**Form F**

**[Rule 5(3)]**

**Receipt Of Maternity Benefit**

To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of mine or circus)

I, \_\_\_\_\_\_\_\_\_\_, the undersigned, a woman employee/the nominee of \_\_\_\_\_\_\_\_ woman employee/legal representative of woman employee deceased in \_\_\_\_\_\_\_ (name of mine or circus) at \_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_ district received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of mine or circus referred to above, as detailed below:-

Rs.\_\_\_\_\_\_ being the first instalment of maternity benefit paid on \_\_\_\_\_\_\_\_\_ .

Rs.\_\_\_\_\_\_ being the second instalment of maternity benefit after delivery paid on \_\_\_\_\_\_\_\_\_

Rs.\_\_\_\_\_\_ being the medical bonus under section 8 of the Act paid on \_\_\_\_\_\_\_\_\_

Rs.\_\_\_\_\_\_ being the wages for the leave period from \_\_\_\_\_ to \_\_\_\_\_ mentioned under **2**[section 9, 9A or 10].

\*My/Her confinement/miscarriage **3**[medical termination of pregnancy or tubectomy operation] took place on \_\_\_\_\_\_\_ or I/she fell ill because of pregnancy, delivery, premature birth of a child or miscarriage **3**[medical termination of pregnancy or tubectomy operation] on \_\_\_\_\_. In consequence I,\_\_\_\_\_ her nominee/legal representative have received the aforesaid amounts prescribed in **1**[sections 5, 8, 9, 9A and 10] of the Maternity Benefit Act, 1961.

Date \_\_\_\_\_\_\_\_ Signature or thumb impression of \_\_\_\_\_\_\_\_\_\_

\*Woman employee or her nominee or legal representative

Signature of an attestor in case the woman is not able to

Date \_\_\_\_\_\_\_\_ sign and affixes thumb impression

*\* Strike out unnecessary portion.*

*1. Substituted by GSR 64, dated 4th. February, 1992, w.e.f. 15th. February, 1992.*

*2. Substituted by GSR 70(E), dated 31st. January, 1996, w.e.f. 1st. February, 1996.*

*3.Inserted by GSR 70(E), dated 31st. January, 1996, w.e.f.1st. February, 1996.*