

(2) If the employer of an establishment to which the Act applies sells, abandons or discontinues the working of the establishment, he shall, within one month of the date of sale or abandonment or four months of the date of discontinuance as the case may be, submit to the Competent Authority a further return in each of the said Forms in respect of the Period between the end of the preceding year and the date of sale, abandonment or discontinuance.

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**FORM 'A'**  
**(See Rule3)**  
**MUSTER ROLL**

Name of establishment \_\_\_\_\_

1. Serial Number
2. Name of woman and her father's or if married, husband's name.
3. Date of appointment
4. Nature of work
5. Dates with month and year in which she is employed, laid off and not employed

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Month	Number of days Employed	Number of days laid off	Number of days not employed	Remarks
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6. Date of which the woman gives notice under Section 6.
7. Date of discharge or dismissal, if any.
8. Date of production of proof of pregnancy under Section 6.
9. Date of birth of child.
10. Date of production of proof of delivery or miscarriage or death.
11. Date of production of proof of illness referred to in Section 10.
12. Date with the amount of maternity benefit paid in advance of expected delivery.
13. Date with the amount of subsequent payment of maternity benefit.
14. Date with the amount of medical bonus, if paid under Section 8.
15. Date with the amount of wages paid on account of leave under Section 9
16. Date with amount of wages paid on account of leave under Section 10 period of leave granted.
17. Name of the person nominated by the woman under Section 6.
18. If the woman dies, the date of her death, the name of the person to whom maternity benefit and/or other amount was paid, the amount thereof and the date of payment.
19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of child and the period for which it was paid.

20. Signature of the employer of the establishment attenuating the entries in the muster roll.
21. Remarks column for the use of the Inspector.

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**FORM 'B'**  
**(See Rules 4 and 6)**

**Notice under Section 6 of the Maternity Benefit Act, 1961**  
**(Name of the establishment)**

1. \_\_\_\_\_(Name of the woman), wife/daughter of \_\_\_\_\_ employed as \_\_\_\_\_ at that I expect to be confined within six week next following from the date of this notice/have given birth to a child \_\_\_\_\_(date) and shall be absent from work from \_\_\_\_\_(date).

I shall not work in any branch of 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.

3. That the maternity benefit due to me may be paid to me/my \_\_\_\_\_ Shri/Shrimati \_\_\_\_\_ whom I authorize to collect the same on my behalf.

Signature or thumb impression  
of woman

Signature of an Attestor

Dated \_\_\_\_\_

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**FORM 'C'**  
**[See in Rule 5(1)]**

This is to certify that I examined \_\_\_\_\_ wife/daughter of \_\_\_\_\_ a woman employed in \_\_\_\_\_ (name of the establishment) on \_\_\_\_\_ (date) and found/cannot discover that she is pregnant and is expected to be delivered of a child within \_\_\_\_\_ (month/days) from the above mentioned date/has undergone miscarriage/has been delivered of a child on \_\_\_\_\_ (date) from illness arising out of pregnancy/delivery premature birth of a child or a miscarriage.

Dated \_\_\_\_\_

Signature,  
Qualification,  
Designation of Medical Officer/  
Medical Practitioner.

-----  
**FORM 'D'**  
**[See Rule 5]**

This is to certify that I examined \_\_\_\_\_ wife/daughter of \_\_\_\_\_, woman employee in \_\_\_\_\_ (name of the establishment) and found that she has been delivered of a child/has undergone miscarriage on \_\_\_\_\_ (date).

Date \_\_\_\_\_

Signature of registered midwife.

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**FORM 'E'**  
**[See Rule 5(4)]**

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

Dated \_\_\_\_\_

Signature, qualification and  
Designation of Medical Officer/  
Medical Practitioner.

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**FORM 'F'**  
**(See Rule 6)**

To

\_\_\_\_\_ (name of establishment)

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

Rs. \_\_\_\_\_ being the first installment of maternity Benefit paid on \_\_\_\_\_.

Rs. \_\_\_\_\_ being the second installment of maternity Benefit after 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 Sections 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 amounts prescribed in Section 5, 8, 9 and 10 of the Maternity Benefit Act, 1961.

Signature or thumb impression \_\_\_\_\_

\*Woman employee or her nominee or legal representative.

Signature of the attester.

Signature of the Competent Authority.

Date \_\_\_\_\_

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\*Strike out unnecessary portion.

**FORM 'G'**  
**(See Rule 10)**

To

The Competent Authority  
Appointed under the Maternity Benefit Act, 1961.  
(ADDRESS)

Sir,

I \_\_\_\_\_, the undersigned, woman employee of \_\_\_\_\_  
(name of the establishment and full address) having been wrongly deprived by the  
employer of maternity benefit or medical bonus or both amounting to  
Rs. \_\_\_\_\_ (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

Dated \_\_\_\_\_

Signature of an Attester,  
in case the woman is not able to  
affix thumb-impression

-----  
**FORM 'H'**  
**(See Rule 11)**

To

The Inspector  
(Under the Maternity Benefit Act, 1961)

Sir,

I \_\_\_\_\_ (name of the woman) employed in \_\_\_\_\_ (name and  
full address of the establishment) having fulfilled the conditions laid down in the  
Maternity Benefit Act, 1961 and the Rules thereunder, am entitled to Rs. \_\_\_\_\_  
being maternity benefit \*and/or Rs. \_\_\_\_\_ being the medical bonus and/or Rs.  
\_\_\_\_\_ being wages for leave due under Section 9 or 10 but the same has been

improperly withheld by the employer. He may, therefore, be directed to pay the aforesaid amount to me.

Signature of thumb impression  
of the woman

Full address \_\_\_\_\_

Dated \_\_\_\_\_

-----  
**FORM 'I'**  
**(See Rule 11)**

To

The Inspector  
(Under the Maternity Benefit Act, 1961)

Sir,

I \_\_\_\_\_(name), a person nominated under Section 6 by or legal representative of \_\_\_\_\_ (name of woman) employed in \_\_\_\_\_ (name and full address of establishment) 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 Rs. \_\_\_\_\_ being wages for leave due under Sections 9 and 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the aforesaid amount to me.

Signature or thumb-impression of the  
Nominee/legal representative

Dated \_\_\_\_\_

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**FORM 'J'**  
**(See Rule 12)**

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 the said amount and hence the decision of the Inspector in this behalf, copy of which is enclosed, may be set aside.

Dated \_\_\_\_\_

Signature of the aggrieved person  
Full Address \_\_\_\_\_.

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**FORM 'K'**  
**(See Rule 15)**

(Abstract of the Maternity Benefit Act, 1961, and the rules made thereunder)

1. No employer shall knowingly employ a woman during the six weeks immediately following the day of her delivery or miscarriage and no woman shall work in any establishment during the said period.
2. No pregnant woman shall, no a request being made by her in this behalf be required by her employer to do dung the period of one month immediately preceding the period of six seeks before the date of her expected delivery and also for any period during this period of six weeks for which she does not avail of leave of absence, any work which is of an arduous nature or which involves long hours of standing or which in any way is likely to interfere with her pregnancy or the normal development of the foetus, or is likely to cause her miscarriage or otherwise to adversely affect her health.
3. (1) Subject to the provisions of the Act, every woman who has actually worked in an establishment of the employer from whom the claims maternity benefit for a period not less than one hundred and sixty days, including the days during which she was laid off,

shall be entitled to and her employer shall be liable for, the payment of maternity benefit at the rate of her average daily wages, or one rupee a day, whichever is higher, for the period of her actual absence not exceeding six weeks immediately preceding and including the day of her delivery and for the six weeks immediately following that day:

Provided that the qualifying period of one hundred and sixty days aforesaid shall not apply to a woman who has immigrated into the State of Punjab and was pregnant at the time of immigration:

Provided further that where a woman dies during the period for which maternity benefit is payable, to her, the benefit shall be payable only for the days up to and including the day of her death. However, where the woman having been delivered of a child dies during her delivery or during the period of six weeks immediately following the date of her delivery or during leaving behind in either case the child, the employer shall be liable for the payment of maternity benefit for the entire period of six weeks immediately following the day of her delivery but if the child also dies during the said period then, for the days up to and including the day of the death of the child.

(2) The amount of maternity benefit for the period preceding the date of her expected delivery shall be paid in advance by the employer to the woman on production of a certificate in Form 'B' stating that she is pregnant and is expected to be delivered of a child within six weeks of the date of production of the certificate, and the amount due for the subsequent period shall be paid by the employer to the woman within forty eight hours of production of the certificate in Form 'C' or Form 'E' stating that she has been delivered of a child or production of a certified extract from a Birth Register maintained under the provision of any law for the time being in force.

4. (1) Any woman employed in an establishment and entitled to maternity benefit under the provisions of this Act, may give notice in writing in Form 'B' to her employer stating that her maternity benefit and any other amount to which she may be entitled under this Act may be paid to her or to such person as she may nominate in the notice and that she will not work in any establishment during the period for which she received maternity benefit.

(2) In the case of a woman who is pregnant, such notice shall state the date from which she will be absent from work not being a date earlier than six weeks from the date of her expected delivery.

(3) Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after the delivery.

(4) On receipt of the notice, the employer shall permit such woman to absent herself from the establishment until the expiry of six weeks after the day of her delivery.

5. (1) Every woman entitled to maternity benefit under the Act shall also be entitled to receive from her employer a medical bonus of twenty-five rupees, if no pre-natal



confinement and post-natal care is provided for by the employer free of charge. The medical bonus shall be paid along with the second installment of the maternity benefit.

(2) In case of miscarriage, a woman shall on production of a certificate in Form 'C' or Form 'B' be entitled to leave with wages at the rate of maternity benefit for a period of six weeks immediately following the day of her miscarriage. The wages shall be paid within 48 hours of production of the certificate in Form 'C' or Form 'B'

(3) A woman suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage shall on production of a certificate in Form 'C' be entitled in addition to the period of absence allowed to her on account of maternity or miscarriage, as the case may be, to leave with wages at the rate of maternity benefit for a maximum period of one month. The wages for the leave period shall be paid within 48 hours of the expiry of the period.

6. Every woman delivered of a child who returns to duty after such delivery shall in addition to the interval for rest allowed to her be allowed in the course of her daily work two breaks of 15 minutes duration for nursing the child until the child attains the age of fifteen months. An extra sufficient period, depending upon the distance to be covered shall be allowed for the purpose of the journey to and from the crèche or the place where the children are left by women while on duty provided that such extra period shall not be less than 5 minutes and more than 15 minutes duration.

7. (1) When a woman absents herself from work in accordance with the provisions of the Act, it shall be unlawful for the employer to discharge or dismiss her during or on account of such absence or to give notice of discharge or dismissal on such a day that the notice will expire during such absence, or to vary to her disadvantage any of the conditions of her service.

(2) (a) The discharge or dismissal of a woman at any time during the pregnancy, if the woman but for such discharge or dismissal would have been entitled to maternity benefit or medical bonus shall not have the effect of depriving her of the maternity benefit or medical bonus shall not have the effect of depriving her of the maternity benefit or medical bonus:

Provided that where the dismissal is for one or more of the following acts, the employer may, by order in writing communicated to the woman deprive her of the maternity benefit or medical bonus or both: -

- (i) willful destruction of employer's goods or property;
- (ii) assaulting any superior or co-employee at the place of work;
- (iii) criminal offence involving moral turpitude resulting in conviction in a court of law;
- (iv) theft, fraud, or dishonesty in connection with the employer's business or property; and

- (v) willful non-observance of safety measures or rules on the subject or willful interfere with safety devices or with fire-righting equipment.

(b) Any woman deprived of maternity benefit or medical bonus or both, may, within sixty days from the date on which the order of such deprivation is communicated to her, appeal in Form 'G' to the Competent Authority and the decision of the Competent Authority on such appeal whether the woman should or should not be deprived of maternity benefit or medical bonus or both shall be final.

**8.** If a woman works in any establishment after she has been permitted by her employer to absent under the provisions of the Act, she shall forfeit her claim to the maternity benefit for such period.

**9.** (1) Any woman claiming that maternity benefit or any other amount to which she is entitled under the Act and any person claiming that payment due has been improperly withheld may make a complaint to the Inspector in writing in Form 'H' or 'I' as the case may be.

(2) The Inspector may, of his own motion or on receipt of a complaint in Form 'H' or 'I' make an enquiry or cause an enquiry to be made and if satisfied that payment has been wrongfully withheld, may direct the payment to be made in accordance with his orders;

(3) Any persons aggrieved by the decision of the Inspector may within thirty days from the date on which such decision is communicated to such person, appeal to the Competent Authority.

(4) The decision of the Competent Authority where an appeal has been preferred to him or of the Inspector where no such appeal has been preferred shall be final.

**10.** (a) The employer shall supply to every woman employed by him at her request free of cost copies of Forms 'B', 'C', 'D', 'E', 'F', 'G', 'H', and 'I'.

(b) The failure to submit a notice, appeal or complaint in the prescribed form will not affect the right of a woman entitled to receive maternity benefit or any other amount due under the Act. Where a notice, appeal or complaint has been received in a form other than the prescribed form the authority concerned shall within fifteen days of the receipt of such notice, appeal or complaint require the woman to submit the notice, appeal or complaint as the case may be, in the prescribed form.

**11.** (a) (1) The employer of every establishment in which women are employed shall prepare and maintain a muster roll in Form 'A' and shall enter herein particulars of all women workers in the establishment.

(2) All entries in the muster roll shall be made in ink and maintained up to date and it shall always be available for inspection by the Inspector during the working hours.

(b) The employer of every establishment shall on or before the 21<sup>st</sup>. January in each year submit to the Competent Authority a return in each of the Forms 'L', 'M', 'N', and 'O', giving information as to the particulars specified in respect of the preceding year.

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**FORM 'L'**  
**(See Rule 16)**

Annual return for the year ending on the 31<sup>st</sup>. December, 19\_\_\_\_.

1. Name of the establishment.
2. Situation of the establishment--
  - Mauza
  - District
  - State
  - Nearest Railway Station.
3. Date of opening of establishment
4. Date of closing, if closed.
5. Postal address of establishment.
6. Name of employer.
7. Name of the managing agent, if any Postal Address of managing agent.
8. Name of agent or representative of employer
  - Postal address of representative employer
9. Name of Manager
  - Postal address of Manager.
10. (a) Name of medical officer attached to the establishment
  - (b) Qualification of medical officer attached to the establishment.
  - (c) Is he resident at the establishment?
  - (d) If a part-time employee, how often does he pay visits to the establishment?
11. (a) Is there any hospital at the establishment?
  - (b) If so, how many beds are provided for woman employees?
  - (c) Is there a lady doctor?
  - (d) If yes, what are her qualifications?
  - (e) Is there a qualified midwife?
  - (f) Has any crèche been provided?

Signature of employer  
Dated \_\_\_\_\_

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**FORM 'M'**  
**(See Rule 16)**

**Employment, dismissal, payment of hours, etc., of woman for the year ending 31<sup>st</sup>.  
December, 19 \_\_\_\_.**

1. Establishment.
2. Aggregate number of woman permanently or temporarily employed during the year.
3. Number of women who worked for a period of not less than one hundred and sixty days in the twelve months.
4. Number of women who gave notice under Section 6.
5. Number of women who were granted permission to absent on receipt of notice of confinement.
6. Number of claims for maternity benefit paid.
7. Number of claims for maternity benefit rejected.
8. Number of cases where prenatal, confinement and post-natal care was provided by the management free of charge (section 8).
9. Number of claims for medical bonus paid (Section 8).
10. Number of claims for medical bonus rejected.
11. Number of cases in which leave for miscarriage was granted.
12. Number of cases in which leave for miscarriage was applied for but was rejected.
13. Number of cases in which additional leave for illness under Section 10 was granted.
14. Number of cases in which additional leave for illness under Section 10 was applied for but was rejected.
15. Number of women who died:
  - (a) before delivery.
  - (b) after delivery.
16. Number of cases in which payment was made to persons other than the woman concerned.
17. Number of women discharged or dismissed while working.
18. Number of women deprived of maternity benefit and/or medical bonus under proviso to sub-section (2) of Section 12.
19. Number of cases in which payment was made on the order of the Competent Authority or Inspector.
20. Remarks.

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N.B. -- Full particulars of each case and reason for the action taken under Serial Nos. 7,10,14,17 and 18 should be given in the Appendix below-

Signature of employer,  
Date \_\_\_\_\_

**FORM 'N'**  
**(See Rule 16)**

**Details of payment made during the year ending 31<sup>st</sup>. December, 19\_\_.**

Name of persons to whom paid

1. Date of payment.
2. Woman employee.
3. Nominee of women.
4. Legal representative of woman.
5. Amount for the period preceding dates of expected delivery.
6. Amount for the subsequent period.
7. Under Section 8 of the Act.
8. Under Section 9 of the Act.
9. Under Section 10 of the Act.
10. Number of women workers who absconded after receiving the first installment of maternity benefit.
11. Cases where claims were contested in a Court of law.
12. Results of such cases.
13. Remarks.

Signature of the Employer,  
Dated \_\_\_\_\_

**FORM 'O'**  
**(See Rule 16)**

**Prosecution during the year ending 31<sup>st</sup>. December, 19\_\_**

Place of employment of the woman employee instituted	Number of cases in conviction	Number of cases which resulted	Remarks
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Signature of the employer  
Dated \_\_\_\_\_ 19

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