

FORM L

(See Rule 16)

Annual return under the Maternity Benefit Act, 1961 for the year ending on the 31st December 2013

General Instructions

1.	Name of the Establishment	
2.	Situation and address of the Establishment	
3.	Nearest Railway Station	
4.	Date of opening of the Establishment	
5.	Date of closing, if closed	
6.	Name of Employer* Postal address of Employer	
7.	Name of Manager, Postal address of Manager	
8.	(a) Name of the Medical Officer attached to the Establishment. (b) Qualification of Medical Officer attached to the Establishment. (c) Is he resident at the Establishment?	
9.	If a part-time Medical Officer, how often does he pay visits to the Establishment?	
10.	(a) Is there any hospital at the Establishment? (b) If so, how many beds are provided for woman employees? (c) Is there a lady doctor? (d) If so, what are her qualifications? (e) Is there a qualified midwife? (f) Has any crèche been provided?	

Date:.....

Signature of Employer