



KHYBER PAKHTUNKHWA

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GOVERNMENT OF KHYBER PAKHTUNKHWA LABOUR DEPARTMENT

NOTIFICATION

Dated Peshawar, the 14th February, 2021.

No. Ro/LD/8-10/2021-22/1844.---In exercise of the powers conferred by section 15 of the Khyber Pakhtunkhwa Maternity Benefits Act, 2013 (Khyber Pakhtunkhwa Act No. XVIII of 2013), the Government of Khyber Pakhtunkhwa is pleased to make the following rules, namely:

THE KHYBER PAKHTUNKHWA MATERNITY BENEFITS RULES, 2021.

1. **Short title and commencement.**---(1) These rules may be called the Khyber Pakhtunkhwa Maternity Benefits Rules, 2021.

(2) They shall come into force at once.

2. **Definitions.**---(1) In these rules, unless the context otherwise requires the following expressions shall have the meanings hereby respectively assigned to them, that is to say:-

(a) "Act" means the Khyber Pakhtunkhwa Maternity Benefits Act, 2013 (Khyber Pakhtunkhwa Act No. XVIII of 2013);

(b) "Authority" means the Authority appointed under sub-section (1) of section 15 of the Khyber Pakhtunkhwa Payment of Wages Act, 2013 (Khyber Pakhtunkhwa Act No. IX of 2013); and

(c) "Form" means a Form appended to these rules.

(2) Words and expressions used but not defined in these rules shall have the same meanings as assigned to them in the Act.

3. Liability for payment of maternity benefits.---(1) In every commercial establishment or industrial establishment, as the case may be, the employer shall maintain in English or Urdu a muster roll in **Form-A** and shall enter therein the particulars in respect of women, from whom notice of confinement is received under clause (a) or clause (b) of sub-section (1) of section 5 of the Act.

(2) All entries in the muster roll shall be made with ink.

(3) The muster roll shall be updated, from time to time and shall always be available, for inspection by an Inspector, during the working hours.

(4) The employer may enter in the muster roll such other particulars, as may be required for the purposes of the Act.

(5) The muster roll shall be preserved for a period of two years from the date of the last entry therein.

4. Procedure for payment of maternity benefits.---(1) The woman, who is entitled to maternity benefit, shall give a notice to her employer in **Form-B** and **Form-C**, if it is in writing, under clause (a) or clause (b) of sub-section (1) of section 5 of the Act, as the case may be.

(2) The employer shall make payment of the maternity benefit and any other amount, due under the Act, to the woman concerned and a receipt shall be obtained by the employer in **Form-D** from the woman, to whom the payment is made.

(3) In case of dispute of legal representatives of woman, as mentioned in sub-section (1) of section 6, the employer shall, within two months of the date of death of the woman, deposit the maternity benefits with the Authority, who shall, after making necessary enquiries, pay it to the person who, in his opinion is entitled to receive it.

(4) The payment, referred to in sub-rule (3) is made, a receipt shall be given to the employer by the Authority for his record.

(5) All payments against claims for maternity benefit shall be made in cash and receipts thereof shall be taken and every such receipt shall, on demand, be produced before the Inspector.

5. Evidence of confinement, termination of pregnancy, miscarriage, death of pregnant women or child.---(1) The fact that a woman is pregnant or has been delivered of a child or has undergone miscarriage or medical termination of pregnancy, or tubectomy operation, or is suffering from illness arising out of pregnancy, delivery, premature birth of a child or miscarriage or medical termination of pregnancy, or tubectomy operation, shall be proved by the production of a certificate in **Form-E** to that effect from a **Medical Practitioner**.

(2) The woman has been confined, may also be proved by the production of a certified extract from a birth register, maintained under the provisions of any law for the time being in force, or a certificate signed by the Medical Practitioner.

(3) The fact of death of a woman or a child may be proved by the production of a certificate to that effect in Form-F from the Medical Practitioner or by the production of a certified extract from a death register maintained under the provisions of any law for the time being in force.

6. Duties of the Inspector.--- (1) Every Inspector shall discharge his duties within the area assigned to him by the Government and shall act under the supervision and control of the Director Labour.

(2) In every commercial establishment or the industrial establishment, the Inspector shall inspect that:-

- (a) action, as required under sub-section (2) of section 5, of the Act has been taken on every notice, given under clauses (a) and (b) of sub-section (1) of section 5 of the Act;
- (b) the muster-roll provided under rule 3 is correctly maintained;
- (c) cases of discharge or dismissal or notices of discharge or dismissal in contravention of the provisions of section 7, of the Act has been issued since the last inspection;
- (d) the provisions of sub-section (3) of sections 5 and 6 of the Act have been complied with and amounts due have been paid within the stipulated time;
- (e) there have been any cases of deprivation of maternity benefit in contravention of sections 5 and 6 of the Act; and
- (f) how far the irregularities pointed out at previous inspections have been rectified and how far orders previously issued have been complied with.

(3) Every Inspector appointed, under section 8 of the Act, shall be deemed to be a public servant within the meaning of the Pakistan Penal Code, 1860 (XLV of 1860).

7. Rectifying of irregularities.--- Where an Inspector observes irregularities against the Act and these rules, he shall issue orders in writing to the employer to rectify the irregularities within a specified period and to report of compliance to him:

Provided that the Inspector shall not require an employer to answer any question or to give any evidence tending to criminate himself.

- 8. Supervision of Inspectors.**— The Director Labour shall be primarily responsible for the implementation of the Act and these rules and every Inspector, shall be responsible to him for the due discharge of such functions under the Act and the rules, as may be assigned to him by the Director Labour.
- 9. Appeals.**—(1) Appeal to the Director Labour, against the decision of the Inspector under sub-section (3) of section 7, sub-section (2) of section 11 or section 12 of the Act, shall be presented in the form of a memorandum setting forth the relevant facts of the case along with a certified copy of the order appealed against, duly signed by the appellant or on his behalf by a duly authorized agent or legal practitioner.
- (2) Every memorandum of appeal shall bear a court-fee stamp of the value of rupee five.
- (3) The Director Labour may call for any further information or require the production of any document, which he may deem necessary, for the disposal of an appeal.
- 10. Annual return.**— Every employer of commercial establishment or an industrial establishment, in which women are employed, shall furnish to the Director Labour by the first day of February in each year, a return for the previous calendar year in Form-G and a copy thereof to the concerned Inspector.
- 11. Protection of record.**— All notices, orders, receipts, certificates and documents, received by the employer under the Act and these rules, shall be preserved for a period of two years.
- 12. Obstruction.**— No person shall willfully obstruct an Inspector in the exercise of any power under the Act or these rules, or fail to produce on demand by an Inspector, the muster roll or any notice, order, receipt, certificate or other document in his custody maintained or kept under the Act and these rules.
- 13. Repeal.**— The West Pakistan Maternity Benefits Rules, 1961, are hereby repealed to the extent of the Province of Khyber Pakhtunkhwa.

SECRETARY TO
GOVERNMENT OF KHYBER PAKHTUNKHWA
LABOUR DEPARTMENT

FORM-A
[see rule 3(1)]

Muster Role

1	Name of woman worker
2	Her husband's name
3	Designation
4	Department in which employed
5	Ticket No.
6	Sr. No. Wage Register
7	Date of appointment
8	Total number of days at work during the 3 months immediately preceding the date on which notice of confinement is given under section 5(1)(a)
9	Date on which notice of confinement is given
10	Date of confinement
11	Date of birth of child
12	Date of production of proof of birth
13	In case of death of the woman worker, name and address of the person to whom maternity benefit is paid (Nominee or legal representative)
14	Date and amount of first payment
15	Dates and amounts of subsequent payments

FORM-B
[see rule 4(1)]

Notice of Confinement

To

The Employer

.....
..... (Name of the commercial / industrial establishment)

I, (name of woman) wife/daughter of employed as..... at..... (name of the commercial / industrial establishment), hereby give notice as required under clause (a) of sub-section (1) of Section 5 of the Khyber Pakhtunkhwa Maternity Benefits Act, 2013 that I expected to be confined within one month next following from the date of this notice.

2. For the purposes of Section 6 of the said Act, I hereby nominate..... (name and full address of the nominee to be given) to receive maternity benefit due to me in case of my death.

Given this day of year

.....
.....
Signature or thumb-impression

Address

FORM-C
[see rule 4(1)]

Notice of Confinement

To

The Employer

.....
..... (Name of the commercial / industrial establishment)

I (name of woman) wife/daughter of employed as..... at..... (name of the commercial / industrial establishment), hereby give notice as required under clause (b) of sub-section (1) of Section 5 of the Khyber Pakhtunkhwa Maternity Benefits Act, 2013 that I gave birth to a child on (date).

2. For the purposes of section 6 of the said Act, I hereby nominate..... (name and full address of the nominee to be given) to receive maternity benefit due to me in case of my death.

Given this day of year

.....
.....
Signature or thumb-impression

Address

FORM-D
[see rule 4(2)]

Receipt of Maternity Benefit

To

The Employer

.....
..... (Name of the commercial / industrial establishment)

I, the undersigned, a woman worker /the nominee of woman worker /legal representative of..... woman worker (deceased) in(name of commercial / industrial establishment) at..... in..... district received maternity benefit and/or other amount due under the Khyber Pakhtunkhwa Maternity Benefits Act, 2013, from the employer referred to above, as detailed below:

- (i) Rs. being the first installment of maternity benefit paid on
- (ii) Rs. being the second installment of maternity benefit after delivery paid on

My/Her confinement/miscarriage Medical termination of pregnancy or tubectomy operation took place on.....or I/she fell ill because of pregnancy, delivery, premature birth of a child or miscarriage Medical termination of pregnancy or tubectomy operation on..... In consequence, I, her nominee/legal representative have received the aforesaid amount.

Signature or thumb impression of Woman worker or her nominee or legal representative

Signature of an Attester in case the woman is not able to sign and affixes thumb impression

Witness

Name:

Signature:

Dated:

FORM-E
[see rule 5(1)]

Certificate

This is to certify that I examined.....wife/daughter of.....
..... a woman worker allegedly employed
in.....(name of commercial /
industrial establishment) on..... (date) and found/cannot discover that she is
pregnant and is expected to be delivered of a child within (month and/days) from the
above mentioned date/has undergone miscarriage/ Medical termination of pregnancy
or tubectomy operation/has been delivered of a child on.....(date) or is
suffering from(date) from illness arising out of
pregnancy/delivery/premature birth of a child or miscarriage/Medical termination of
pregnancy or tubectomy operation.

*Name, Seal and Signature of Medical
Practitioner*

Dated:

FORM-F
[see rule 5(4)]

Certificate

This is to certify that Mst. wife/daughter
of..... allegedly employed in
..... (name of the commercial /
industrial establishment) expired onbefore/ during/after
confinement. The child died on...../ survives her.

*Name, Seal and Signature of Medical
Practitioner*

Dated:

FORM-G
(see rule 11)

Annual Return

(To be submitted to the Director Labour)

*Annual returns showing payment of maternity benefit during the year ending on
..... 31st December, 20 ...*

- (1) Name of commercial / industrial establishment and full postal address
.....
- (2) Name of Occupier
- (3) Name of Employer / Manager
- (4) Average number of women employed daily
- (5) Number of claims for maternity benefit under section 5
- (6) Number of claims accepted for payment of maternity benefit
- (7) Number of cases in which maternity benefits were paid to: -
 - (a) Claimant women
 - (b) Nominees of women
 - (c) Persons taking care of the child
 - (d) Legal representatives of the claimants
- (8) Total amount of maternity benefit paid to: -

(a) Claimants.	Rs
(b) Nominees.	Rs
(c) Persons taking care of the child.	Rs
(d) Legal representatives.	Rs

(Signature of Employer)

Dated: