



DECLARATION FORM

FORM - 1

Employer's Code No.

(A) Insured Person's Particulars

1 Insurance No.			
2 Name (in block capital)			
3 Father's/ Husband's Name			
4 Date of Birth	DD MM YY <input type="text"/> <input type="text"/> <input type="text"/>	5. Martial Status	M / U / W
		6. Sex	M / F
7 Present Address	8. Permanent Address		
_____ _____ _____ Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e-mail address		_____ _____ _____ Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e-mail address	
Branch office:	Dispensary :		

(B) Employer's Particulars

10. Date of Appointment	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
11. Name & Address of the employer			
12. In case of any previous employment please fillup the details as under:-			
Previous Ins. No.			
Empls. Code No.			
11. Name & Address of the employer			

(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

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 belief. I also under take 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

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not	If No, State place of Residence	
				YES / NO	TOWN	STATE
1						
2						
3						
4						
5						
6						
7						

ESI CORPORATION
Temporary Identity Card

Name			
Ins. No		Date of Entry	
Father's/ Husband's Name		Date of Birth	
Branch Office		Dispensary	
Name, Address & Code No. of the employer			

Valid for 3 months from the date of appointment

(Space for photograph)

Validity
Dated

Signature / T.I. of I P

Signature of B.M. with Seal