

## FORM 2

[Rule 5(1)]

### Certificate for the pregnancy,delivery,miscarriage or illness by Registered Medical Practitioner

This is to certify that I examined ..... wife daughter of ..... a woman employed in ..... on ..... And found that she is pregnant and is expected to be delivered of a child within ..... (mention months and days ) from the above mentioned date/found that she is delivered of a child on ..... /found that she had miscarriage on..... found that she is suffering from ..... an illness arising out of her pregnancy/delivery/premature birth of child/miscarriage.

Date .....

Signature, qualifications and designation, if any, of registered medical practitioner.

Note: The expression "child" and "miscarriage" are defined in the Act as follows-

- (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 shall not include any miscarriage causing of which is punishable under the Indian Penal Code (45 of 1880);

To be struck off when not applicable.