

Emp: No. \_\_\_\_\_

**FORM E**  
**[See Rule 5(1)]**  
**Notice under Section 6 of the Maternity Benefit Act, 1961**

1. I, (name) \_\_\_\_\_ (Employment No.) \_\_\_\_\_ wife of \_\_\_\_\_ employed as \_\_\_\_\_ (Band) \_\_\_\_\_ (Project/Department) \_\_\_\_\_ at Infosys Technologies Limited (Location) \_\_\_\_\_, hereby give notice that I expect to be confined within eight weeks – first two instance/six weeks-third instance next following from the date of this notice/have given birth to a child on \_\_\_\_\_ (Date, DD-MM-YYYY) (Please mention the expected date of delivery) and shall be absent from work from \_\_\_\_\_ (Date, DD-MM-YYYY). 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 to receive maternity benefit and/or any other amount due to me under the Act in case of my death. (Name of nominee) \_\_\_\_\_ (Address) \_\_\_\_\_

**Signature or thumb impression of woman**

**ADDRESS FOR COMMUNICATION:**

\_\_\_\_\_  
\_\_\_\_\_ Ph: \_\_\_\_\_

**SIGNATURE OF LEAVE APPROVING AUTHORITY**

Name \_\_\_\_\_ E# \_\_\_\_\_

Name of your HRC: \_\_\_\_\_ Extn. # \_\_\_\_\_

\_\_\_\_\_  
Signature of an Attestor in case the Woman is not able to sign and affixes thumb impression.

1. **All your leave forms / letter have to be first sent to your Leave approving authority (PM/BM/DM) and after approval should be forwarded to personnel department.**
2. **The approved forms / letter should reach personnel dept. 10 days prior to proceeding on leave / extending the leave.**
3. **Please keep your HRC informed before going on leave. Please keep in touch with your HRC during your leave period.**
4. **For any queries you may please contact [ML\\_queries@infosys.com](mailto:ML_queries@infosys.com) at Extn. +918041162942.**
5. **The leave system will be updated once in a month.**

### FORM 'B'

This is to certify that I examined \_\_\_\_\_  
wife/daughter of \_\_\_\_\_ a woman employee in **INFOSYS  
LIMITED** on \_\_\_\_\_ (date) and found / cannot discover that she is  
pregnant and is expected to be delivered of a child within \_\_\_\_\_ (month  
and/days) from the above mentioned date/has undergone miscarriage/[Medical termination of  
pregnancy or tubectomy operation]/has been delivered of a child on \_\_\_\_\_  
(date) or is suffering from \_\_\_\_\_ (date) from illness arising out of  
pregnancy/delivery/premature birth of a child or miscarriage/[Medical termination of pregnancy or  
tubectomy operation].

Signature, Qualification and Designation of  
Medical Officer / Medical Practitioner.

Date:

Definitions of 'Child' and 'Miscarriage' as in the Maternity Benefit Act, 1961:

1. 'Child' includes a still - born child;
2. 'Miscarriage' means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

Emp No: \_\_\_\_\_

**FORM D**

This is to certify that Smt. \_\_\_\_\_ wife/daughter of \_\_\_\_\_ employed in Infosys Limited and found that she has been delivered of a child/has undergone miscarriage on \_\_\_\_\_ (date).

Signature of registered midwife/doctor

Date: \_\_\_\_\_

Definitions of 'Child' and 'Miscarriage' as in the Maternity Benefit Act, 1961:

1. 'Child' includes a still - born child;
2. 'Miscarriage' means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

**Pls. note only this form has to be sent to personnel department directly by post to:**

**Personnel Department  
Infosys Technologies Limited  
Electronics City, Hosur Road  
Bangalore – 560 100**