**FORM D**

**[SeeRule 5(1)]**

**Notice under section 6 of the Maternity Benefit Act, 1961**

……………………………………………………………(Name of the Establishment)

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

1. For the purpose of section 7, 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 Act in case of my death.

…………………………………………………………………..

Signature of an Attester in case the woman is

not able to sign and affixes thumb impression

…………………………………………………….

Signature or thumb impression of woman

affix thumb impression of woman

Date................................