



**APPLICATION FOR CHANGE OF NAME / YEAR OF BIRTH OF
ALL INSURED PERSONS**

To,
The Regional Director,
E.S.I. Corporation,
Mumbai.

Dear Sir,

I request you to kindly effect the following changes in my personal data on the declaration Form already submitted to you.

	Old Name / Age (In capital Letter)	Change to New Name / Age (In capital Letter)
1) (i) Own Name	_____	_____
(ii) Father's Name / Husband's Name	_____	_____
(iii) Surname (If Any)	_____	_____
2) Age and Year of Birth	_____	_____
3) Insurance Number	_____	_____
4) Reason for changing the Name (If this space is Insufficient please attach Separate statement)	_____ _____ _____	_____ _____ _____
5) Marital status if married Name of Wife / Husband	_____ _____	_____ _____
6) Name of Nominee and his / her relationship with I.P. (As furnished on Declaration form)	_____ _____ _____	_____ _____ _____
7) Permanent Address i.e. Native Place Address	_____ _____	_____ _____
8) Three specimen Signatures / Left hand Thumb impressions	1) _____ 2) _____ 3) _____	_____ _____ _____
9) Particulars of the Documents Enclosed for Name / Year of Birth	1) _____ 1) _____	1) _____ 1) _____
10) Name of local office to Which IP is attached	_____	_____

Yours faithfully,

Place: _____

Encl.: _____

Certified that the application in the name of person who has been in my employment under the original name and Insurance No. mentioned above. Further certified that we have carried out the necessary correction / change as mentioned overleaf in own

Place:_____

Date:_____

Signature_____

Designation_____

Rubber stamp of employer's code

No._____

- N.B.**
- 1) This form should be supported by documentary evidence such as an Affidavit signed before Presidency magistrate or oath Commissioner or Notary public Pr. Government Gazette Notification under which the changes have been notified etc.
 - 2) Application for change in name due to marriage in the case of insured woman must be Supported By certificate of the employer that such a change in name has been effected in their records & if the insured woman wishes to change her nomination under section 71 of the Employees' State Insurance Act. In favour of husband, a separate application to that effect duly attested by the employer should accompany this form.
 - 3) Application for change in name by already married woman should be supported by an attested or Original copy of death / divorce certificate and remarriage certificate as the case may be issued by the competent authority in support of her divorce from her first husband and remarriage with second.
 - 4) Application for change in the date / Year of birth should be supported either by an attested Copy of birth Extract / School Leaving Certificate or an original Horoscope along with employee's Certificate stating that necessary changes have been effected in their records.

THIS FORM MUST BE COMPLETED IN ALL RESPECTS AND AN INCOMPLETE FORM MAY NOT RECEIVE THE ATTENTION OF THIS OFFICE.