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| <b>Form 10</b>                                                                                                                   |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| <b>[See rule 12(1)]</b>                                                                                                          |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| <b>Maternity Benefit Register</b>                                                                                                |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| <b>Name And Address of Contractor :</b> SNOWHILL RAINBOW PVT. LTD N- 304 Mangol puri New Delhi - 110083                          |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| <b>Location Of Work &amp; Address -</b> DLF Capital Green Phase-3, New Delhi                                                     |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| <b>Name and address of Principal Employer -</b> C& W PMSI PVT LTD JA -1120-1121 - 11TH FLOWER DISTT. CENTER JASOLA NEW DELHI -25 |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
| 1                                                                                                                                | 2                   | 3                            | 4              | 5                                                                       | 6                          | 7                                                                                                    | 8                      | 9                                                                                       | 10                                                        | 11                                                                                                                  | 12                                                                                   | 13                                                                                   | 14                                                                  | 15                                        | 16                                                                                                                                                                   | 17                                                                                                                                                                             | 18                                  |
| Name of the woman                                                                                                                | Date of appointment | Department in which employed | Nature of work | Dates (which month and year) on which she is laid-off and not employed. | Total days employed in the | Date on which woman gives payment period. Notice under section 6 of the Maternity benefit Act, 1961. | Date of birth of child | Date of production of proof of pregnancy under section 6 of Maternity Benefit Act, 1961 | Date of production of proof of delivery/miscarriage/death | Where the maternity benefit delivery, the date on which is paid in advance before it is paid and the amount thereof | Date on which subsequent payment of maternity benefit is made and the amount thereof | Where the medical bonus is paid, the date on which it is paid and the amount thereof | Date on which wages on account of leave are paid and amount thereof | Name of the person nominated by the woman | If the woman dies, the date of her death, the name of the person to whom maternity benefit and/or other amount was paid, the amount thereof, and the date of payment | If the woman dies, and the child survives, 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 | Remarks column for use of Inspector |
| No Women Labour engaged at This site for the month of June.-2024.                                                                |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |
|                                             |                     |                              |                |                                                                         |                            |                                                                                                      |                        |                                                                                         |                                                           |                                                                                                                     |                                                                                      |                                                                                      |                                                                     |                                           |                                                                                                                                                                      |                                                                                                                                                                                |                                     |