

FORM 'G'
(See rule 10)
Appeal regarding non-receipt of maternity benefit

To

The Competent Authority,
appointed under the Maternity Benefit Act.
------(address).

Sir,

I,-----the undersigned, woman employee of-----
------(Name of the establishment and full address) having wrongly
deprived by the employer of maternity benefit or medical bonus or both amounting to
Rs.------(strike out unnecessary portion) for the reasons attached hereto
prefer this appeal under sub-section (2) of section 12 and request that the said employer
be ordered to pay the above mentioned amount to me. A copy of the order of the
employer in this behalf is enclosed.

Date-----

Signature or thumb-impression of the woman

Signature of an attester, in case of the woman
is not able to affix thumb-impression.