

**Format for Notice to be given to the Employer under the Employee's Compensation Act**

(if possible seek advice from a dependable advocate while giving notice)

To:

..... (Name of Employer / Company)

.....(Address)

.....

I, the undersigned .....(name)..... (address)

have to inform you that,

I have worked for you from ..... to .....

I am suffering from (description / nature of disease).....

I am suffering from this disease because of (Cause of Disease, for eg high noise at workplace etc)

.....

I have been suffering from the above disease for the last (period for which disease has been diagnosed) .....

I have .....percent disability

My monthly salary is Rs.....

My age is .....years .....months

Please pay me Rs .....as compensation

OR

From .....(Start date) please pay me a fortnightly installment of Rs..... as compensation

(Signature)

Name

Date and Place