FORM 10

[Rule 12 (1)]

Maternity Benifit Register

Si No.	Name Of the woman	Date of appointment	Department in which employed.	Nature of work	Dates (with month and year) on which she is laid off and not employed	Total days employed in the	Dtae on which woman gives payment period.	Date of birth of child	Date of production of proof of pregnancy under section 6 of the Maternity Benefit Act.1961	Date of production of proof of delivery/miscarriage/death	Where the maternity benifit delivery, the date on which is paid in advance before it is paid and the amount thereof	Date on which subsequent payment of maternity benefit is made and the amount thereof	Where the medical bonus is paid, the date on which it is paid and the amount thereof.	Date on which wages on account of leave are paid and amount thereof	Name of the person nominated by the woman	If the woman dies, the date of her death, the name of the person to who maternity benefit and/or other amount was	If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit	Remarks column for the use of Inspector.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
		No Maternity Benefit month of Sep 2024																

For Astute Outsourcing Services Pvt. Ltd.

Authorised Signatory