

**Form A
(See Rule (3))
Muster Roll**

The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.

Name and Address of the Establishment		CIPLA LTD M2 A & M 1 -B J.R Complex No.- 5 HCMR Farms Mandoli, Delhi-93.			
Name of the Contractor		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number	4			
2	Name and age of the woman and her father's (or if married, husband's) name	PUSHP LATA . EmpCode A49407 POM PRAKASH			
3	Date of appointment	01/06/2012			
4	Nature of Work				
5	Dates with month and year in which she is employed, laid off and not employed				
	Month	No. of Days Employed	No.of days laid off	No. of days not 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	31.0	0.00	0.00	
	Jun-22	30.0	0.00	0.00	
	Jul-22	31.0	0.00	0.00	
	Aug-22				
	Sep-22				
	Oct-22				
	Nov-22				
	Dec-22				
6	Date on which woman gives notice under section 6			Nil	
7	Date of discharge/dismissal, if any			Nil	
8	Date of production of proof of pregnancy under section 6			Nil	
9	Date of birth of child			Nil	
10	Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/			Nil	
11	Date of production of proof of illness referred to in section 10			Nil	
12	Date with the amount of maternity benefit paid in advance of expected delivery			Nil	
13	Date with the amount of subsequent payment of maternity benefit			Nil	
14	Date with the amount of medical bonus, if paid under section 8			Nil	
15	Date with the amount of wages paid on account of leave under section 9			Nil	
16	Date with the amount of wages paid on account of leave under section 10 and period of leave granted			Nil	
17	Name of the person nominated by the woman under section 6			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			Nil	
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	

Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving



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Name of the Contractor		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number	19			
2	Name and age of the woman and her father's (or if married, husband's) name	MEENU ARORA .		EmpCode A54182	
		GIAN CHAND			
3	Date of appointment	01/06/2012			
4	Nature of Work				
5	Dates with month and year in which she is employed, laid off and not employed				
	Month	No. of Days Employed	No.of days laid off	No. of days not 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	31.0	0.00	0.00	
	Jun-22	30.0	0.00	0.00	
	Jul-22	31.0	0.00	0.00	
	Aug-22				
	Sep-22				
	Oct-22				
	Nov-22				
	Dec-22				
6	Date on which woman gives notice under section 6				Nil
7	Date of discharge/dismissal, if any				Nil
8	Date of production of proof of pregnancy under section 6				Nil
9	Date of birth of child				Nil
10	Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/				Nil
11	Date of production of proof of illness referred to in section 10				Nil
12	Date with the amount of maternity benefit paid in advance of expected delivery				Nil
13	Date with the amount of subsequent payment of maternity benefit				Nil
14	Date with the amount of medical bonus, if paid under section 8				Nil
15	Date with the amount of wages paid on account of leave under section 9				Nil
16	Date with the amount of wages paid on account of leave under section 10 and period of leave granted				Nil
17	Name of the person nominated by the woman under section 6				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				Nil
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

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Name of the Contractor		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number	40			
2	Name and age of the woman and her father's (or if married, husband's) name	JASMEET KAUR .		EmpCode C15289	
		RAJWANT SINGH			
3	Date of appointment	24/03/2014			
4	Nature of Work				
5	Dates with month and year in which she is employed, laid off and not employed				
	Month	No. of Days Employed	No.of days laid off	No. of days not 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	31.0	0.00	0.00	
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	Jul-22	31.0	0.00	0.00	
	Aug-22				
	Sep-22				
	Oct-22				
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	Dec-22				
6	Date on which woman gives notice under section 6				Nil
7	Date of discharge/dismissal, if any				Nil
8	Date of production of proof of pregnancy under section 6				Nil
9	Date of birth of child				Nil
10	Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/				Nil
11	Date of production of proof of illness referred to in section 10				Nil
12	Date with the amount of maternity benefit paid in advance of expected delivery				Nil
13	Date with the amount of subsequent payment of maternity benefit				Nil
14	Date with the amount of medical bonus, if paid under section 8				Nil
15	Date with the amount of wages paid on account of leave under section 9				Nil
16	Date with the amount of wages paid on account of leave under section 10 and period of leave granted				Nil
17	Name of the person nominated by the woman under section 6				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				Nil
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
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Name of the Contractor		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number	66			
2	Name and age of the woman and her father's (or if married, husband's) name	RAJNI RAWAT		EmpCode F88015	
		JAGMOHAN SINGH RAWAT			
3	Date of appointment	11/06/2018			
4	Nature of Work				
5	Dates with month and year in which she is employed, laid off and not employed				
	Month	No. of Days Employed	No.of days laid off	No. of days not Employed	Remarks
	Jan-22	31.0	0.00	0.00	
	Feb-22	28.0	0.00	0.00	
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	Apr-22	30.0	0.00	0.00	
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12	Date with the amount of maternity benefit paid in advance of expected delivery				Nil
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14	Date with the amount of medical bonus, if paid under section 8				Nil
15	Date with the amount of wages paid on account of leave under section 9				Nil
16	Date with the amount of wages paid on account of leave under section 10 and period of leave granted				Nil
17	Name of the person nominated by the woman under section 6				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				Nil
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