

FORM XXXIV

(See rule 276)

APPLICATION FOR MATERNITY BENEFIT

1. Name & address of applicant:
2. Registration No.:
3. Age and date of birth:
4. Name of husband:
5. Date of confinement:
6. Have you applied for this benefit earlier:
7. If so how many times and give details:
8. Date of registration:
9. Date of payment of 1st subscription and amount:
10. Date of payment of last subscription:
11. Name of bank and place:
12. List of Documents submitted:
 - (a) Copy of Challans or copy of pass book.
 - (b) Medical certificate in original

The facts furnished above are true to my knowledge and information.

Place: _____

Date: _____

Name and signature of applicant

FORM OF MEDICAL CERTIFICATE

(To be obtained from a Medical Officer not below the rank of an Assistant Surgeon)

I have examined Smt. _____ age ____ and wife of
Shri _____ she is pregnant running ____ month.
She had delivered a child on _____ .

Place: _____

Date : _____

Name of Doctor & Seal