




ESI Nomination details

ESI Benefit					
	1	2	3	4	5
Beneficiary Name					
Beneficiary Relationship					
Beneficiary Date of Birth					
Beneficiary Guardian Name <i>(If the nominee is a minor)</i>					
Beneficiary Address					
Proportion of Lumpsum%					

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC
The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.

	DECLARATION FORM_FORM 1	
Sr.No	Particulars	Fill up by Employee all points is necessary
A	Employee Details	
	* Whether Earlier Member of ESI Scheme (Yes/No)	
	* If Yes, your earlier ESI Number	
	Employee ID	
1	Employee's Full Name	
2	Father's Name	
3	Spouse's Name	
4	Gender	
5	Date of Birth	
6	Date of Joining	
7	Marital Status	
8	Religion	
9	Nationality	
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	
	Area	
	City	
	District	
	State	
	Pin Code	
12	Temporary Address	
	Area	
	City	
	District	
	State	
	Pin Code	
13	STD Code & Telephone Number	
14	Mobile/Cell Number	
15	Email ID	-
16	PAN Number	
17	Do you have AADHAAR Card? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	

B) EMPLOYEE'S FAMILY DETAILS									
Sr. No.	Name of Family Member	Relationship	DOB	Address Details	Contact Details	Whether residing with him/her	If No, state place of residence	Whether AADHAAR available?	If Yes, AADHAAR No.
1									
2									
3									
4									
5									

C) Details of 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.			
Beneficiary Name	Beneficiary Relationship	Beneficiary Address	Contact Details

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.

Signature by Employer

Electronically signed by:
Venkatesan D
Signature of Insured Person/Employee

To be mandatorily filled if the monthly gross salary is less than INR 21,000.
AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC
The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.

Date: 04/09/2025

Place: