NOTIFICATION

No.B.13017/2/89-L&E, the 24th February, 2015. The Governor of Mizoram is pleased to notify the Mizoram Maternity Benefit Rules, 2014.

By order etc.

Rodney L. Ralte,
Principal Secretary to the Govt. of Mizoram,
Labour, Employment & Industrial Training Department.
THE MIZORAM MATERNITY BENEFIT RULES, 2014.

In exercise of the powers conferred by Section 28 of the Maternity Benefit Act, 1961 the Governor of Mizoram is pleased to make the following rules, namely :-

1. **Short title, extent and commencement :-**

   (1) These rules may be called the Mizoram Maternity Benefit Rules, 2014.
   (2) They shall come into force from the date of their publication in the Official Gazette of Mizoram.
   (3) They shall extend to the whole of the State of Mizoram.
   (4) These Rules shall be applicable to all establishments mentioned under the Maternity Benefit Act, 1961.

2. **Definitions** :- In these rules, unless the context otherwise requires (Centre Act No 53 of 1961)

   (a) The “Act” means the Maternity Benefit Act, 1961.
   (b) “Competent authority” means the Labour Commissioner, Government of Mizoram.
   (c) “Form” means a form appended to these rules.
   (d) “Medical Officer” means a doctor possessing an MBBS Degree approved by the Medical Council of India.
   (e) “Muster roll” means a register of attendance maintained under Rule 3.
   (f) “Section” means a section of the Act.
   (g) All other words and expressions used hereinafter but not defined herein shall have the same meaning as respectively assigned to in the Act.

3. **Muster - Roll :-**

   (1) The employer of every establishment to which the Act applies in which women are employed shall prepare and maintain a Muster-Roll in Form “A” and shall enter therein particulars of all women workers.
   (2) All entries in the muster-roll shall be made in ink and maintained upto-date and it shall always be available for Inspection by the Inspector during working hours.
   (3) The employers may enter in the muster-roll such other particulars as may be required for any other purpose of the Act.

4. **Proof :-**

   (1) The fact that a woman is pregnant or has delivered a child or has undergone miscarriage or medical termination of pregnancy or tubectomy operation or is suffering from illness, arising out of pregnancy, delivery, pre-mature birth of child or miscarriage or medical termination of pregnancy or tubectomy operation shall be proved by the production of a certificate to that effect :-

      (a) From a MEDICAL Officer of a Government hospital or a dispensary or Primary Health Centre.
      (b) From a Medical Officer of private hospital recognized by Government of Mizoram.

      *The certificate shall be in Form “B”*

   (2) The fact that a woman has been confined may also be proved by the production of certificated extract from birth register maintained under the provision of any law for the time being in force or certificate signed by registered midwife or a regular Health Worker of a Local Health Centre.
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(3) The fact that a woman has undergone miscarriage may also be proved by the production of certificate signed by a registered midwife or a regular Health Worker of a Local Health Centre.

(4) The fact of death of a woman or a child may be proved by the production of a certificate to that effect in Form “C” from any of the authorities referred to in sub rule (1) or by the production of certified extract from a death register maintained under the provision of any law for the time being in force.

(5) The certificate from a registered Midwife or Health Worker shall be in Form “D”

5. Payment of Maternity and other benefits :-

1) A woman employed in an establishment to which the Act applies and entitled to a maternity benefit shall give notice to her employer in Form “E” and the employer shall make payment of the maternity benefit and any other amount due under the Act to the woman concerned, or, in case of her death receiving such maternity benefit or amount, or where the employer is liable for maternity benefit under the second proviso to sub-section (3) of Section 5, to the person nominated by the woman in her notice in Form “E” and in case there is no such nominee to her legal representative.

2) In case of doubt the maternity benefit or other amount due to a woman employed in establishments to which the Act applies shall be deposited by the employer, within two months of the date of the woman concerned with the Competent Authority, who shall, after making necessary enquiries, pay it to the person who, in his opinion is entitled to receive it.

3) Whenever the payment referred to sub-rule (1) is made, a receipt shall be obtained by the employer in Form “F” from the person to whom the payment is made. In case falling under sub-rule (2), a receipt shall be given to the employer by the competent authority.

4) The medical bonus shall be paid along with the second installment of the maternity benefit.

5) The Maternity benefit or any other amount payable under Section 7 shall be paid within two months of the date of death of the woman entitled to receive such benefit or amount.

6) The wages payable under Section 9 shall be paid to the woman entitled to receive such wages within forty-eight hours of production by her of the certificate in Form ‘B’ or Form ‘D’.

7) The wages payable under Section 9-A of the Act shall be paid to woman entitled to receive such wages within forty-eight hours of the expiry of the period of leave referred to in that section.

8) The wages payable under Section 10 shall be paid to the woman entitled to receive such wages within forty-eight hours of the expiry of the period of leave referred to in that section.

6. Break for Nursing Child :-

Each of the two breaks mentioned is Section 11 shall be of 15 minutes duration. An extra sufficient period, depending upon the distance to be covered shall be allowed for the purpose of journey to and from the creche or the place where the children are left by woman while on duty,
provided that such extra period shall not be less than 5 minutes and more than 15 minutes duration. If any disputes arises regarding such extra period, the matter shall be referred to the Competent Authority for decision.

7. **Duties and Powers of the Competent Authority and Inspectors :-**

   (1) The Competent Authority shall be responsible for the administration of these rules throughout the territories to which they extend.

   (2) Every Inspector shall discharge his duties within the area assigned to him by the State Government and shall Act under the supervision and control of the Competent Authority.

   (3) Every Inspector shall at each inspection of an establishment, see :
   
   (a) Whether due action has been taken on every notice given under Section 6.
   
   (b) Whether the Muster roll prescribed under Rule 3 is currently maintained.
   
   (c) Whether there have been any cases of discharge or dismissal or notices of discharge or dismissal in contravention of the provision of Section 12 since the last Inspection.
   
   (d) Whether the provision of sub-section (1) of Section 4, Sub-Sections (5) and (6) of Section 5, Sections 8, 9, (9-A), 10, 11, 13 and 19 have been complied with and whether amounts due have been paid within the prescribed time.
   
   (e) Whether there have been any cases of deprival of maternity benefit or medical bonus in contravention of sub-section (2) of Section 12, and
   
   (f) How far the irregularities pointed out at previous inspections have been remedied and how far orders previously issued have been complied with.

   (4) Where an inspector observes irregularities against the Act or these Rules, he shall issue orders in writing to the employer asking the latter to rectify the irregularities within a specified period and to report compliance to the Inspector.

8. **Act which constitute gross misconduct :-**

   The following acts shall constitute gross misconduct for the purpose of Section 12 namely :-

   (a) Willful destruction of employer’s goods or properties.
   
   (b) Assaulting any superior or co-employee at the place of work.
   
   (c) Criminal offence involving moral turpitude resulting in conviction in a court of law.
   
   (d) Theft, fraud, or dishonesty in connection with the employer’s business or property; and
   
   (e) Willful non-observation of safety measures or rules on the subject or willful interference with safety devices or with fire-fighting equipment.
9. Appeal under Section 12 :-

(1) An appeal under clause (b) of sub-section (2) of Section 12 shall be preferred to the Competent Authority in Form ‘G’.

(2) The appeal may be made in writing and either handed over personally or sent under a registered cover to the Competent Authority.

(3) When an appeal is received, the Competent Authority shall furnish a copy of the memorandum of appeal to the employer, call for his reply thereto and also ask him to produce documents connected with the issue of the appeal by a fixed date. The Competent Authority may ascertain further details, if necessary, from the employer as well as from the woman. In considering the fact presented to him and ascertained by him the Competent Authority shall give his decision. In case the employer fails to submit his reply or produce the required document within the specified period, the Competent Authority may give his decision ex-parte.

10. Complaint under Section 17 :-

(1) A complaint under sub-section (1) of Section 17 shall be made in writing in Form ‘H’ or ‘I’ as the case may be.

(2) When a complaint referred to in Section 17 is received by an Inspector, he shall examine the relevant records maintained by the employer in this behalf, examine any person employed in the establishment and take down necessary statement for the purpose of enquiry and if he is satisfied that the maternity benefit or the amount has been improperly withheld, he shall direct the employer to make the payment to the woman or to the person claiming the payment under Section 7, as the case may be, immediately or within a specified period.

11. Appeal under Section 17 :-

(1) An appeal against the decision of the Inspector under sub-section (2) of Section 17, shall lie to the Competent Authority.

(2) The aggrieved person shall prefer an appeal in writing to the Competent Authority in Form ‘J’ and file other supporting documents.

(3) When an appeal is received the Competent Authority shall before a fixed date, call from the Inspector the record of the case. The Competent Authority shall, if necessary, also record the statement of the aggrieved person, and of the Inspector and seek clarification, if any, is required.

(4) Taking into account the documents, the evidence produced before him and the facts presented to him and ascertained by him, the Competent Authority shall give his decision.

12. Supply of forms :-

The employer shall supply to every woman employed by him at her request free of cost copies of Forms ‘B’ ‘C’ ‘D’ ‘E’ ‘F’ ‘G’ ‘H’ and ‘I’
13. Non-submission of notice, appeals, or Complaints in the prescribed forms :-

Nothing in Rules 5, 9 and 10 shall affect the right of a woman entitled to receive maternity benefit or any other amount due under the Act if she fails to submit a notice, appeal or complaint under the said rules as the case may be, in a prescribed form :

Provided that where a notice, appeal or complaint under the said rule has been submitted by a woman entitled to receive maternity benefit or any other amount due under the Act in a form other than the prescribed form, the authority concerned may, within 15 days of the receipt of such notice appeal or complaint require the woman to submit the notice appeal or complaint as the case may be, in prescribed form.

14. Records :- Records kept under the provisions of the Act and these Rules shall be preserved for a period of two years from the date of their preparation.

15. Abstract :- The abstract of the provisions of the Act and these Rules required to be exhibited under Section 19 shall be in form ‘K’ and shall be exhibited in such manner as the Competent authority may require.

16. Annual returns :-

(1) The employer of every establishment to which the Act applies shall on or before the 21st day of January in each submit to the Competent Authority a return in each of the Form ‘L’ ‘M’ ‘N’ and ‘O’ giving information as to the particular specified in respect of the preceding year.

(2) If the employer of an establishment to which the act applies sells, abandons or discontinues the working of the establishments he shall within one month of the date of sale or abandonment or four months of the date of discontinuance as the case may be submit to the Competent Authority a further return in each of the said form in respect of the period between the end of the preceding year and the date of sale abandonment or discontinuance.
FORM - A
[See Rule 3]
Muster - roll

Name of establishment-
1. Serial number :

2. Name of woman and her father’s(or if married, husband’s) name :

3. Date of appointment :

4. Nature of work :

5. Dates with month and year in which she is employed, laid off and not employed :

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of days employed</th>
<th>No. of days laid off</th>
<th>No. of days not employed</th>
<th>Remarks</th>
</tr>
</thead>
</table>

6. Date on which the woman gives notice under Section 6.

7. Date of discharge/dismissal, if any.

8. Date of production of proof of pregnancy under Section 6.

9. Date of birth of child.

10. Date of production of proof of delivery/miscarriage/[Medical Termination of Pregnancy/Tubectomy Operation/death].

11. Date of production of proof of illness referred to in Section 10.

12. Date with the amount of maternity benefit paid in advance of expected delivery.

13. Date with the amount of subsequent payment of maternity benefit.

14. Date with the amount of bonus, if paid, under Section 8.

15. Date with the amount of wages paid on account of leave under Section 9.

[15-A] Date with the amount of wages paid on account of leave under Section 9-A.

16. Date with the amount of wages paid on account of leave under Section 10 and period of the leave granted.

17. Name of the person nominated by the woman under Section 6.

18. If the woman dies, the date of her death, the name of the person to whom maternity benefit and/or other amount was paid, the amount thereof and the date of payment.

19. If the woman dies and the child survives the name of the person to whom the amount of maternity benefit of the child and the period for which it was paid.

20. Signature of the employer of the establishment authenticating the entries in the muster-roll.

FORM - B
[See Rule 4(1)]

This is to certify that I examined...................................................................................................
Wife/daughter ........................................................................................................................................
a woman employee in...........................................................................................................................
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/has undergone miscarriage or medical termination of pregnancy or
tubectomy operation has been delivered of a child on................................................................. (date) or suffering
from............................................... (date) from illness arising out of pregnancy/delivered/premature birth of child or
miscarriage termination of pregnancy or tubectomy operation.

Signature, qualification & designation
of Medical Officer.

Date ........................................

Definitions of “Child” and “miscarriage” as in the Maternity Benefit Act, 1961.

1. “Child” includes a stillborn child.

2. “Miscarriage” means explain of the contents of a pregnancy 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 punish-
able under the Indian Penal Code.

FORM - C
[See Rule 4(4)]

This is to certify that Smt ..................................................................................................................
wife/daughter of .................................................................................................................................
Employed in ...........................................................................................................................................
(name of the establishment) expired on...............................................................................................
before/during/after confinement. The child died on.............................................................................

Signature, qualification and designation
of Medical Officer

Date ........................................
FORM - D
[See Rule 4(5)]

This is to certify that I examined.............................................................................................................
Wife/daughter of ............................................................................................................................... a woman
employed in............................................................................................................................... (name
of the establishment) and found that she has been delivered of a child/has undergone miscarriage
on............................................................................... (date)

Signature of registered Midwife/
Health Worker

Date............................................

Definitions of “Child” and “miscarriage” as in the Maternity Benefit Act, 1961.

1. “Child” includes a stillborn child.

2. “Miscarriage” means explain of the contents of a pregnancy 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 punish-
able under the Indian Penal Code.

FORM - E
[See Rule 5(1)]

Notice under Section 6 of the Maternity Benefit Act, 1961

............................................................................................................ (name of [Establishment])

1. ............................................................................................................................. (name of woman)
wife/daughter or........................................................................................... employed
as..................................................................... at ................................................................ (name of
mine), hereby give notice that I expect to be confined within six weeks next following from the date of this
notice/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 7. 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 Act in case of my death.

Signature or thumb-impression of woman.

Signature of an Attestor in case
The woman is not able to sign
And affixed thumb-impression

Date.............................................
FORM - F

[See Rule 5 (3)]

To
................................................................................................................................. (name of establishment)

I .................................................................................................................. the undersigned, a woman
employee/the nominee of ........................................................................................... woman employee/legal
representative of.............................................................................................. in ................................
District received maternity benefit and/or other amount due under the Maternity Benefit Act, 1961 from the
employer of 67 referred to above as detained 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 leave period from.................. to......................
mentioned under Section 9[9-A] 68 or 10..................................................My/Her confinement/miscarriage. [medical
termination or pregnancy of tubectomy operation] took place on..............................................

In consequence I ...................................................................... her nominee/legal representative have re-
ceived the aforesaid amounts prescribed in Section 5,8,9[9-A]/70 and 10 of the Maternity Benefit Act, 1961.

Signature or thumb-impression of
...........................................................................................................................
Woman employer or her nominee or
legal representative.

Signature of an attestor in case the
Woman is not able to sign and
affixes thumb-impression.

Date....................

*Strike out unnecessary portion.
FORM - G
[See Rule 9]

To
The Competent Authority,
Appointment under the Maternity Benefit Act, 1996]
............................................................ (Address)

Sir,

I,.......................................................................................................................................... the
undersigned. Woman employer of..........................................................................................................
(name of establishment and full address), having been wrongly deprive by the employer of maternity benefit
or medical bonus or both(strike out unnecessary portion) for the reasons attached hereto, prefer this appeal
under sub-section(2) of Section 12. A copy of the order of the employer in this is enclosed.

Signature of an Attestor
in case the woman is not
able to sign and affixes
thumb-impression

Signature or thumb impression of the woman

Date.............................

Full address of the nominee/
Legal representative.

FORM - H
[See Rule 10]

To
The Inspector,
(Under the Maternity Benefit Act, 1961)

Sir,

I..........................................................................................................................................................................
(name of woman employed in................................................................................................................
(name and full address of establishment) having fulfilled the conditions laid down in the maternity Benefit
Act, 1961 and the Rules thereunder an entitled to Rs.......................... being maternity benefit and/or
Rs................... the medical bonus and or Rs......................... being wages for leave due under Section 9
[or 9-A] or 10 but the same has been improperly withheld by the employer. He may, therefore, be directed
to pay the amount to me.

Signature or thumb impression of the woman
Woman is unable to sign and affixes thumb-Impression

Full address of the woman
FORM - I
[See Rule 10]

To

The Inspector,
(Under the Maternity Benefit Act, 1961)

I...................................................................................................................................................
(name), a person nominated under Section 6 by or a legal representative of..............................................
(name and full address of mine) have to complain that the said woman having fulfilled the conditions laid
down into the Maternity Benefit Act, 1961 and the Rules thereunder is entitled to Rs.................................
being maternity benefit and/or Rs.................................................... being wages for leave due under Sec-
ti on 9 (or 9-A) or but the same has been improperly withheld by the employer. He may, therefore, be
directed to pay the amount to me.

Signature or thumb-impression of
The nominee/legal representative.

Date..............................

Signature of Attestor in case the
Nominee/legal representative is unable
To sign and affixes thumb-impression

Date..............................

Full address of the nominee/legal representative

FORM - J
[See Rule 11]

To

..............................................................

Sir,

Shri..............................................................

Inspector, having directed under sub-section (2) of Section 17 to pay the maternity benefit or other amount
being............................................................ (nature of amount) to which...............................................
(name of woman) is said to be entitled, I prefer this appeal under sub-section (3) of Section 17, in view of the
fact mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that
the woman is not entitled to maternity benefit or the said amount and hence the decision of the Inspector in
this behalf, copy of which is enclosed, may be set aside.

Signature of aggrieved person
Full Address..............................

Date..............................

Ex-100/2015 12
FORM - K
[See Rule 15]

(Abstract of the Maternity Benefit Act, 1961, and the rules made thereunder)

1. No employer shall knowingly employ a woman during the six weeks immediately following the day of her delivery or miscarriage [medical termination of pregnancy] and no woman shall work in any establishment during the said period.

2. No pregnant woman shall, on a request being made by her in this behalf, be required by her employer to do during the period of one month immediately the period of six weeks before the date of her expected delivery and also for any period during this period of six weeks for which she does not avail of leave of absence, any work which is of an arduous nature or which involves long hours of standing, or which in any way is likely to interfere with her pregnancy or the normal development of the foetus, or is likely to cause her miscarriage or otherwise to adversely affect her health.

3. (1) Subject to the provision of the Act, every woman who has actually worked in an establishment of the employer from whom she claims maternity benefit for a period of not less than eight days, including the days during which she was laid off, shall be entitled to, and her employer shall be liable for the payment of maternity benefit at the rate of her average daily wages, or whichever is the highest, for the period of her actual absence not exceeding six weeks immediately six weeks preceding the day of delivery and the remaining period immediately following that day.

Provided that the qualifying period of eight days aforesaid shall not apply to a woman who has immigrated into the State of Assam and was pregnant at the immigration:

Provided further that where a woman dies during the period for which maternity benefit is payable only for the days up to and including the day of her death. However, where the woman having been delivered of a child, dies during her delivery or during the remaining period of maternity benefit leaving behind in either case the child, either period of maternity benefit following the day of her delivery but if the child also dies during the said period, then for the days up to and including the day of the death of the child.

(2) The amount of maternity benefit for the period preceding the date of her expected delivery shall be paid in advance by the employer to the woman on production of a certificate in Form ‘B’ stating that she is pregnant and is expected to be delivered of a child within six weeks of the date of production of the certificate and the amount due for the subsequent the certificate in Form ‘B’ or Form ‘D’ stating that she has been delivered of a child or production of certified extract from a Birth Register maintained under provisions of any law for the time being in force.

4. (1) Any woman employed in an establishment and entitled to maternity benefit under the provisions of this Act may give notice in writing in Form ‘E’ to her employer, stating that her maternity benefit and any other amount to which she may be entitled under this Act may be paid to her or to such person as he may nominate in the notice and that she will not work in any establishment during the period for which she receives maternity benefit.
(2) In the case of woman who is pregnant such notice shall state the date from which she will be absent from work not being a date earlier than six weeks from the date of her expected delivery.

(3) Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after the delivery.

(4) on receipt of the notice, the employer shall permit such woman to absent herself from the establishment until the expiry of the remaining period of maternity benefit after the day of her delivery.

5. (1) Every woman entitled to maternity benefit under the Act shall also be entitled to receive from her employer a medical bonus of two hundred and fifty rupees, if no prenatal confinement and postnatal care is provided for by the employer free of charge. The medical bonus shall be paid along with the second installment of the maternity benefit.

(2) In case of miscarriage a woman shall, on production of certificate in Form ‘B’ or Form ‘D’ be entitled to leave with wages at the rate of maternity benefit, for a period of six weeks immediately following the day of her miscarriage. The wages shall be paid within 48 hours of production of the certificate Form ‘B’ or Form ‘D’.

(2-A) In case of medical termination of pregnancy, a woman shall on production of certificate in Form ‘B’ be entitled to leave with wages at the rate of maternity benefit for a period of six weeks immediately following the day of her Medical termination of pregnancy. The wages shall be paid within 48 hours of production of the certificate in Form ‘B’.

(3) A woman suffering from illness arising out pregnancy, delivery, premature birth of child or miscarriage termination of pregnancy or tubectomy operation shall, on production of a certificate in Form ‘B’ be entitled, in addition to the period of absence allowed to her on account of maternity or miscarriage or medical termination of pregnancy or tubectomy operation, as the case may be, to leave with wages at the rate of maternity benefit for a maximum period of one month. The wages for the leave period shall be paid within 48 hours of the expiry of that period.

6. Every woman delivery of child who returns to duty after such delivery shall, in addition to the interval for rest allowed to her, be allowed in the course of her daily work two breaks of 15 minutes duration for nursing the child until the child attains the age of fifteen months. An extra sufficient period depending upon the distance to be covered, shall be allowed for the purpose of the journey to and from the creche or the place where the children are left by woman while on duty, provided that such extra period shall not be less than 5 minutes and more than 15 minutes duration.

7. (1) When a woman absents herself from work in accordance with her pregnancy of the Act, it shall be unlawful for her employer to discharge or dismiss her during or on account of such absence or to give notice of discharge or dismissal on such a day that the notice will expire during such absence or to vary to her disadvantage any of the conditions benefit of her service.
(2) (a) The discharge or dismissal of a woman at any time during her pregnancy, if the woman but for such discharge or dismissal would have been entitled to maternity benefit or medical bonus shall not have the effort of depriving her of the maternity benefit or medical bonus.

Provided that where the dismissal is for one or more of the following acts, the employer may, by order in writing communicated to the woman, deprive her of the maternity benefit or medical bonus or both for-

(i) wilful destruction of employer’s goods or property:

(ii) assaulting any superior or co-employer at the place of work:

(iii) criminal offence involving moral turpitude resulting in conviction in a court of law:

(iv) theft, fraud, or dishonestly in connection with the employer’s business or property:

and

(v) wilful non-observance of safety measures or rules on the subject or wilful interference with safety devices or with fire-fighting equipment.

(b) Any woman deprived of maternity benefit or medical bonus of both, may within sixty days from the date on which the order of such deprivation is communicated to her, appeal in Form ‘G’ to the Competent Authority and his decision on such appeal whether the woman should or should not be deprived of maternity benefit or medical bonus or both, shall be final.

8. If a woman claiming the maternity benefit nor any other amount to which she is entitled under the Act and any person claiming that payment due has been permitted by her employer to absence herself under the provisions of the Act, she shall forfeit her claim to the maternity benefit for such period.

9. (1) Any woman claiming the maternity benefit or any other amount to which she is entitled under the Act any person claiming that payment due has been improperly withheld may make a complaint to the Inspector in writing in Form ‘H’ or ‘I’ as the case may be.

(2) The Inspector may, of his own motion or on receipt of a complaint in Form ‘H’ or ‘I’ make an inquiry or cause an enquiry to be made and if satisfied that payment has been wrongly withheld, may direct the payment to be made in accordance with his order.

(3) Any person aggrieved by the decision of the Inspector may, within thirty days from the date on which such decision is communicated to such person, appeal to the Chief Inspector of mines.

(4) The decision of the Competent Authority where an appeal has been preferred to him or of the Inspector where no such appeal has been preferred shall be final.

(b) The failure to submit a notice, appeal or complaint to receive maternity benefit or any other amount due under the Act. Where a notice, appeal or complaint has been received in form other than the prescribed form, the authority concerned shall within fifteen days of the receipt of such notice appeal or complaint, require the woman to submit the notice, appeal or complaint, as the case may be, in the prescribed form.

11. (a) (1) The employer in which women are employed shall prepare and maintain a muster-roll in Form ‘A’ and shall enter therein particulars of all woman workers.

(2) All entries in the muster-roll shall be made in ink and maintained up to date it shall always be available for inspection by the Inspector during working hours.

(b) The employer shall on or before the 21st day of January in each year submit to the Competent Authority a return in each of the Form ‘L’, ‘M’, ‘N’ and ‘O’ giving information as to the particulars specified in respect of the preceding year.

Annual return for the year ending on the 31st December, 20.....

1. Name of the Establishment.
2. Situation of the Establishment
   District
   State
3. Date of opening of the Establishment.
4. Date of closing, if closed.
5. Postal address of the establishment.
6. Name of employer.
   Postal address of managing agent.
7. Name of managing agent, if any.
   Postal address of representative of employer
8. Name of agent or representative of employer.
   Postal address of representative of employer
9. Name of Manager
   Postal address of Manager.
10. (a) Name of medical officer, attached to the establishment.
    (b) Qualification of medical officer attached to the establishment.
    (c) Is he resident at the establishment?.
    (d) If a part time employee how often does he pay visits establishment?.
11. (a) Is there any hospital at the establishment?.
    (b) If so, how many beds are provided for women employees?
    (c) Is there lady doctor?
    (d) If so, what are her qualification?
    (e) Is there a qualified midwife?
    (f) Has any creche been provided?

   Signature of employer

   Date.....................
FORM - M

[See Rule 16]

Employment, dismissal, payment of bonus, etc. of women for the year ending on 31st December, 20......

1. Name of the establishment.
2. Aggregate number of women permanently or temporarily employed during the year.
3. Number of woman who worked for a period of not less than eighty days in the twelve months immediately preceding the date of delivery.
4. Number of women who gave notice under Section 6.
5. Number of women who were granted permission to absent on receipt of notice of confinement.
6. Number of for maternity benefit paid.
7. Number of for maternity benefit rejected.
8. Number of cases where prenatal confinement and postnatal care was provided by the management free of charge (Section 8)
9. Number of claims for medical bonus paid (Section 8)
10. Number of claims for medical bonus rejected.
11. Number of cases in which leave for miscarriage/was granted.
12. Number of cases in which leave for miscarriage/was applies for but was rejected.
12-A. Number of cases in which leave for tubectomy operation under Section 9-A was granted.
12-B. Number of cases in which leave for tubectomy operation was applied for but was rejected.
13. Number of cases in which additional leave for illness under Section 10 was granted.
14. Number of cases in which additional leave for illness under Section 10 was applied for but was rejected.
15. Number of women who died.
   (a) Before delivery.
   (b) After delivery.
16. Number of cases in which payment was made to persons other the woman concerned.
17. Number of women discharge of dismissed while working.
18. Number of women deprived of maternity benefit and/or medical bonus under provision to sub-section (2) of Section 12.
19. Number of cases in which payment was made on the order of the Competent Authority or Inspector.

N.B:- Full particulars of each and reasons for the action taken under Serial Nos. 7, 10, 12, 14, 17 and 18 should be given in the Appendix below:-

Signature of employer

Date..........................
FORM - N
[See Rule 16]

Details of payment made during the year ending 31st December, 20........

<table>
<thead>
<tr>
<th>Name of person to whom paid</th>
<th>Amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of payment.</td>
<td></td>
</tr>
<tr>
<td>2. Woman employee.</td>
<td></td>
</tr>
<tr>
<td>3. Nominee of the woman.</td>
<td></td>
</tr>
<tr>
<td>4. Legal representative of woman</td>
<td></td>
</tr>
<tr>
<td>5. Amount for the period preceeding date of expected delivery</td>
<td></td>
</tr>
<tr>
<td>6. Amount for the subsequent period</td>
<td></td>
</tr>
<tr>
<td>7. Under Section 8 of the Act.</td>
<td></td>
</tr>
<tr>
<td>8. Under Section 9 of the Act</td>
<td></td>
</tr>
<tr>
<td>10. Number of women workers who absconded after receiving the first installment of maternity benefit.</td>
<td></td>
</tr>
<tr>
<td>11. Cases where claims were contested in court of law.</td>
<td>'</td>
</tr>
<tr>
<td>12. Results of such cases.</td>
<td></td>
</tr>
</tbody>
</table>

Signature of employer
Date........................
FORM - O  
[See Rule 16]  

Prosecuting during the year ending 31st December, 20...........

<table>
<thead>
<tr>
<th>Place of employment of the woman employee</th>
<th>Number of cases instituted</th>
<th>Number of cases which resulted in conviction</th>
<th>Remarks</th>
</tr>
</thead>
</table>

N.B. Reasons for prosecution should be given in full.

Signature of employer  
Date......................