

FORM 'F'(MB)
(See rule 6)
Receipt of Maternity Benefit in Form-F

To

------(Name of establishment)

I -----the undersigned, a woman employee/the nominee of-----woman employed/legal representative of-----woman employee deceased in-----
(Name of establishment) at -----in-----district, received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961, from the employer of the establishment 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 deliver paid on-----.

Rs.----- being the medical bonus under section 8 of the Act in-----.

Rs.----- being the wages for the leave period from-----
to-----mentioned
under section 8 or 10

My/her confinement/miscarriage took place on-----or I/she fell ill because of pregnancy deliver, premature birth of a child or miscarriage on-----in consequence I-----her nominee legal representative have recived the aforesaid amount prescribed in section 5,8,9 and 10 of the Maternity Benefit Act, 1961.

Signature or thumb/impression

Woman employee or her nominee or legal representative.

Singnature of an attestor in case the woman is not able to sign and affix thumb-impression.

Date-----

Signature of the Competent Authority