

FORM A

(See rule 3)

Muster Roll

Name of the establishment: - Futurz Staffing Solutions Pvt Ltd, 8th Floor, Office No : 826, IJMIMA Towers, Opp Interface Heights, Off Link Road, Mindspace, Malad (W), Mumbai 400064

1. Serial Number
2. Name of women 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 or not employed

| Month | No. of days employed | No. of days laid off | No. of days Not employed | Remarks |
|-------|----------------------|----------------------|--------------------------|---------|
| | | | | |

6. Date on which women 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 amount of wages paid on account of leave under section 9
16. Date with the amount of wages paid on amount of leave under section 10 and period of leave granted.
17. Name of the person nominated by the women under section 6
18. If the woman dies, the date of her death, the name of the person to whom the amount of maternity and/or other amount was paid, the amount thereof, and the date of payment
19. If the women dies child survive, the name of the person to whom the amount of maternity benefit was paid on behalf 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
21. Remarks column for the use of the Inspector

