

DECLARATION FORM (Regulations 11 & 12)

FORM 1

To be filled by employee after reading Instruction overleaf. Two Postcard Size photographs to be attached with the form.

(A) INSURED PERSON'S PARTICULARS

1. Insurance No.						
2. Name (in block letters)						
3. Father's/ Husband's Name						
4. Date of Birth	Day	Month	Year	5. Marital Status	M / U / W	
				6. Sex	M / F	
7. Present Address				8. Permanent Address		
Pin Code				Pin Code		
Tel. No./e-mail address				Tel. No./e-mail address		
Branch Office	Dispensary					

(B) EMPLOYER'S PARTICULARS

9. Employer's Code No.						
10. Date of Appointment						
Day		Month		Year		
11. Name & Address of the Employer						
12. In case of any previous employment please fill up the details as under :						
a) Previous Ins. No.						
b) Employers Code No.						
c) Name & Address of the Employer						
Tel. No. / e-mail address						

C. Details of Nominee u/s 71 of E.S.I. Act, 1948/Rule-56 (2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death.

Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any change in the membership of my family within 15 days of such change.

Counter Signature by the employer with Seal

Signature / T.I. of IP

(D) FAMILY PARTICULARS OF INSURED PERSONS

Sl. No.	Name	Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him / her, say		If no, State place of residence	
				Yes	No	Town	State

ESI Corporation (Temporary Identify Card) (Valid for 3 months from the date of appointment)

Name			
Ins. No.	Date of appointment		
Branch Office	Dispensary		
Employee's Code No. & Address			

(Space for Photograph)

Validity :

Dated :

Signature / T.I. of I.P.

Signature of B.M. with seal