

FORM 20

MATERNITY BENEFIT

[Regulation 87]
CERTIFICATE OF PREGNANCY

¹[Signature or thumb impression of the insured woman

Employer's Code No.....

Stamp of the dispensary

Book No.....

Serial No.....

To

I certify that I have examined you today and that in my opinion you are pregnant and your pregnancy appears to be Weeks old.

Signature midwife, if any

Signature or counter-signature of Insurance Medical Officer

(Rubber stamp or name in block letters)

Date