

**Form XI**  
**[see rule 50]**  
**APPLICATION FOR MATERNITY BENEFIT**

1. Name and address of Applicant :
2. Registration No. :
3. Age and Date of Birth :
4. Name of husband :
5. Date of confinement :
6. Have you applied for this benefit earlier :
7. If so how many times and give details :
  
8. Date of registration :
9. Date of payment of 1<sup>st</sup> subscription and amount :
10. Date payment or last subscription :
11. Name of bank and place :
12. List of documents submitted :
  - (a) Copy of Challans or copy of Pass book :
  - (b) Medical certificate in original :

The facts furnished above are true to my knowledge and information.

Place: \_\_\_\_\_ Name of Signature of application  
Date: \_\_\_\_\_

Form of medical Certificate  
(To be obtained for a Medical Officer not below the rank of an Assistant Surgeon)

I have examined Smt. \_\_\_\_\_ age \_\_\_\_\_  
and wife of Shri \_\_\_\_\_ she is pregnant running  
\_\_\_\_\_ month. She had delivered a child on \_\_\_\_\_.

Place: \_\_\_\_\_ Name of Signature of application  
Date: \_\_\_\_\_