

Form A
(See Rule (3))
Muster Roll

The Uttar Pradesh Maternity Benefit Rules, 1983.

Name and Address of the Establishment		CIPLA LTD Morta Meerut Road Ghaziabad			
Name of the Contractor		Adecco India Private Limited Summit B, 13th Floor, Brigade Metropolis, Garudhachar Palya, Bangalore.			
1	Serial Number	7			
2	Name and age of the woman and her father's (or if married, husband's) name	RAJ KUMAR RAJ KUMAR		EmpCode A49601	
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	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	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

