

ELIGIBILITY OF DEPENDANT PARENTS

Certified that Sir _____ & Smt. _____
_____ parents of Sri _____
Ins. No. _____ Employee of M/s _____
_____ is/are residing with the employee & their income from all
_____ sources is less than Rs. 9000/- per month as per
declaration given by the Insured Person and eligible for necessary benefits as
admissible to the Insured Person.

Branch Manager

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DECLARATION OF INCOME OF PARENTS

I hereby declare that my Father/Mother named Sri _____
& Smt. _____ is not financially self-support.
His/her income from all sources is less than Rs.9000/- per month and he/she is
residing with me.

Note: Any person found submitting false declaration is punishable under ESI Act 1948
with imprisonment and fine.

Sign & Seal of the Employer

Name:

Designation:

Full Signature of I.P.

Name of I.P.

Ins. No. :

Name of Employer

Address of Employer