

Employee No: _____

FORM 'D'
[See Rule 5(1)]

NOTICE UNDER SECTION 6 OF THE MATERNITY BENEFIT ACT, 1961

Manager HR
M/s.

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

2. 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**

**Signature or thumb-impression
affix thumb-impression of woman**

Date: