

PART I

[See Rule 35 (2)(a)]

Notice

I (name of woman) wife or daughter of..... employed as..... at.....(name of establishment), hereby give notice that I expect to be confined within six weeks next following from the date of this notice or have given birth to a child on.....(date) and shall be absent from work from.....(date). I shall not work in any establishment during the period for which I receive maternity benefit.

2. For the purpose of section 63, I hereby nominate..... (Here enter name and address of the nominee) to receive maternity benefit and/ or any other amount due to me under the Code in case of my death.

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

Signature or thumb impression of woman

PART II

[See rule 35 (2)(c)]

FORM OF RECEIPT OF MATERNITY BENEFIT

I,....., the undersigned, a woman employee/ the nominee of..... woman employee or legal representative of..... woman employee deceased in.....(name of establishment) at..... in..... district received maternity benefit and/or other amount due under the Code on Social Security, 2020(36 of 2020) from the employer of the establishment referred to above, as detailed below:-

Rs..... being the first installment of maternity benefit paid on.....

Rs..... being the second installment of maternity benefit after delivery paid on.....

Rs..... being the medical bonus under section 64 of the Code paid on.....

Rs.....being the wages for the leave period from..... to..... mentioned under section 65.

*My/ Her confinement/ miscarriage or 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 or Medical termination of pregnancy or tubectomy operation on..... In consequence I..... her nominee/legal representative has received the aforesaid amounts prescribed in sections 60, 64 and 65 of the Code on Social Security, 2020(36 of 2020).

Signature or thumb impression of.....

*Woman employee or her nominee or legal representative

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

Place:

Date:

*Strike out unnecessary portion.

Form XII

[seerule 38 (2)]

Appeal under Section 68

To

The Competent Authority
(Appointed under Chapter VI of Code on Social Security, 2020)
.....(Address)

Sir,

I, ... The undersigned, woman employee of(name and full address of the establishment) have been wrongly deprived by the employer of maternity benefit or medical bonus or both or wrongly discharged or dismissed during or on account of absence from work in accordance with the provisions of Chapter VI of the Code on Social Security, 2020(36 of 2020) for the reasons attached hereto, prefer this appeal under sub-section (2) of section 68 and request that the said employer be ordered to pay the above mentioned amount to me and/or set aside the order of discharge/dismissal. A copy of the order of the employer in this behalf is enclosed.

Signature or thumb impression of the Woman employee/
nominee/ legal representative

Place.....

Date.....

Signature of an Attester in case the woman employee/
nominee/ legal representative is
unable to sign and affixes thumb impression.

Full address of the woman employee /nominee/legal representative.

FORM – XIII-A

[See rule 39(1)(a)]

Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator
(under the Code on Social Security, 2020)

Sir,

I..... (Name of woman employee) employed in..... (name and full address of the establishment) or I....., (name), a person nominated under section 62 by or a legal representative of.....(name of woman employee) employed in.....(name and full address of the establishment) having fulfilled the conditions laid down in the Code on Social Security, 2020(36 of 2020) and the rules framed thereunder, am entitled to Rs..... being maternity benefit and/ or Rs..... being the medical bonus and/ or Rs..... being wages for leave due under section 65 but the same has been improperly withheld by the employer/discharged or dismissed during or on account of my/her absence from work in accordance with the provisions of Chapter VI of Code on Social Security, 2020(36 of 2020).

You are, therefore, requested to direct the employer to pay the amount to me and/or to set aside the discharge or dismissal done by the employer.

Signature or thumb impression of the Woman employee/
nominee/ legal representative

Place.....

Date.....

Signature of an Attester in case the woman employee/
nominee/ legal representative is
unable to sign and affixes thumb impression.

Full address of the woman employee/nominee/legal representative.