		1	The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Nam	e and Address of	the	CIPLA LTD					
Estal	ablishment							
			M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	of the Contracto	r·	Adecco India Priva	ate Limited				
Tallie	or the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
			AMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005					
1	Serial Number		10					
	Name and age of	f the woman	-					
2	and her father's		PUSHP LATA .		EmpCode A49407			
	married, husbar		POM PRAKASH					
	married, nusbar	id s) name	TOWTRAKASII					
3	Date of appoints	ment	01/06/2012					
\vdash								
4	Nature of Work							
⊢ <u>-</u> ⊣	D 4 12			111100 1				
5				ed, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not	Remarks			
igdash		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							
	May-22							
	Jun-22							
	Jul-22							
	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			tion 6	Nil			
9	Date of birth of child				Nil			
10	Date of production of proof of delivery/ miscarriage/			e/	Nil			
10	10 Medical termination of pregnacy/ tubectomy/ operation/							
11	Date of producti	ion 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	Nii			
	of expected deliv	very			Nil			
13	Date with the an	nount of subsequ	ent payment of ma	iternity	Nii			
	benefit				Nil			
14	Date with the an	nount of medical	bonus, if paid und	er section8	Nil			
15					Nii			
	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			leave	Nil			
	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				Nii			
	person to whom Maternity benefit and/or other amount				Nil			
	was paid, the amount thereof, and the date of payment							
19	If the woman dies and the child survives, the name of the				Ari			
	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				Nil			
21	the entries in the muster-roll Remarks column for the use of Inspector				Nii			
	* TF _ Transfer B	rom . TT - Trans	ispector sfer To , DOL - Da	te of Leaving	Nil			
11016	11 - 11 alisici f	. vm , 11 - 11 all	na io, Don-Da	ic of Leaving				



		1	he matering ben	tilt Act, 1701 allu (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	e of the Contracto	.34	Adecco India Priva	uta I imitad						
rame	e of the Contracto									
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005					
		SAMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005								
1	Serial Number		25							
1			23							
2	Name and age o		MEENU ARORA		EmpCode A54182					
	and her father's		arth arthr							
	married, husbar	nd's) name	GIAN CHAND							
3	Date of appoint	ment	01/07/2012							
3	Date of appoint	ment	01/06/2012							
4	Nature of Work									
5	Dates with mon	th and year in wl	hich she is employe	ed, laid off and not	employed					
	Month	No. of Days	No.of days	No. of days not						
		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	31.0		0.00						
	May-22									
	Jun-22									
	Jul-22									
	Aug-22									
	Sep-22									
	Oct-22									
	Nov-22									
	Dec-22	<u> </u>			Nil					
6	Date on which woman gives notice under section 6									
7	Date of discharge/dismissal, if any			· · ·	Nil					
8	Date of production of proof of pregnancy under section 6			tion 6	Nil					
9	Date of birth of child			,	Nil					
10	Date of production of proof of delivery/ misca [Medical termination of pregnacy/ tubectomy/				Nil					
4.4					M'I					
11			ness referred to in		Nil					
12			ty benefit paid in a	dvance	Nil					
12	of expected deliv									
13		nount of subsequ	ent payment of ma	ternity	Nil					
	benefit Date with the amount of medical bonus, if paid under section8									
14			<u> </u>		Nil					
15	Date with the amount of wages paid on account of leave				Nil					
	under section 9	nount of wages	acid on account of	logvo						
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 section6				Nil					
	If the woman dies, the date of her death, the name of the				1111					
18	person to whom Maternity benefit and/or other amount				Nil					
	_	-								
10	was paid, the amount thereof, and the date of payment If the woman dies and the child survives, the name of the									
19			urvives, the name laternity benefit w		Nil					
	l -		iaternity benefit ward of the control of the contro	-	1411					
			blishment authent		329					
20	_		onsument authent	ivaning.	Nil					
21	the entries in the muster-roll Remarks column for the use of Inspector				Nil					
				te of Leaving						
				TF - Transfer From , TT - Transfer To , DOL - Date of Leaving						



		1	The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Nam	e and Address of	the	CIPLA LTD					
Estal	ablishment		M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
			WIZ A & WI I -D J.K	Complex No 3 HCM	ik Faiths Mandon, Denn-93.			
Name	of the Contracto	r·	Adecco India Priva	ate Limited				
Tallie	or the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Roa	ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005			
		SAMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005						
1	Serial Number		46					
	Name and age of	f the women						
2	and her father's		JASMEET KAUR		EmpCode C15289			
	married, husbar		RAJWANT SING	П				
	married, nusbar	iu s) name	KAJWANI SING	11				
3	Date of appoints	ment	24/03/2014					
\vdash								
4	Nature of Work							
اــِــا	D : :::			111100 1				
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							
	May-22							
	Jun-22							
	Jul-22							
	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			tion 6	Nil			
9	Date of birth of child				Nil			
10	Date of production of proof of delivery/ miscarriage/			e/	Nil			
10	[Medical termin	ation of pregnacy	// tubectomy/ oper	ation/				
11	Date of producti	ion 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	Nii			
	Date with the amount of maternity benefit paid in advance of expected delivery				Nil			
13	Date with the an	nount of subsequ	ent payment of ma	iternity	Nii			
	benefit				Nil			
14	Date with the amount of medical bonus, if paid under section8			er section8	Nil			
15	Date with the amount of wages paid on account of leave			leave	Nii			
	under section 9				Nil			
16	Date with the amount of wages paid on account of leave			leave	Nil			
	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				Nil			
	person to whom Maternity benefit and/or other amount				IVII			
	was paid, the amount thereof, and the date of payment							
19	If the woman dies and the child survives, the name of the				MUL			
	person to whom the amount of Maternity benefit was paid on behalf of the child and the period for which it was paid				Nil			
\vdash								
20	Signature of the employer of establishment authenticating				Nil			
21	the entries in the muster-roll Remarks column for the use of Inspector				Nil			
	* TF - Transfer F	rom . TT - Trans	sfer To, DOL - Da	te of Leaving	1/11			
11010	ii iiansici i	. v.m. , 1 1 - 11 dll	IU, DUL - Da	te of Leaving				



Name of the Contractor		Mines & Circus) Rules, 1963.	a (Ni	ent Act, 1901 and (i ne Maternity Ben			
Name of the Contractor					CIPLA LTD	he	e and Address of	Nam
Name of the Contractor								
Serial Number 3 3 3 3 3 3 3 3 3	M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.							
Serial Number 3 3 3 3 3 3 3 3 3								
Serial Number 3 3 3 3 3 3 3 3 3								
Serial Number 3 3 3 3 3 3 3 3 3				ata Limitad	A doggo India Drive	•	a of the Contracts	Nome
1 Serial Number 3 2 Name and age of the woman and her father's (or if married, husband's) name						me of the Contractor		
2 Name and age of the woman and her father's (or if married, husband's) name JAGMOHAN SINGH RAWAT 3 Date of appointment 11/06/2018 4 Nature of Work 11/06/2018 5 Dates with month and year in which she is employed, laid off and not employed		ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005	Road	39, 1st Floor,Pusa Ro	SAMYAK TOWER,			
2 Name and age of the woman and her father's (or if married, husband's) name JAGMOHAN SINGH RAWAT 3 Date of appointment 11/06/2018 4 Nature of Work 11/06/2018 5 Dates with month and year in which she is employed, laid off and not employed		SAMYAK TOWER, 39, 1st Floor, Pusa Road, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005						
2 Name and age of the woman and her father's (or if married, husband's) name JAGMOHAN SINGH RAWAT 3 Date of appointment 11/06/2018 4 Nature of Work 11/06/2018 5 Dates with month and year in which she is employed, laid off and not employed								
2 Name and age of the woman and her father's (or if married, husband's) name JAGMOHAN SINGH RAWAT 3 Date of appointment 11/06/2018 4 Nature of Work 11/06/2018 5 Dates with month and year in which she is employed, laid off and not employed					3		Serial Number	1
and her father's (or if married, husband's) name 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 Jan-22 31.0 0.00 0.00 Mar-22 31.0 0.00 0.00 Mar-22 31.0 0.00 0.00 Apr-22 Jun-22 Jun-22 Jun-22 Jun-22 Jun-22 Sep-22 Sep-22 Oct-22 Nov-22 Dec-22 Dec-22 Date of drisharge/dismissal, if any Date of production of proof of felivery/ miscarriage/ Medical termination of pregnacy/ tubectomy/ operation/ Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Date of production of proof of illness referred to in section 10 Nil Date of production of proof of illness referred to in section 10 Nil Date of production of proof of illness referred to in section 10 Nil Date of production of proof of illness referred to in section 10 Nil Date of production of wages paid on account of leave under section 9 Nil Date with the amount of medical bonus, if paid under section8 Nil Date with the amount of medical bonus, if paid under section8 Nil Date with the amount of wages paid on account of leave under section 10 Nil Nil Nil Nil Nil Nil Nil Ni					3			
married, husband's) name		EmpCode F88015			RAJNI RAWAT			2
3 Date of appointment 4 Nature of Work 5 Dates with month and year in which she is employed, laid off and not employed Month No. of Days No. of days Island off Employed Island off Island Isla				CHDAWAT	IA CMOHANI CD	*		
4 Nature of Work 5 Dates with month and year in which she is employed, laid off and not employed Month No. of Days No. of days No. of days not Employed laid off Employed Remarks Jan-22 31.0 0.00 0.00 0.00 Mar-22 31.0 0.00 0.00 0.00 Mar-22 31.0 0.00 0.00 Apr-22 Jul-22 Jul-23 Jul-24 Jul-24 Jul-25 Jul-26 Jul-26 Jul-26 Jul-27 Jul-27 Jul-28 Jul-29 Jul				IGH KAWAI	JAGMOHAN SIN	d's) name	married, husbar	
4 Nature of Work 5 Dates with month and year in which she is employed, laid off and not employed Month No. of Days No. of days No. of days not Employed laid off Employed Jan-22 31.0 0.00 0.00 0.00 Mar-22 31.0 0.00 0.00 0.00 Apr-22 31.0 0.00 0.00 Apr-22 Jan-22 Jan-23 Jan-24 Ja					11/06/2018	nent	Date of appoints	3
Dates with month and year in which she is employed, laid off and not employed Month No. of Days No. of days No. of days not Remarks					11/00/2016		Dute of appoint	Ľ.
Month No. of Days Employed No. of days Employed Employed Employed Employed							Nature of Work	4
Month No. of Days Employed No. of days Employed Employed Employed Employed								
Jan-22 31.0 0.00 0.00		employed	ot en	ed, laid off and not	hich she is employ	th and year in w	Dates with mon	5
Semployed State of Employed State of Employed		Damarks	t	_	No.of days	-	Month	
Feb-22 28.0 0.00 0.00 0.00		ixinai ks		Employed	laid off	Employed		
Mar-22 31.0 0.00 0.00 0.00 Apr-22 May-22 Jun-22 Jun-22 Jun-22 Jun-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Date on which woman gives notice under section 6 Nil Nil Mil Nil Nil Mil Nil Mil			00	0.00	0.00	31.0	Jan-22	
Apr-22 May-22 Jun-22 Jun-22 Jun-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Dec-22 Date on which woman gives notice under section 6 Nil Nil Nil Mil Nil Mil			00	0.00	0.00	28.0	Feb-22	
May-22 Jun-22 J			00	0.00	0.00	31.0	Mar-22	
Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 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 Nil 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 Nil 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 subsequent payment of maternity benefit 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 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							Apr-22	
Jul-22 Aug-22 Sep-22 Sep-22 Dec-22 Dec-22 Dec-22 Dec-22 Dec-22 Dec-22 Date on which woman gives notice under section 6 Nil Nil Nil Date of discharge/dismissal, if any Nil Nil Nil Nil Nil Nil Date of production of proof of pregnancy under section 6 Nil							May-22	
Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Ott-20 Oct-20 O			十					
Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Ott-20 Oct-20 O			_					
Sep-22 Oct-22 Nov-22 Dec-22 Oct-22 O			\top					
Oct-22			\dashv					
Nov-22 Dec-22 Dec-22 Nil			\dashv				_	
Dec-22			\dashv					
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/ [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			\dashv					
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 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		Nil	- -	l	re under section 6	oman gives notic		6
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 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			—	3				
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 Nil 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 Nil 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			—					
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 Nil 12 Date with the amount of maternity benefit paid in advance of expected delivery Nil			—					
Medical termination of pregnacy/ tubectomy/ operation/ Date of production of proof of illness referred to in section 10 Nil			—					
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						•	•	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		Nil	+					11
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			_					
Date with the amount of subsequent payment of maternity benefit Nil		Nil			paid in a			~~
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			\dashv		ent payment of me			13
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		Nil			pajmont of me	and or subsequ		~
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 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		Nil	+				14	
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			_					
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		Nil		ē .				
under section 10 and period of leave granted Name of the person nominated by the woman under section6 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 If the woman dies and the child survives, the name of the		N. T.	1.	Date with the amount of wages paid on account of leave				16
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		NII		under section 10 and period of leave granted			10	
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		Nil	1	Name of the person nominated by the woman under section6			17	
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				If the woman dies, the date of her death, the name of the			18	
was paid, the amount thereof, and the date of payment 19 If the woman dies and the child survives, the name of the		Nil		person to whom Maternity benefit and/or other amount				
			_ [was paid, the amount thereof, and the date of payment				L
								19
		Nil						
on behalf of the child and the period for which it was paid								
20 Signature of the employer of establishment authenticating Nil		Nil	1	Signature of the employer of establishment authenticating				20
the entries in the muster-roll				the entries in the muster-roll				
		Nil		Remarks column for the use of Inspector				
Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving				te of Leaving	sfer To , DOL - Da	rom , TT - Trans	* TF - Transfer F	Note

