



ESIC DECLARATION FORM

Form 1

To be filled in only if the employee after reading instruction overlief. Two Postcard size photographs are to be attached with this form. This form is free of cost.

(A) INSURED PERSON'S PARTICULARS				(B) EMPLOYER'S PARTICULARS	
1. Insurance No.				Employer's Code No.	
2. Name (In Block capital)				Date of Appointment	
3. Father's / Husband's Name				Name & Address of the employer	
Date of Birth		DD/MM/YYYY	Maritail Status	Sex	
Present Address		Permanent Address			
Pin Code			Pin Code		
Mobile No & E-mail Address			Mobile No & E-mail Address		
Bank A/c.			IFSC Code		
Bank Name			Bank Add		
Branch Office			Dispensary		
12.In case of any pervious employment please fill up the details as under :-					
a) Pervious ins. No.					
b) Emplrs. Code No.					
c) Name & Address of the employer with Telephone No & E-mail Address					
NIL					
Details of the Nominee u/s 71 of ESI Act 1948/ Rule 56(2) of ESI (Central Rules, 1950 for payemnt 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 changes in the membership of my family within 15 days of such change.

Counter Signature by the employer

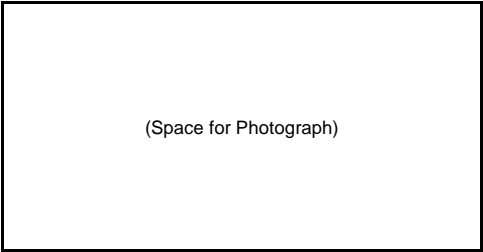
X _____
Signature/ T.I of
IP

Signature with seal

FAMILY PARTICULARS OF INSURED PERSON

Sr No.	Name	Date of Birth/ age as on date of form filling	Relationship with the Employee	Whether residing with him/her?		If 'NO' state place of Residence	
				Yes	No	Town	State
1							
2							
3							
4							
5							
6							
7							
8							

Name			
1. Insurance No.		Date of Appointment	
Branch Office		Dispensary	
Employee's code No.& Address			
Validity			



Date _____
Signature/ T.I of IP

Signature of B.M. with seal

INSTRUCTIONS

- 1 Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulation 1950.

- 2 "Family means all of any of the following relatives of an Insured Person Namely:-

(i) a Spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependence on the earning of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv)

- 3 Identity card is Non- transferable.

- 4 Loss of Identity card be reported to the employer / Branch Manager immediately.

- 5 Submission of false information attracts penal action under section of 84 of ESI Act, 1984.

- 6 This form duly filled in must reach the concerned Branch Office eithin 10 days of appointment of an Employee

As an Insured person you and your dependent family members are entitled to full medical care.

- 7 The other benefit in cash include (1) Sickness benefit (2) Temporary disablement benefit (3) Permanent disablement benefit (4) Dependence Benefit and (5) Materni

- 8 For more details visit website of ESIC at www.esic.org. in or contact Regional office or Branch Office.

For Branch Office Use Only	
1. Date of allotment of Ins. No	_____
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Sr No.	Name	Date of Birth/ age as on date of form filling	Relationship with the Employee	Whether residing with him/her?		If 'NO' state place of Residence	
				Yes	No	Town	State
1							
2							
3							
4							
5							
6							
7							
8							