

FORM M.B. - I

APPLICATION FORM FOR MATERNITY BENEFIT

I (To be filled up by the Applicant)

District: Block/Panchayat Samity/Municipality/Village/
Panchayat /Mohalla/Ward/ House No.

1. Smti :
2. Name of Husband :
3. Full Address :
4. Categories : SC/ST/Woman/Landless/Handicapped/General
5. Age on the date of application :
6. Identification Mark of the applicant :
7. I solemnly affirm that :-
 - (1) I do not have any family income of Rs. 5,000/- per annum or more.
 - (2) This is my application with regard to First/Second pregnancy.
 - (3) I am a resident of (District/State) where I have been residing during the three years immediately preceding the date of this application.
 - (4) I declare that the information furnished in this application is true and correct to the best of my knowledge and belief.

Place :

Date : Signature or Thump Impression of the Applicant.

II (To be filled up by the Enquiry Team)

Result of Preliminary Enquiry by the village Panchayat Level Team.

1. Age :
2. Income :
3. Categories, domicile :
4. Whether applying in case of First/Second pregnancy?:
5. Recommendation :

Date :

Signature of verifying persons at the Village Level
Panchayat/Urban Local Body.

Full Address :

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Note : This application should be sent with full particulars to the B.D.O./Municipal Commissioner concerned.

RECOMMENDATION OF THE B.D.O./MUNICIPAL COMMISSIONER

Date :

Signature of B.D.O./Municipal Commissioner.

FORM M.B. - II

Municipal/Gram Panchayat-wise list of application for Maternity Benefit.

1. Sl. No. :
2. Date of receipt from Gram Panchayat :
3. Name of the applicant with husband's name :
4. Full Address : Town/Village/Post Office/Taluk
5. Recommendation to the Pension Sanctioning Authority :
6. Date of sending of application form :
7. Orders of the Sanctioning Authority :