Name of the Contractor				The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Name of the Contractor	Name	e and Address of	the	CIPLA LTD					
Name of the Contractor			l						
SAMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Blagh, New Delin-110005			l	M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
SAMYAK TOWER, 39, 1st Floor, Pusa Read, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005									
SAMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Blagh, New Delin-110005			l						
SAMYAK TOWER, 39, 1st Floor, Pusa Read, Opp Metro Pillar No 120, Karol Blagh, New Delin-110005	Name	of the Contracts		A dagaa India Drive	ata Limitad				
1   Serial Number	mame	or the Contracto							
2   Name and age of the woman and her father's (or if marrirele, husband's) name   POM PRAKASH     3   Date of appointment   01/06/2012     4   Nature of Work				SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
2   Name and age of the woman and her father's (or if marrirele, husband's) name   POM PRAKASH     3   Date of appointment   01/06/2012     4   Nature of Work									
2   Name and age of the woman and her father's (or if marrirele, husband's) name   POM PRAKASH     3   Date of appointment   01/06/2012     4   Nature of Work									
2   Name and age of the woman and her father's (or if marricel, husband's) name   POM PRAKASH     3   Date of appointment   01/06/2012     4   Nature of Work		Carial Number		4					
and her father's (or if married, husband's) name	1			4					
and her father's (or if   married, husband's) name   POM PRAKASII	2	_		PUSHP LATA . EmpCode A49407					
3   Date of appointment   01/06/2012			,						
Solution		married, husbar	nd's) name	POM PRAKASH					
Solution	2	Data of annoints	o t						
Date with month and year in which she is employed, laid off and not employed   No. of Days   No. o	3	Date of appointi	ment	01/06/2012					
Section   Sect	4	Nature of Work							
Month   No. of Days   Employed   Remarks		1 (400110 01 ) ( 0111							
Month   No. of Days   Employed   Bid off   Employed	5	Dates with mon	th and year in wh	nich she is emplove	ed, laid off and not	employed			
Jan-22   31.0   0.00   0.00   0.00				<del></del>		• •			
Jan-22			_	-	-	Remarks			
Feb-22		Ian_22							
Mar-22									
Apr-22 30.0 0.00 0.00  May-22 31.0 0.00 0.00  Jul-22 30.0 0.00 0.00  Aug-22 31.0 0.00 0.00  Aug-22 31.0 0.00 0.00  Aug-22 31.0 0.00 0.00  Sep-22 0.0ct-22									
May-22   31.0   0.00   0.00   0.00       Jun-22   30.0   0.00   0.00   0.00   0.00       Aug-22   31.0   0.00   0.00   0.00       Aug-22   31.0   0.00   0.00   0.00       Sep-22									
Jun-22 30.0 0.00 0.00  Jul-22 31.0 0.00 0.00  Sep-22 31.0 0.00 0.00  Sep-22 0.000 0.00  Nov-22 0.000 0.00  Date of which woman gives notice under section 6 Nil 0.00  Date of discharge/dismissal, if any Nil 0.000 Nil 0.00  Date of birth of child Nil 0.000 Nil 0.000  Date of birth of child Nil 0.000 Nil 0.000 Nil 0.000  Date of production of proof of pregnancy under section 6 Nil 0.000		_							
Jul-22   31.0   0.00   0.00   0.00									
Aug-22   31.0   0.00   0.00   0.00									
Sep-22									
Oct-22   Nov-22   Dec-22   Oct-22   O			31.0	0.00	0.00				
Nov-22   Dec-22   D									
Dec-22									
6 Date on which woman gives notice under section 6 7 Date of discharge/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/ miscarriage/   Mil 11 Date of production of proof of delivery/ miscarriage/   Mil 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 section8 15 Date with the amount of wages paid on account of leave under section 9 16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted 17 Name of the person nominated by the woman under section6 Nil 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 of Maternity benefit was paid on behalf of the child and the period for which it was paid 20 Signature of the employer of establishment authenticating the entries in the muster-roll 21 Remarks column for the use of Inspector Nil									
7 Date of discharge/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/ miscarriage/ [Medical termination of pregnacy/ tubectomy/ operation/ 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 section8 15 Date with the amount of wages paid on account of leave under section 10 and period of leave granted 17 Name of the person nominated by the woman under section6 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 the child and the period for which it was paid 20 Signature of the employer of establishment authenticating the entries in the muster-roll 21 Remarks column for the use of Inspector  Nil  Nil  Nil  Nil  Nil  Nil  Nil  Ni									
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/ miscarriage/   Mil   Mil   Mil   Mil   Mil   Mil   11 Date of production of pregnacy/ tubectomy/ operation/ 11 Date of production of pregnacy/ tubectomy/ operation/ 11 Date with the amount of maternity benefit paid in advance of expected delivery 13 Date with the amount of subsequent payment of maternity benefit   Mil   14 Date with the amount of medical bonus, if paid under section8   Mil   15 Date with the amount of wages paid on account of leave under section 9   Mil   16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted   Mil   17 Name of the person nominated by the woman under section6   Nil   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 the child and the period for which it was paid   Nil   20 Signature of the employer of establishment authenticating the entries in the muster-roll   Nil   21 Remarks column for the use of Inspector   Nil	6								
9 Date of birth of child  10 Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnacy/ tubectomy/ operation/  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 section8  15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil  Nil  Nil  Nil  Nil  Nil  Nil  Ni	7			•					
Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnacy/ tubectomy/ operation/	8	Date of production of proof of pregnancy under section 6				Nil			
Medical termination of pregnacy/ tubectomy/ operation/   Date of production of proof of illness referred to in section 10   Nil	9					Nil			
IMedical termination of pregnacy/ tubectomy/ operation/   11	10	Date of producti	ion of proof of de	livery/ miscarriage/		Nil			
Date with the amount of maternity benefit paid in advance of expected delivery   Nil	10	-							
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 section8  15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector	11					Nil			
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 section8  15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector	12	•				Nil			
benefit  14 Date with the amount of medical bonus, if paid under section8  15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector		of expected deliv	very			IVII			
Date with the amount of medical bonus, if paid under section8   Nil	13	Date with the an	nount of subseque	ent payment of ma	iternity	Mil			
15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector		benefit				INII			
15 Date with the amount of wages paid on account of leave under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector	14	Date with the an	nount of medical	bonus, if paid und	er section8	Nil			
under section 9  16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil	15					Mil			
16 Date with the amount of wages paid on account of leave under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil		under section 9				INII			
under section 10 and period of leave granted  17 Name of the person nominated by the woman under section6  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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil	16	Date with the an			leave	Nil			
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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil									
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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil	17					Nil			
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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil	18					M'I			
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 the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil		_				NII			
person to whom the amount of Maternity benefit was paid on behalf of the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil									
on behalf of the child and the period for which it was paid  20 Signature of the employer of establishment authenticating the entries in the muster-roll  21 Remarks column for the use of Inspector  Nil	19								
20   Signature of the employer of establishment authenticating the entries in the muster-roll   Nil						Nil			
the entries in the muster-roll Remarks column for the use of Inspector Nil									
the entries in the muster-roll  21 Remarks column for the use of Inspector Nil	20					Nil			
INTERCED TO PER TO PER TO THE PER		Nil							
Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving	Note								



7			Γhe Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Nam	e and Address of	the	CIPLA LTD					
Estal	olishment							
			M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
		l						
Name	of the Contracto		Adecco India Priva	ata Limitad				
Name	of the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
1	Serial Number		19					
1			19					
2	Name and age o		MEENU ARORA . EmpCode A54182					
	and her father's		CIAN CHAND					
	married, husbar	id's) name	GIAN CHAND					
3	Date of appoint	ment	01/06/2012					
لبّ	zace of appoint	J <b></b>	01/00/2012					
4	Nature of Work							
5	Dates with mon	th and year in wh	nich she is employed, laid off and not employed					
	Month	No. of Days	No.of days	No. of days not	Remarks			
		Employed	laid off	Employed	ixcinai KS			
	Jan-22	31.0	0.00	0.00				
	Feb-22	28.0	0.00	0.00				
	Mar-22	31.0	0.00	0.00				
	Apr-22	30.0	0.00	0.00				
	May-22	31.0	0.00	0.00				
	Jun-22	30.0	0.00	0.00				
	Jul-22	31.0	0.00	0.00				
	Aug-22	31.0	0.00	0.00				
	Sep-22	31.0	0.00					
	Oct-22							
	Nov-22							
	Dec-22							
6		ı voman gives notic	e under section 6		Nil			
7		ge/dismissal, if an			Nil			
8			gnancy under sec	tion 6	Nil			
9			ignancy under see	tion o	Nil			
	Date of birth of child  Date of production of proof of delivery/ miscarriage/			<u>a/</u>	Nil			
10	-	•	· ·		1111			
11	[Medical termination of pregnacy/ tubectomy/ Date of production of proof of illness referred				Nil			
12			y benefit paid in a					
14	of expected deliv		y benefit paid iil a	u vance	Nil			
13			ent payment of ma	ternity				
13	benefit	nount of subseque	ли раушені от ша	nei miy	Nil			
14		nount of modic-1	honus if noid I	or soation0	Nil			
			bonus, if paid und		INII			
15		nount of wages p	aid on account of	icave	Nil			
17	under section 9 Date with the ar	nount of wages n	aid on account of	leave				
16		) and period of lea			Nil			
17				r section6	Nil			
18	Name of the person nominated by the woman under section6  If the woman dies, the date of her death, the name of the							
10	person to whom Maternity benefit and/or other amount				Nil			
	_	-	t the date of paym					
19								
17	If the woman dies and the child survives, the name of the person to whom the amount of Maternity benefit was paid				Nil			
	on behalf of the child and the period for which it was paid							
20	Cignoture of the application of actablishment outboutiesting				NUI			
20	the entries in the				Nil			
21	Remarks colum	n for the use of In		Nil				
	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							
	Trunster From , II Francisco To , DOL Date of Leaving							



			The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Nam	e and Address of	the	CIPLA LTD					
Estal	blishment							
			M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	of the Contracto	. 14	Adecco India Priva	ota Limitad				
Taille	or the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
1	Serial Number		40					
		6.41	40					
2	Name and age o		JASMEET KAUR . EmpCode C15289					
	and her father's	•	DAIWANT SINGH					
	married, husbar	na's) name	RAJWANT SINGH					
3	Date of appoint	ment	24/03/2014					
			2T/UJ/2U14					
4	Nature of Work	(						
5	Dates with mon	th and year in wl	nich she is employed, laid off and not employed					
	Month	No. of Days	No.of days	No. of days not	Remarks			
		Employed	laid off	Employed	ixcinai KS			
	Jan-22	31.0	0.00	0.00				
	Feb-22	28.0	0.00	0.00				
	Mar-22	31.0	0.00	0.00				
	Apr-22	30.0	0.00	0.00				
	May-22	31.0	0.00	0.00				
	Jun-22	30.0	0.00	0.00				
	Jul-22	31.0	0.00	0.00				
	Aug-22	31.0	0.00	0.00				
	Sep-22	31.0	0.00					
	Oct-22							
	Nov-22							
	Dec-22							
6		l voman gives notic	e under section 6		Nil			
7		ge/dismissal, if an			Nil			
8			egnancy under sec	tion 6	Nil			
9			egnancy under see	tion o	Nil			
	Date of birth of child  Date of production of proof of delivery/ miscarriage/			<u>a/</u>	Nil			
10	•	•	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11	[Medical termination of pregnacy/ tubectomy/ operation of proof of illness referred to in second control of the control of proof of illness referred to in second control of the control o				Nil			
12			ty benefit paid in a					
12	of expected deliv		, benefit paid iii a	u rance	Nil			
13			ent payment of ma	ternity				
13	benefit	nount of subscript	ent payment of ma	act may	Nil			
14		nount of medical	bonus, if paid und	er sections	Nil			
15			aid on account of		1111			
13	under section 9	nount of wages p	ara on account of	icave	Nil			
16	Date with the ar	nount of wages n	aid on account of	leave	2271			
10		and period of lea			Nil			
17			the woman under	r section6	Nil			
18	If the woman dies, the date of her death, the name of the							
10	person to whom Maternity benefit and/or other amount				Nil			
	_	-	d the date of paym					
19			urvives, the name					
-	person to whom the amount of Maternity benefit was paid				Nil			
	_		iod for which it wa	-				
20	Cignotium of the ampleyou of establishment outhouting				Nil			
20	the entries in the	e muster-roll			1411			
21	Remarks colum	n for the use of Ir		Nil				
Note	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							



		1	ne Maternity Bend	ent Act, 1901 and (	Mines & Circus) Rules, 1963.			
Name and Address of the			CIPLA LTD					
Estal	blishment		M2 A & M 1 B I D	Compley No. 5 HCM	IP Forms Mandali Dalhi 03			
		l	M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
		l						
Name	e of the Contracto		Adecco India Priva	uta I imitad				
Name	s of the Contracto	'1	Auecco muia Fiiva	ne Limited				
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
1	Serial Number		66					
1			00					
2	Name and age o		RAJNI RAWAT EmpCode F88015					
	and her father's	•	^					
	married, husbar	nd's) name	JAGMOHAN SINGH RAWAT					
3	Date of appoints	mont	11/0//0010					
	Date of appoint	ment	11/06/2018					
4	Nature of Work							
5	Dates with mon	th and year in wh	ich she is employe	ed, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not				
	ļ	Employed	laid off	Employed	Remarks			
	Jan-22	31.0	0.00	0.00				
	Feb-22	28.0	0.00	0.00				
	Mar-22	31.0	0.00	0.00				
	Apr-22	30.0	0.00	0.00				
	May-22		0.00					
	Jun-22	31.0		0.00				
		30.0	0.00	0.00				
	Jul-22	31.0	0.00	0.00				
	Aug-22	31.0	0.00	0.00				
	Sep-22							
	Oct-22							
	Nov-22							
	Dec-22							
6		voman gives notic			Nil			
7		ge/dismissal, if an	•		Nil			
8	Date of product	ion of proof of pr	egnancy under sec	tion 6	Nil			
9	Date of birth of				Nil			
10	•	•	livery/ miscarriage/		Nil			
	_		y/ tubectomy/ operation/					
11			ess referred to in		Nil			
12	Date with the amount of maternity benefit paid in advance				Nil			
	of expected deliv	very			1111			
13	Date with the amount of subsequent payment of maternity				Mil			
	benefit		·		Nil			
14	Date with the ar	nount of medical	bonus, if paid und	er section8	Nil			
15			aid on account of		AUI			
	under section 9				Nil			
16	Date with the ar	nount of wages p	aid on account of l	leave	Nil			
		and period of lea						
17			the woman under		Nil			
18			death, the name of					
	_	-	t and/or other am		Nil			
			d the date of paym					
19	If the woman dies and the child survives, the name of the							
	person to whom the amount of Maternity benefit was paid				Nil			
			iod for which it wa					
20	-		blishment authent	icating	Nil			
	the entries in the							
21		n for the use of In		Nil				
Note	te * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							

