

FORM B

[See sub-rule (1) of rule 4]

*Certificate to prove that a woman worker is pregnant, or has been delivered of a child or has undergone miscarriage or is suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage.*

This is to certify that I examined \_\_\_\_\_ wife/daughter of  
a women employee in \_\_\_\_\_ (name of the establishment) on  
(date) and found/cannot discover that she is pregnant and is expected to delivered of a child  
within \_\_\_\_\_ (month and/days) from the abovementioned date/has undergone 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 Registered  
Medical Practitioner.

Definitions of “child” and “miscarriage” as in the Maternity Benefit Act, 1961  
(Central Act 53 of 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 C

[See sub-rule (2) of rule 4]

Certificate to prove the death of a woman or child

This is to certify that \_\_\_\_\_ wife/daughter of  
a women employed in \_\_\_\_\_ (name of the establishment) expired on  
before/during/after confinement. The child died on \_\_\_\_\_ /survives her.

Date :

Signature, qualifications and designation  
Registered Medical Practitioner.

FORM D

[See sub-rule (1) of rule 5]

*Notice claiming maternity benefit and other dues*

(Name of the establishment)

I, \_\_\_\_\_ (name of woman), wife/daughter of \_\_\_\_\_ employed as \_\_\_\_\_ at \_\_\_\_\_ (name of 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). 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 affixes thumb-impression.

Date

Signature or thumb-impression of woman

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FORM E

[See sub-rule (3) of rule 5]

Form of receipt of Maternity Benefit

To

(Name of the establishment)

I, \_\_\_\_\_ the undersigned, a \*woman employee/the nominee of woman employee/legal representative of \_\_\_\_\_ woman employee deceased in (name of the establishment) at \_\_\_\_\_ in \_\_\_\_\_ district received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of establishment referred to above, as detailed below:-

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

Rs. \_\_\_\_\_ being the second instalment of maternity benefit after delivery pain 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 section 9 or 10.

\*My/Her confinement/miscarriage took place on            or I/she fell ill because of  
pregnancy, delivery, premature birth of a child or miscarriage on            .In  
consequence I,            ,her nominee/legal representative have received the  
aforesaid amount prescribed in section 5, 8, 9 and 10 of the Maternity Benefit Act, 1961.

Signature or thumb-impression of:

\*Woman employee or nominee or legal representative.

Signature of an Attestor in case the woman is not able to sign and affixes thumb-  
impression.

Date:

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Strike out unnecessary portion.

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FORM F

[See sub-rule (1) of rule 9]

Appeal petition claiming maternity benefit or medical bonus or both

To

Sir,

I....., the undersigned, woman  
employee of.....(name of establishment  
and full address), having been wrongly deprived by the employer of maternity benefit or  
medical bonus or both (strike out unnecessary portion) for the reasons stated hereunder,  
prefer this appeal under sub-section (2) of section 12 of the Maternity Benefit Act, 1961  
and request that the said employer be directed to pay the above mentioned amount to me.  
A copy of the order of the employer in this behalf is enclosed.

Date

Signature or thumb-impression of woman

Signature of an Attestor in case the woman is  
not able to sign and affixes thumb-impression.