

FORM B

[See Rule 4(1)]

This is to certify that I examined _____ wife/daughter of _____ woman employee in _____ (name of the establishment) on _____ (date) and found/cannot discover that she is pregnant and expected to be delivered of a child within (month and/days) from the above mentioned date/has undergone miscarriage/has been delivered of a child on _____ (date) or is suffering from _____

_____ (Date) from illness arising out pregnancy/delivery/premature birth of a child or miscarriage.

Date: _____

**Signature, Qualifications and Designation
of Medical Officer/ Medical Practitioner**

Definitions of `Child' and `Miscarriage' as in the Maternity Benefit Act, 1961:

1. `Child' includes a still-born child;
2. `Miscarriage' means expulsion of the contents of a pregnant 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 punishable under the Indian Penal Code.