

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

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

<b>Name and Address of the Establishment</b>		CIPLA LTD M2 A & M 1 -B J.R Complex No.- 5 HCMR Farms Mandoli, Delhi-93.		
<b>Name of the Contractor</b>		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005		
<b>1</b>	<b>Serial Number</b>	10		
<b>2</b>	<b>Name and age of the woman and her father's (or if married, husband's) name</b>	PUSHP LATA . <span style="float:right">EmpCode A49407</span> POM PRAKASH		
<b>3</b>	<b>Date of appointment</b>	01/06/2012		
<b>4</b>	<b>Nature of Work</b>			
<b>5</b>	<b>Dates with month and year in which she is employed, laid off and not employed</b>			
	<b>Month</b>	<b>No. of Days Employed</b>	<b>No.of days laid off</b>	<b>No. of days not Employed</b>
	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			
<b>6</b>	<b>Date on which woman gives notice under section 6</b>			Nil
<b>7</b>	<b>Date of discharge/dismissal, if any</b>			Nil
<b>8</b>	<b>Date of production of proof of pregnancy under section 6</b>			Nil
<b>9</b>	<b>Date of birth of child</b>			Nil
<b>10</b>	<b>Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/</b>			Nil
<b>11</b>	<b>Date of production of proof of illness referred to in section 10</b>			Nil
<b>12</b>	<b>Date with the amount of maternity benefit paid in advance of expected delivery</b>			Nil
<b>13</b>	<b>Date with the amount of subsequent payment of maternity benefit</b>			Nil
<b>14</b>	<b>Date with the amount of medical bonus, if paid under section 8</b>			Nil
<b>15</b>	<b>Date with the amount of wages paid on account of leave under section 9</b>			Nil
<b>16</b>	<b>Date with the amount of wages paid on account of leave under section 10 and period of leave granted</b>			Nil
<b>17</b>	<b>Name of the person nominated by the woman under section 6</b>			Nil
<b>18</b>	<b>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</b>			Nil
<b>19</b>	<b>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</b>			Nil
<b>20</b>	<b>Signature of the employer of establishment authenticating the entries in the muster-roll</b>			Nil
<b>21</b>	<b>Remarks column for the use of Inspector</b>			Nil

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



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<b>Name of the Contractor</b>		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	<b>Serial Number</b>	25			
2	<b>Name and age of the woman and her father's (or if married, husband's) name</b>	MEENU ARORA . GIAN CHAND	<b>EmpCode</b> A54182		
3	<b>Date of appointment</b>	01/06/2012			
4	<b>Nature of Work</b>				
5	<b>Dates with month and year in which she is employed, laid off and not employed</b>				
	<b>Month</b>	<b>No. of Days Employed</b>	<b>No.of days laid off</b>	<b>No. of days not Employed</b>	<b>Remarks</b>
	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	
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	Jun-22	30.0	0.00	0.00	
	Jul-22				
	Aug-22				
	Sep-22				
	Oct-22				
	Nov-22				
	Dec-22				
6	<b>Date on which woman gives notice under section 6</b>			Nil	
7	<b>Date of discharge/dismissal, if any</b>			Nil	
8	<b>Date of production of proof of pregnancy under section 6</b>			Nil	
9	<b>Date of birth of child</b>			Nil	
10	<b>Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/</b>			Nil	
11	<b>Date of production of proof of illness referred to in section 10</b>			Nil	
12	<b>Date with the amount of maternity benefit paid in advance of expected delivery</b>			Nil	
13	<b>Date with the amount of subsequent payment of maternity benefit</b>			Nil	
14	<b>Date with the amount of medical bonus, if paid under section 8</b>			Nil	
15	<b>Date with the amount of wages paid on account of leave under section 9</b>			Nil	
16	<b>Date with the amount of wages paid on account of leave under section 10 and period of leave granted</b>			Nil	
17	<b>Name of the person nominated by the woman under section 6</b>			Nil	
18	<b>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</b>			Nil	
19	<b>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</b>			Nil	
20	<b>Signature of the employer of establishment authenticating the entries in the muster-roll</b>			Nil	
21	<b>Remarks column for the use of Inspector</b>			Nil	

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



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<b>Name of the Contractor</b>		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
<b>1</b>	<b>Serial Number</b>	46			
<b>2</b>	<b>Name and age of the woman and her father's (or if married, husband's) name</b>	JASMEET KAUR . RAJWANT SINGH		<b>EmpCode</b> C15289	
<b>3</b>	<b>Date of appointment</b>	24/03/2014			
<b>4</b>	<b>Nature of Work</b>				
<b>5</b>	<b>Dates with month and year in which she is employed, laid off and not employed</b>				
	<b>Month</b>	<b>No. of Days Employed</b>	<b>No.of days laid off</b>	<b>No. of days not Employed</b>	<b>Remarks</b>
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<b>6</b>	<b>Date on which woman gives notice under section 6</b>			Nil	
<b>7</b>	<b>Date of discharge/dismissal, if any</b>			Nil	
<b>8</b>	<b>Date of production of proof of pregnancy under section 6</b>			Nil	
<b>9</b>	<b>Date of birth of child</b>			Nil	
<b>10</b>	<b>Date of production of proof of delivery/ miscarriage/ [Medical termination of pregnancy/ tubectomy/ operation/</b>			Nil	
<b>11</b>	<b>Date of production of proof of illness referred to in section 10</b>			Nil	
<b>12</b>	<b>Date with the amount of maternity benefit paid in advance of expected delivery</b>			Nil	
<b>13</b>	<b>Date with the amount of subsequent payment of maternity benefit</b>			Nil	
<b>14</b>	<b>Date with the amount of medical bonus, if paid under section 8</b>			Nil	
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<b>17</b>	<b>Name of the person nominated by the woman under section 6</b>			Nil	
<b>18</b>	<b>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</b>			Nil	
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<b>20</b>	<b>Signature of the employer of establishment authenticating the entries in the muster-roll</b>			Nil	
<b>21</b>	<b>Remarks column for the use of Inspector</b>			Nil	

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<b>Name of the Contractor</b>		Adecco India Private Limited SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
<b>1</b>	<b>Serial Number</b>	3			
<b>2</b>	<b>Name and age of the woman and her father's (or if married, husband's) name</b>	RAJNI RAWAT JAGMOHAN SINGH RAWAT		<b>EmpCode</b> F88015	
<b>3</b>	<b>Date of appointment</b>	11/06/2018			
<b>4</b>	<b>Nature of Work</b>				
<b>5</b>	<b>Dates with month and year in which she is employed, laid off and not employed</b>				
	<b>Month</b>	<b>No. of Days Employed</b>	<b>No.of days laid off</b>	<b>No. of days not Employed</b>	<b>Remarks</b>
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