Annual Return - The Maternity Benefit Act, 1961

(Rule 16 of the West Bengal Maternity Benefit Rules, 1965)

Year ending 31st December, 20......

		/L lating to Factory/Plantation/Establishment					
1.	(a)	Name of the Factory					
	1900041	and					
		Registration No					
	W-785	or					
	(a)	Name of the Plantation					
	(b)	Name of the Establishment					
	1-1	(to which the provisions of the Act have been declared to be applicable under sub-section (1) of Section (2).					
2.	Addre	ess					
	Post	Office District					
3.	(a)	Date of closing, if closed					
4.	Name	es of employers					
5.		managing agent, if any					
	Posta	d addresses of managing agent					
6.	Name	of Agent of representative of employer					
	Posta	d addresses of representative of employer					
7.		e of Manager					
	Postal addresses of Manager						
8.	Medie	cal Officer, if any, attached to the factory / plantation / establishment :					
	(a)	Name					
	(c)	Is he a resident doctor?					
	(d)	If a part-time employee, how often does he pay visits to the factory / plantation / establishment :					
9.	(a)	Is there any hospital attached to the factory/plantation/establishment?					
	(b)	If so, how many beds are provided for women employees?					
	(c)	Is there a lady doctor?					
	(c)	If so, what are her qualifications?					
	(d)	Is there a qualified midwife ?					
	(e)	Has any creche been provided ?					
	(0)	has any credit been provided :					
Emp	loymeı	nt, Dismissal, Payment of Bonus, etc. of Women					
From	1	/M					
1.	Aggr	egate number of women permanently or temporarily employed during the year					
2.		age daily number of women workers employed					
3.		ber of women who worked for a period of not less than one hundred and sixty days in the					
Э.	twelv	ve months immediately preceding the date of delivery					
4.		ber of women who gave notice under Section 6					

Undisposed from Current previous years year and disposed during the year

5.	Number of women who were granted permission of absent on receipt of notice of confinement													
6.	No. of claims		Paid	Paid										
					Rejec	ted								
7.	No. of claim	s for m	iedical bon	us (unde										
	Section 8)	050.00 T 00#00			Rejec									
8.	No. of ca	or Gran												
(144)	miscarriage				Rejec									
9.	No. of cases					ted								
	illness unde and was	r Sectio	n 10 was a	applied to	r Rejec	ted								
10.	No. of cases where pre-natal confinement and post-natal care was provided by the management free of charge (Section 8)													
11.	No. of women who died: (a) before delivery (b) after delivery													
12.	No. of infants who died (a) on the day of their birth													
12.	(b) during the six weeks following the date of birth													
13	13. No. of women discharged or dismissed while working													
14.	그는 맛이 그는 그는 것이 걸려졌었다. 그렇게 다시 가지 그렇게 되었다는 그렇게 그렇게 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그													
	section (20 c	of Section	n 12	.commey .	,0110111 0	, 0				- P				
15.	(a) No. o	f cases	where clair	ns were	onteste	d in a cou	rt o	f law						
10.	9 M. 117 M. O		ch case											
Detail	s of Payment		on case									7-0		
1.	Total amour		ternity Ben	efit. Mat	ernity Bo	onus and								
***	Wages for ac							Rs		P.				
2.	Details of Pa				are year					*************				
	Details of Fe		Amount	of Amo	unt o	Paymen	t of	Payment	of F	avme	nt o	1		
		cases	Maternity	100	ernity	medical		127 1 To 1	V 20	eave	fo			
		cascs	Benefits	for Ben		bonus		wages		llness	unde	r		
				riod the		under		under	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section				
			preceding		seguent	Section 8		Section 9		beetion ro.				
			date	of peri		00011011	•	5000000						
			expected	of peri	Ju				- 1					
			delivery											
				Rs.	P.	Rs.	P.	Rs.	P. I	Rs.	P.	1		
Wome	n employed		10. 1	. 10.		10.		10.				1		
Nomin				-			-		+			-		
ATMA TERROR STORY														
women	1			_					\rightarrow			1		
Legal	21.00													
	entative of													
the wo			1.1			the ende	6	aammatan	+ Δ.	thorit	u on I	_ none	otor	
3.	No. of cases							WARRIED TO BE				456		
4.	Number of women workers who absconded after receiving the first installment of maternity													
	benefits													
5.	Remarks													
	Signature of the Employer													
							Si	gnature of t	THE I	mp.cog	, cr	100000000000000000000000000000000000000		
							Si	упиште ој 1		ate				