

FORM K

See Rule 24

Notice of claim for maternity benefit

Name or description of shop/establishment with full postal address _____

I _____ (*name*) employed in _____ Department
of the abovenamed shop/establishment bearing Sl. No. _____ in the Register of Employees,
hereby give notice as required under sub-rule (1) of rule 24 of the West Bengal Shops and Establishments
Rules, 1964, that I except to be/have been confined on _____ (*date*) and shall not/could,
therefore, go to work from _____ (*date*).

2. The maternity benefit due to me under rule 23 maybe paid to me/Shri/Shrimati _____

(*Name of the nominee and his/her full address*) whom I declare as a nominee for the purposes of sub-rule
(4) of rule 24 of the West Bengal shops and Establishments Rules, 1964.

3. I hereby declare that I shall not work/have not worked in any shop or establishment during the period for
which I shall receive maternity benefit.

4. For the purposes of rule 25 of the West Bengal Shops and Establishments Rules, 1964, I hereby
nominate _____

(*Name and full address of the nominee to be given*)

Address _____

(*Signature of thumb-impression*).

To

The Shop-keeper/employer,

