

**FORM 'F'**  
[See Rule 5 (3) ]

Form of receipt of Maternity Benefit

(Name of establishments).

The undersigned, a woman\*employee/the nominee of

Woman employee/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 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 Sec. 9 or 10.

\*My/Her confinement/miscarriage took place on \_\_\_\_\_ or I/She fell ill because  
of pregnancy, delivery, premature birth of child a miscarriage on ..... in consequence  
I \_\_\_\_\_ her nominee/legal representative have received that aforesaid amounts prescribed  
in Section 5,8,9 and 10 of the Maternity Benefit Act, 1961.

Signature or thumb impression  
of \*Women 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.