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of woman) wife/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of [[7]](#endnote-7)[mine or circus]) hereby given 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). I shall not work in any establishment during the period for which I received maternity benefit.

1. 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.

Date:

Signature of an Attestor in case the Signature or thumb Impression

Woman is not able to sign and affixes of woman

thumb impression

**FORM F**

**(See rule 5 (3))**

**FORM OF RECEIPT OF MATERNITY BENEFIT**

To,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of [[8]](#endnote-8)[mine or circus])

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, a woman employee/the nominee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ woman employee/legal representative of \_\_\_\_\_\_\_\_\_\_\_ woman employee deceased in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of [[9]](#endnote-9)[mine or circus]) \_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district received Maternity Benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of the [[10]](#endnote-10)[mine or circus] referred to above, below:-

Rs. ……………….. being the first instalment of maternity benefit paid on \_\_\_\_\_\_\_\_\_

Rs. ……………………. being the second instalment of maternity benefit after the delivery paid on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rs. ……………… being the medical bonus under section 8 of the Act paid on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rs. ……………… being the wages for the leave period from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ mentioned under [[11]](#endnote-11)[section 9, 9-A or 10].

\*My / her confinement / miscarriage [[12]](#endnote-12)[for medical termination of pregnancy or tubectomy operation]took place on \_\_\_\_\_ or I / She fell ill because of pregnancy, delivery, premature birth of a child or miscarriage [[13]](#endnote-13)[or medical termination of pregnancy or tubectomy operation] on \_\_\_\_\_\_\_\_\_\_\_ In consequence I \_\_\_\_\_\_\_\_\_\_\_ her nominee / legal representative have received the aforesaid amounts prescribed in [[14]](#endnote-14)[section 5, 8, 9, 9-A and 10] of the Maternity Benefit Act, 1961.

Signature or thumb impression of………………….

\*Woman employee or her nominee or legal representative

Signature of an attestor in case the woman is

not able to sign and affixes thumb impression.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Strike out unnecessary portion

**FORM G**

**(See rule 9)**

To,

The Competent Authority

Appointed under the Maternity Benefit Act, 1961

……………………………………………………………. (Address)

Sir,

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned woman employee of \_\_\_\_\_\_\_\_\_\_\_\_ (name and full address) [[15]](#endnote-15)[mine or circus] have been wrongly deprived by the employer of maternity benefit or medical bonus or both (Strike out unnecessary portion) for the reasons attached hereto, prefer this appeal under sub-section (2) of Section 12 and request that the said employer be ordered to pay the above mentioned amount to me. A copy of the order of the employer in this behalf is enclosed.

Signature or thumb impression of the woman

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of an Attestor in case the woman is

not able to sign and affixes thumb impression.

Full address of the nominee/legal representative.

**FORM H**

**(See rule 10)**

To,

The Inspector,

(Under the Maternity Benefit Act, 1961)

Sir,

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of woman) employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and full address of [[16]](#endnote-16)[mine or circus]) having fulfilled the conditions laid down in the Maternity Benefit Act, 1961, and the Rules thereunder and entitled to Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being maternity benefit and/or Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the medical bonus and /or Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being wages for leave due under section [[17]](#endnote-17)[9 or 9-A] or 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature or thumb impression of the woman

Signature of an attestor in case the woman

is unable to sign and affixes thumb impression.

Full address of the woman:

**FORM I**

**(See rule 10)**

To,

The Inspector,

(Under the Maternity Benefit Act, 1961)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) a person nominated under section 6 by or a legal representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of woman) employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name and full address of [[18]](#endnote-18)[mine or circus]) have to complain that the said woman having fulfilled the conditions laid down in the Maternity Benefit Act 1961 and the Rules thereunder is entitled to Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_ being maternity benefit and/or Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the medical bonus and /or \_\_\_\_\_\_\_\_\_\_ being wages for leave due under [[19]](#endnote-19)[section 9 or 9-A]or 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me.

Date:

Signature or thumb impression of the nominee / legal representative.

Date:

Signature of an attestor in case the nominee / legal representative

is unable to sign and affixes thumb impression.

Full address of the nominee /legal representative:

**FORM J**

**(See Rule 11)**

To

Sir,

Shri ………………………………….. Inspector, having directed under sub-section (2) of section 17 to pay the maternity benefit or other amount being ………………………….. (nature of amount) to which …………………………. (name of woman) is said to be entitled, I prefer this appeal under sub-section (3) of section 17. In view of the facts mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that the woman is not entitled to the maternity benefit or other said amount and hence the decision of the Inspector in the behalf, copy which is enclosed may be set aside.

Date:

Signature of the aggrieved person

Full address: …………………………………..

1. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-1)
2. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-2)
3. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-3)
4. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-4)
5. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-5)
6. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-6)
7. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-7)
8. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-8)
9. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-9)
10. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-10)
11. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-11)
12. Inserted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-12)
13. Inserted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-13)
14. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-14)
15. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-15)
16. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-16)
17. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-17)
18. Substituted by G.S.R 59(E), dated 27-2-1975 (w.e.f. 1-3-1975) [↑](#endnote-ref-18)
19. Substituted by G.S.R 70(E), dated 31-1-1996 (w.e.f. 1-2-1996) [↑](#endnote-ref-19)