

2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.

3. The applicant therefore prays that a certificate may be issued under section 129 for recovery of the said sum of Rs. due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words not applicable.

FORM – X

[See rule 35(1)(a), 35(1)(d) and 35(2)(f)]

Certificate of Medical Officer/Medical Practitioner for confinement/miscarriage/ Medical termination of pregnancy or tubectomy operation/ delivery of a child

This is to certify that-

1. *I examined.....wife/ daughter of a woman employee in..... (Name of the establishment) on..... (Date) and found/ cannot discover that she is pregnant and is expected to be delivered of a child within (month and/days) from the above mentioned date or has undergone miscarriage/ Medical termination of pregnancy or tubectomy operation/has been delivered of a child on..... (Date) or is suffering from.....(date) from illness arising out of pregnancy or delivery or premature birth of a child or miscarriage/ Medical termination of pregnancy or tubectomy operation.
2. *Smt..... wife/daughter of..... employed in..... (Name of the establishment) expired on before/during/ after confinement. The child died on.....or survives her.
3. *I examined....wife/ daughter of....a woman employed in..... (Name of establishment) and found that she has been delivered of a child or has undergone miscarriage on..... (date).

*Strike out unnecessary portion.

Signature and designation of

Medical Officer/Medical Practitioner/ASHA/ANM/Gram Pradhan/Village Administrative Officer/
Authorised Officer of the Municipality

Date.....

Definitions of "child" and "miscarriage" as in the Code on Social Security, 2020(36 of 2020).-

1. "Child" includes a still-born child.
2. "Miscarriage" means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

FORM – XI

[See rule 35 (2)(a) and (c)]

(Notice of claim for maternity benefit and payment thereof under sections 62 and 63)

To

..... (name of establishment)

PART I

[See Rule 35 (2)(a)]

Notice

I (name of woman) wife or daughter of..... employed as..... at.....(name of establishment), hereby give notice that I expect to be confined within six weeks next following from the date of this notice or have given birth to a child on.....(date) and shall be absent from work from.....(date). I shall not work in any establishment during the period for which I receive maternity benefit.

2. For the purpose of section 63, I hereby nominate..... (Here enter name and address of the nominee) to receive maternity benefit and/ or any other amount due to me under the Code in case of my death.

Signature of an Attester in case
the woman is not able to sign
and affix thumb impression.
Date.....

Signature or thumb impression of woman

PART II

[See rule 35 (2)(c)]

FORM OF RECEIPT OF MATERNITY BENEFIT

I,....., the undersigned, a woman employee/ the nominee of..... woman employee or legal representative of..... woman employee deceased in.....(name of establishment) at..... in..... district received maternity benefit and/or other amount due under the Code on Social Security, 2020(36 of 2020) from the employer of the establishment 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 64 of the Code paid on.....

Rs.....being the wages for the leave period from..... to..... mentioned under section 65.

*My/ Her confinement/ miscarriage or 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 or Medical termination of pregnancy or tubectomy operation on..... In consequence I..... her nominee/legal representative has received the aforesaid amounts prescribed in sections 60, 64 and 65 of the Code on Social Security, 2020(36 of 2020).

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

Place:

Date:

*Strike out unnecessary portion.

Form XII

[seerule 38 (2)]

Appeal under Section 68

To

The Competent Authority
(Appointed under Chapter VI of Code on Social Security, 2020)
.....(Address)