Name of the Contractor	The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.				,					
Establishment	CIPLA LTD				Name and Address of the					
Name of the Contractor										
Scrial Number	M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					Establishment				
Scrial Number										
Scrial Number										
Scrial Number			ata I imitad	A dagaa India Drive		of the Contracts	Name			
1 Serial Number 10					Г	e of the Contracto	1vame			
2 Name and age of the woman and her father's (or if married, husband's) name		ad, Opp Metro Pillar No 120, Karol Bagh, New Delhi-110005	39, 1st Floor,Pusa Roa	SAMYAK TOWER,						
2 Name and age of the woman and her father's (or if married, husband's) name										
2 Name and age of the woman and her father's (or if married, husband's) name PUSHP LATA EmpCode A49407										
2 Name and age of the woman and her father's (or if married, husband's) name				10		Carial Number	1			
and her father's (or if married, husband's) name POM PRAKASH 3 Date of appointment 01/06/2012 4 Nature of Work No. of Days No. of days No. of days not Employed Month No. of Days No. of days Employed laid off 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 May-22 31.0 0.00 0.00 May-22 31.0 0.00 0.00 May-22 31.0 0.00 0.00 Jun-22 Jul-22 Jul-22 Aug-22 Jul-22 Jul-22 Jul-22 Oct-22 Nov-22 Nov-22 Nov-22 Nov-22 Nov-22 Nov-22 Nov-22 Dec-23 Date of birch or child Nil Date of forch or hild 8 Date of production of proof of pregnancy under section 6 Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date of production of proof of delivery/ miscarriage/ Nil Nil Date with the amount of maternity benefit paid in advance Nil Date with the amount of maternity benefit paid in advance Nil Date with the amount of wages paid on account of leave Nil Date with the amount of wages paid on account of leave Nil Date with the amount of wages paid on account of leave Nil Date with the amount of wages paid on account of leave Nil Date with the amount of wages paid on account of leave Nil Nil Date with the amount of wages paid on account of leave Nil Nil Date with the amount of wages paid on account of leave Nil Nil Nil Nil Nil Nil				10			1			
and her father's (or if married, husband's) name		EmpCode A49407		PUSHP LATA .		_	2			
3 Date of appointment		•	*							
A Nature of Work S Dates with month and year in which she is employed. Iaid off and not employed No. of Days No. of days not Employed Iaid off Employed No. of Days			nd's) name	married, husbar						
A Nature of Work S Dates with month and year in which she is employed. Iaid off and not employed No. of Days No. of days not Employed Iaid off Employed No. of Days				01/06/0010		Data of annaints				
Date with month and year in which she is employed, laid off and not employed No. of Days No. of days not Employed Indian off Employed No. of days not Employed No. of Days No. of days not Employed No. of Days No. of Carbon				01/06/2012	ment	Date of appointi	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 Employed Laid off Employed Employed Remarks						Nature of Work	4			
Month										
Month		employed	ed, laid off and not e	nich she is employe	th and year in w	Dates with mon	5			
Employed laid off Employed Semarks										
Jan-22 31.0 0.00 0.00		Remarks	-	I	1					
Feb-22 28.0 0.00 0.00 0.00 Mar-22 31.0 0.00 0.00 0.00 Mar-22 31.0 0.00 0.00 0.00 May-22 31.0 0.00 0.00 0.00 May-22 31.0 0.00 0.00 0.00 Jun-22 Jun-22 Jul-22 Jul-2		1				Ian-22				
Mar-22 31.0 0.00 0.00 0.00 May-22 31.0 0.00 0.00 0.00 May-22 31.0 0.00 0.00 0.00 0.00 Jun-22 Jun-22 Jun-22 May-22 May-23 May-24		 		1						
Apr-22 30.0 0.00 0.00 May-22 31.0 0.00 0.00 Jun-22 Jul-22 Aug-22 8ep-22		_								
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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 10 Date of birth of child Nil 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 maternity benefit and 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 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 Nil										
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Aug-22 Sep-22 Oct-22 O										
Sep-22										
Oct-22 Nov-22 Dec-22 Oct-22 O										
Nov-22 Dec-22 Dec-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 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 Nil Nil Nil Nil Nil Nil Nil N										
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Date of production of proof of delivery/ miscarriage/ Medical termination of pregnacy/ tubectomy/ operation/		Nil	Date of production of proof of pregnancy under section 6							
Medical termination of pregnacy/ tubectomy/ operation/ Date of production of proof of illness referred to in section 10 Nil		Nil								
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		Nil	Date of production of proof of delivery/ miscarriage/				10			
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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 Nil		Nil								
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19 If the woman dies and the child survives, the name of the person to whom the amount of Maternity benefit was paid Nil		NII								
person to whom the amount of Maternity benefit was paid Nil										
Parada to the control of the contr										
		Nil								
			on behalf of the child and the period for which it was paid							
20 Signature of the employer of establishment authenticating Nil		Nil								
the entries in the muster-roll			the entries in the muster-roll							
21 Remarks column for the use of Inspector Nil										
Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving	Note									



		1	The Maternity Benefit Act, 1961 and (Mines & Circus) Rules, 1963.					
Nam	e and Address of	the	CIPLA LTD					
1	olishment		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 fich	ik Fainis Mandon, Denn-93.			
Name	of the Contracto	20	Adecco India Priva	ata Limitad				
Traine	or the Contracto							
			SAMYAK TOWER,	39, 1st Floor,Pusa Ro	ad, Opp Metro Pillar No 120,Karol Bagh, New Delhi-110005			
1	Serial Number		25					
_		6.41						
2	Name and age of		MEENU ARORA . EmpCode A54182 GIAN CHAND					
	and her father's	•						
	married, husbar	ia's) name						
3	Date of appoints	ment	01/06/2012					
			01/00/2012					
4	Nature of Work							
5	Dates with mon			ed, laid off and not	employed			
	Month	No. of Days	No.of days	No. of days not	Remarks			
		Employed	laid off	Employed	ixinai ky			
	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							
	Jul-22							
	Aug-22							
	Sep-22							
	Oct-22							
	Nov-22							
	Dec-22							
6	Date on which woman gives notice under section 6				Nil			
7		ge/dismissal, if an			Nil			
8			egnancy under sec	tion 6	Nil			
9	Date of birth of		<u> </u>		Nil			
	Date of production of proof of delivery/ miscarriage/				Nil			
10	-	•	/ tubectomy/ oper					
11	_		ness referred to in		Nil			
12			y benefit paid in a					
	of expected deliv		- ·		Nil			
13			ent payment of ma	ternity	Ari			
	benefit	•		•	Nil			
14	Date with the an	nount of medical	bonus, if paid und	er section8	Nil			
15			aid on account of					
	under section 9				Nil			
16	Date with the an	nount of wages p	aid on account of	leave	Nil			
		and period of le						
17			the woman under		Nil			
18			death, the name o					
	_	-	it and/or other am		Nil			
			d the date of paym					
19			urvives, the name					
	_		aternity benefit w	-	Nil			
			iod for which it wa					
20			blishment authent	icating	Nil			
21	the entries in the		uam a ata	AUI				
21 Note		n for the use of Ir	Nil					
rote	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							



Name and Address of the CIPLA LTD M2 A & M1 -B J R Complex No - 5 HCMR Farms Mandoli, Delhi-93.)5						
Name of the Contractor)5						
Name of the Contractor)5						
SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-11000 Serial Number)5						
SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-11000 Serial Number	05						
SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-11000 Serial Number	05						
SAMYAK TOWER, 39, 1st Floor,Pusa Road, Opp Metro Pillar No 120,Karol Bagh, New Delhi-11000 Serial Number	05						
1 Serial Number	05						
Name and age of the woman and her father's (or if married, husband's) name							
Name and age of the woman and her father's (or if married, husband's) name							
Name and age of the woman and her father's (or if married, husband's) name							
Name and age of the woman and her father's (or if married, husband's) name							
and her father's (or if married, husband's) name RAJWANT SINGH							
and her father's (or if married, husband's) name							
3 Date of appointment 24/03/2014							
Nature of Work							
Nature of Work							
Solution Solution							
Solution Solution							
Month							
Month							
Semployed Semp							
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 Jul-22 Aug-22 Aug-22 Avy-22 Aug-22 Aug-22 Nov-22							
Feb-22							
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 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 Nil 9 Date of birth of child Nil 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							
May-22 31.0 0.00 0.00 Jun-22 Jul-22							
Jun-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 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 pregnacy/ tubectomy/ operation/ 11 Date of production of proof of illness referred to in section 10 Nil							
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Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Oate on which woman gives notice under section 6 Nil 7							
Sep-22 Oct-22 Nov-22 Dec-22							
Oct-22 Nov-22 Dec-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 pregnacy/ tubectomy/ operation/ 11 Date of production of proof of illness referred to in section 10 Nil							
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 pregnacy/ tubectomy/ operation/ 11 Date of production of proof of illness referred to in section 10 Nil							
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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							
Medical termination of pregnacy/ tubectomy/ operation/ Date of production of proof of illness referred to in section 10 Nil							
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 Nil							
of expected delivery							
13 Date with the amount of subsequent payment of maternity							
benefit Nil							
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 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							
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 Nil							
on behalf of the child and the period for which it was paid							
20 Signature of the employer of establishment authenticating Nil							
the entries in the muster-roll							
1 Remarks column for the use of Inspector Nil							
Note * 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					
1	olishment							
			M2 A & M 1 -B J.R Complex No 5 HCMR Farms Mandoli, Delhi-93.					
Name	of the Contracto	P*	Adecco India Priva	ate Limited				
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		3					
		e (1						
2	Name and age o		RAJNI RAWAT EmpCode F88015 JAGMOHAN SINGH RAWAT					
	and her father's married, husbar	•						
	married, nusbai	id s) name						
3	Date of appoints	ment	11/06/2018					
			-1,00,2010					
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							
	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 discharg	ge/dismissal, if an	ıy		Nil			
8			egnancy under sec	tion 6	Nil			
9	Date of birth of		- ·		Nil			
10	Date of production of proof of delivery/ miscarriage/				Nil			
10	-	•	/ tubectomy/ oper					
11	_		ness referred to in		Nil			
12			y benefit paid in a					
	of expected deliv				Nil			
13			ent payment of ma	ternity	AF1			
	benefit	•		-	Nil			
14	Date with the an	nount of medical	bonus, if paid und	er section8	Nil			
15			aid on account of					
	under section 9				Nil			
16	Date with the an		aid on account of	leave	Nil			
		and period of le						
17			the woman under		Nil			
18			death, the name of		NUL			
	_	-	it and/or other am		Nil			
			d the date of paym					
19			urvives, the name		227			
	_		aternity benefit w	-	Nil			
			iod for which it wa					
20			blishment authent	icating	Nil			
21	the entries in the		.cm.actaw	AUI				
21 Note	Remarks column	Nil						
Note	Note * TF - Transfer From , TT - Transfer To , DOL - Date of Leaving							

