



## EMPLOYEES' STATE INSURANCE CORPORATION

### e-Pehchan Card

Insured Person : **Rajeshwari S**  
Insurance No. : **5608381698**  
Date of Registration : **10/06/2020**

#### YOUR REGISTRATION DETAILS

Employee Name:	Rajeshwari S	Type of Disability :	None
Name of Father / Husband:	senthilkumar	Date of Birth :	09/03/1980
Marital Status :	Married	Gender :	Female
Present Address :	BLUEHILLS,,JADAYAM PALAYAM POST,,COIMBATORE,Dist:Cuddalore,Tamilnad u,641302	Permanent Address :	BLUEHILLS,,JADAYAM PALAYAM POST,,COIMBATORE,Dist:Cuddalore,Tami lnadu,641302
Dispensary / IMP for IP :	Karamadai, TN (ESIS Disp.)	Dispensary / IMP for Family:	Karamadai, TN (ESIS Disp.)
UHID	TN01.0010498671		
Current Employer Details		First Employer Details	
Employer's Code No. :	56000603580000101	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/06/2020	First Insurance No. :	None
Name of Employer :	SRI SARADHAMBIKA SPINTEX P LTD.	Name of Employer :	None
Address of Employer :	SF NO 526/2B, BILICHI POST,MADAMPALAYAM,,COIMBATORE,Dis t:Coimbatore Tamilnadu641019	Address of Employer :	None

#### Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
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#### Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
SENTHILKUMAR	Spouse	100	8/207,BLUE HILLS,,JADAYAM PALAYAM,COIMBATORE,TamilnaduDist: Coimbatore641302

**Documents Uploaded:**

none

Signature / LTI of Registered Employee / IP :

Mobile Number :

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

**NOTE:**

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer