



DECLARATION FORM

FORM - 1

Employer's Code No.

Employer's Code No. input field

(A) Insured Person's Particulars

Form (A) containing fields for Insurance No., Name, Father's/Husband's Name, Date of Birth, Martial Status, Sex, Present Address, Permanent Address, Pin, e-mail address, Branch office, and Dispensary.

(B) Employer's Particulars

Form (B) containing fields for Date of Appointment, Name & Address of the employer, Previous Ins. No., Empls. Code No., and details for previous employment.

(c) Details of the nominee u/s 71 of ESI Act 1948 / Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death

Table with 3 columns: Name of the Nominee, Relationship with insured person, Address.

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and I believe. I also undertake to intimate to the corporation any change in the membership of my family within 15 days of such change having occurred.

Counter Signature of the Employer

Signature with Seal

Signature / T.I. of I P

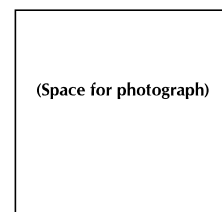
(D) FAMILY PARTICULARS OF INSURED PERSON

Table with 6 columns: Sl. No., Name, Date of Birth, Relationship with insured person, Whether residing with him/her or not, If No, State place of Residence.

ESI CORPORATION Temporary Identity Card

Temporary Identity Card form with fields for Name, Ins. No., Date of Entry, Father's/Husband's Name, Date of Birth, Branch Office, Dispensary, and Name, Address & Code No. of the employer.

Valid for 3 months from the date of appointment



Validity Dated

Signature / T.I. of I P

Signature of B.M. with Seal