

FORM 1

(See 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 6 weeks from the date of this notice and shall be absent from work
from

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

*Shri/Shrimathi/Kumari.....
.....

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

Signature or thumb impression of woman.

Date:-

NOTE: Kindly submit along with Doctor's/Gynaecologist's certificate.