

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	10			
2	Name and age of the woman and her father's (or if married, husband's) name	PUSHPA 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				
	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				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	25			
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				
	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				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	46			
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	
	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				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 section8				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 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 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	3			
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	
	Mar-22	31.0	0.00	0.00	
	Apr-22	30.0	0.00	0.00	
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	Jun-22				
	Jul-22				
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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 section8				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 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 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
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