Form A (See Rule (3)) Muster Roll Maternity Benefit Act. 1961 and (Mines & Circus) Rules. 1963

		l	ne Maternity Ben	ent Act, 1961 and (I	Aines & Circus) Rules, 1963.			
Name	e and Address of t	the	CIPLA LTD					
Estab	olishment		M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	of the Contracto	r	Adecco India Priva	ite Limited				
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	d, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
+								
1	Serial Number		10					
2	Name and age of	f the woman	PUSHP LATA . EmpCode A49407					
	and her father's							
	married, husban	nd's) name	POM PRAKASH					
3	Date of appointr	nent	01/06/2012					
4	Nature of Work							
5		-		d, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not	Remarks			
		Employed	laid off	Employed				
	Jan-22	31.0	0.00	0.00				
	Feb-22	28.0	0.00	0.00				
	Mar-22 Apr-22	31.0	0.00	0.00				
	May-22	30.0	0.00	0.00				
	Jun-22	30.0	0.00	0.00				
	Jul-22	50.0	0.00	0.00				
	Aug-22							
	Sep-22							
	Oct-22							
	Nov-22							
-	Dec-22							
6 7		oman gives notic e/dismissal, if an	e under section 6		Nil Nil			
/ 8	-		egnancy under sec	tion 6	Nil			
9	Date of birth of		egnancy under see		Nil			
-	Date of production of proof of delivery/ miscarriage/				Nil			
10	-	-	/ tubectomy/ oper					
11	Date of producti	on of proof of illi	ness referred to in	section 10	Nil			
12			ty benefit paid in a	dvance	Nil			
1.5	of expected deliv	-						
13	Date with the amount of subsequent payment of maternity benefit				Nil			
14	Date with the an	nount of medical	bonus, if paid und	er section8	Nil			
15			aid on account of		Nil			
16	under section 9 Date with the amount of wages paid on account of leave							
	under section 10 and period of leave granted				Nil			
17			y the woman under		Nil			
18			· death, the name o it and/or other am		Nil			
	-	-						
19	was paid, the amount thereof, and the date of paymentIf the woman dies and the child survives, the name of the							
			ternity benefit was paid		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				Nil			
21			Ispector		Nil			
	Remarks column for the use of Inspector Nil Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving Nil							



Form A (See Rule (3)) Muster Roll Maternity Benefit Act. 1961 and (Mines & Circus) Rules. 1963

I		ne Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.						
Name	e and Address of t	the	CIPLA LTD					
Estal	olishment		M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
			M2 // @ M1 / D J.K	complex rol. 5 frem	K i units Multion, Donn 95.			
Name	of the Contractor	r	Adecco India Private Limited					
			SAMVAR TOWER	20 1st Floor Duss Por	d Opp Matra Billar No. 120 Karol Bagh, Naw Dalhi 110005			
			SAMITAK IUWEK,	59, 1st Floor, Pusa Koa	d, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number		25					
2	Name and age of	f the woman	MEENU ARORA . EmpCode A54182					
-	and her father's	(or if	EmpCouc AJ4102					
	married, husban	ıd's) name	GIAN CHAND					
2	Data af ann ainte							
3	Date of appointr	nent	01/06/2012					
4	Nature of Work							
5				ed, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not	Remarks			
		Employed	laid off	Employed				
	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							
	Aug-22							
	Sep-22							
	Oct-22 Nov-22							
	Dec-22							
6		oman gives notic	e under section 6		Nil			
7	Date of discharg				Nil			
8	0		egnancy under sec	tion 6	Nil			
9	Date of birth of	<u> </u>	egnaney anaer see		Nil			
			livery/ miscarriage	2/	Nil			
10	-	-	/ tubectomy/ oper					
11	Date of producti	on of proof of ill	ness referred to in	section 10	Nil			
12	Date with the an	nount of materni	ty benefit paid in a	dvance				
	of expected deliv	very	_		Nil			
13	Date with the an	nount of subsequ	ent payment of ma	ternity	Nil			
	benefit				1111			
14			bonus, if paid und		Nil			
15		nount of wages p	aid on account of	eave	Nil			
	under section 9	nount of wagos n	aid on account of	0.0210				
16	Date with the amount of wages paid on account of leave under section 10 and period of leave granted				Nil			
17			y the woman under	Nil				
18	-		death, the name of					
			it and/or other am	Nil				
			d the date of paym					
19			urvives, the name					
	-		aternity benefit wa	-	Nil			
			iod for which it wa					
20	Signature of the the entries in the		blishment authent	icating	Nil			
21			ispector		Nil			
	21 Remarks column for the use of Inspector Nil Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving Nil							



Form A (See Rule (3)) Muster Roll Maternity Benefit Act. 1961 and (Mines & Circus) Rules. 1963

I		ne Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1965.						
	e and Address of t blishment	the	CIPLA LTD M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	of the Contracto	r	Adecco India Priva	te Limited				
			SAMYAK TOWER.	39. 1st Floor.Pusa Roa	d, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
			,					
1	Serial Number		46					
2	Name and age of	f the woman	JASMEET KAUR . EmpCode C15289					
2	and her father's		JASMEET KAUR . EmpCode C15289					
	married, husban	id's) name	RAJWANT SINGH					
3	Date of appointr	nent	24/03/2014					
4	Nature of Work							
5	Dates with mon	th and year in w	hich she is employe	d, laid off and not o	employed			
5	Month	No. of Days	No.of days	No. of days not	mproyeu			
	Wonth	Employed	laid off	Employed	Remarks			
	Jan-22							
	Feb-22	31.0	0.00	0.00				
		28.0	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							
	Aug-22							
	Sep-22 Oct-22							
	Nov-22							
	Dec-22							
6		oman gives notic	e under section 6		Nil			
7		e/dismissal, if an			Nil			
8	0		•	tion 6	Nil			
9	Date of production of proof of pregnancy under section 6Date of birth of child				Nil			
10			livery/ miscarriage	2/	Nil			
10	[Medical termin	ation of pregnacy	y/ tubectomy/ oper	ation/				
11	Date of producti	on of proof of ill	ness referred to in	section 10	Nil			
12	Date with the an	nount of materni	ty benefit paid in a	dvance	Nil			
	of expected deliv				1111			
13		nount of subsequ	ent payment of ma	ternity	Nil			
14	benefit				7.11			
14			bonus, if paid und aid on account of		Nil			
15	under section 9	nount of wages p	baid on account of	leave	Nil			
16	Date with the amount of wages paid on account of leave				Nil			
15		and period of lea	<u> </u>					
17			y the woman under	Nil				
18			r death, the name o it and/or other am	Nil				
	-	-	d the date of paym					
19			urvives, the name					
			laternity benefit wa		Nil			
	-		iod for which it wa	-				
20	-		blishment authent	icating	Nil			
	the entries in the							
21		n for the use of Ir						
Note	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							



Form A (See Rule (3)) Muster Roll The Maternity Benefit Act. 1961 and (Mines & Circus) Rules. 1963

		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 LB Complex No. 5 HCMB Farme Mandoli Dalhi 03					
			M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	e of the Contracto)r	Adecco India Private Limited					
1 14111	of the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	nd, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
1	Serial Number		3					
	Name and age o	f the woman						
2	-		RAJNI RAWAT EmpCode F88015					
	and her father's (or if married, husband's) name		JAGMOHAN SINGH RAWAT					
	marrieu, nusba	nu sj name						
3	Date of appoint	ment	11/06/2018					
4	Nature of Work	ζ.						
5	Dates with mar	th and year in w	hich sha is amplow	ed, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not	mproyea			
	Wonth	Employed	laid off	Employed	Remarks			
	Jan-22	31.0		· · ·				
	Jan-22 Feb-22		0.00	0.00				
	Heb-22 Mar-22	28.0	0.00	0.00				
		31.0		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							
	Aug-22							
	Sep-22							
	Oct-22 Nov-22							
	Dec-22							
6		l voman gives notic	l e under section 6		Nil			
7		ge/dismissal, if an			Nil			
8			egnancy under sec	tion 6	Nil			
9	Date of birth of	<u> </u>	egnancy under see	tion o	Nil			
			livery/ miscarriag	e/	Nil			
10	-	termination of pregnacy/ tubectomy/ operation/						
11	-		ness referred to in		Nil			
12	<u> </u>		ty benefit paid in a					
	of expected deli				Nil			
13				iternity				
	benefit	1		-	Nil			
14	Date with the a	mount of medical	bonus, if paid und	er section8	Nil			
15	Date with the amount of wages paid on account of leave				Nil			
	under section 9				Nil			
16			aid on account of	leave	Nil			
17		0 and period of lea						
17			y the woman unde		Nil			
18	If the woman dies, the date of her death, the name of the person to whom Maternity benefit and/or other amount				Nil			
	-	-	d the date of paym					
19								
19			survives, the name of the Aaternity benefit was paid		Nil			
	-		-	-				
20	on behalf of the child and the period for which it was paid Signature of the employer of establishment authenticating				Nil			
20	the entries in the muster-roll							
21	Remarks colum	n for the use of Ir		Nil				
Note	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							

