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| **FORM E** [See Rule 5(1)] |
| |  |  | | --- | --- | |  | | | **NOTICE UNDER SECTION 6 OF THE MATERNITY BENEFIT ACT, 1961** | | |  | | |  | To | |  | -------------- (name of 1[mine or circus]) | |  | I --------------- (name of woman) wife/ daughter of ------------- employed as------------- at ----------(name of 1[mine or circus]), 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) 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 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 affix thumb impression. | Signature or impression of woman | | Date |  | | | |