

FORM H

[See Rule 10]

To,
The Inspector,
(Under The Maternity Benefit Act, 1961)

Sir,

I----- (name of woman) employed in----- (name and full address of mine or circus) having fulfilled the conditions laid down in the Maternity Benefit Act, 1961 and the Rules there under, am entitled to Rs-----being maternity benefit and/ or Rs-----being the medical bonus and/ or Rs being wages for leave due under 2[section 9or 9A] 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me.

Signature or thumb impression of the Woman

Date-----

Signature of an Attestor in case the woman is
unable to sign and affixes thumb impression.
Full address of the women.

Date-----