

FORM 1

(Rule 3)

Notice under section 6 of the Maternity Benefit Act of 1961

To,

.....

(Name of employer)

I (name of woman) wife/daughter of employed as at hereby give you notice that I expect to be confined within six weeks from the date of this notice and shall be absent from work from / have given birth to a child on

The maternity benefit and any other amount to which I am entitled under the provisions of the Maternity Benefit Act, 1961, may be paid.

to me

Shri/Shrimathi/Kumar

.....

I shall not work in any establishment during the period for which I receive maternity benefit.

Date

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

Signature or thumb impression of woman.

To be struck off if not applicable.