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| **FORM F** [See Rule 5(3)] | |
| |  |  | | --- | --- | |  | | | **FORM OF RECEIPT OF MATERNITY BENEFIT** | | |  | | | To | | | ------------(name of 1[mine or circus]). I,-----------, the undersigned, a woman employee/ the nominee of------------ woman employee/ legal representative of----------------- woman employee deceased in----------------(name of 1[mine or circus]) at--------------- district received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of 1[mine or circus] referred to above, as detailed below:- | | |  | Rs--------being the first installment of maternity benefit paid on------- | |  | Rs--------being the second installment 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]. | | |
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| |  |  | | --- | --- | | 1. | Subs. by G.S.R. 59(E), dated 27th February, 1975 (w.e.f. 1-3-1975). | | 2. | Subs. by G.S.R. 70(E), dated 31st January, 1996 (w.e.f. 31-1-1996). | | |

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| |  | | --- | | \*My/ Her confinement/ miscarriage 1[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 1[Medical termination of pregnancy or tubectomy operation] on------------ In consequence I, ---------------- her nominee/legal representative have received the aforesaid amounts prescribed in 2[sections 5, 8, 9, 9A and 10] of the Maternity Benefit Act, 1961. | | |  |  | | --- | --- | |  | Signature or thumb impression of | | \*Woman employee or her nominee or legal representative | | |  |  | |  | Signature of an Attester in case the woman is  not able to sign and affixes thumb impression | | Date-------- |  | | | \*Strike out unnecessary portion. | |