

FORM 5

[Rule 8(1)]

Appeal to competent authority under section 12

To
THE COMPETENT AUTHORITY,

Sir,
I, the undersigned, woman employee of (name of the factory and address) having been

wrongly deprived by the employer of maternity benefit/medical/bonus/maternity benefit and medical bonus to which I am entitled under the Maternity Benefit Act, 1961 prefer this appeal under clause (b) of sub-section (2) of section 12 of that Act and request that the said employer be ordered to pay me the maternity benefit/medical bonus/maternity benefit and medical bonus to which an entitled. A copy of the order of the employer in this behalf is enclosed. The order was communicated to me on

Date

Signature of thumb impression of the woman.

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

Strike off it not applicable