

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

**The Uttar Pradesh Maternity Benefit Rules, 1983.**

<b>Name and Address of the Establishment</b>		CIPLA LTD C 1/15 AND 1/16 PHASE II, KANPUR ROAD, TRANSPORT NAGAR, Uttar Pradesh, Lucknow, 226012			
<b>Name of the Contractor</b>		Adecco India Private Limited			
1	<b>Serial Number</b>	212			
2	<b>Name and age of the woman and her father's (or if married, husband's) name</b>	MANBIR THAPA <span style="float: right;">EmpCode G94128</span> MANBIR THAPA			
3	<b>Date of appointment</b>	06/02/2020			
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	
	May-22	31.0	0.00	0.00	
	Jun-22	30.0	0.00	0.00	
	Jul-22	31.0	0.00	0.00	
	Aug-22	31.0	0.00	0.00	
	Sep-22	30.0	0.00	0.00	
	Oct-22	31.0	0.00	0.00	
	Nov-22	30.0	0.00	0.00	
	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**

