

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 1<sup>st</sup> 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*