



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM - 23

(To be submitted along with claim of June & December)

LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT

(Regulation 107)

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Insurance No. of
Permanently disable person

*Certified that Sh./Smt. w/s/d/ of
is alive this day of 20.....

**Name in Block letter of
Signing Claimant.**

Signature

Date

.....
Designation with Rubber Stamp/ Seal
of the Attesting Authority

Important: Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine up to Rs.2,000/-, or with both.

*This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the Head of gram Panchayat under the official seal of the Panchayat, or (v) **an M.L.A./M.P.;** or (vi) **A Gazetted Officer of the Central/ state Govt.** or (vii) **a member of the Regional Board/Local Committee of the ESIC;** or (viii) **any other authority considered appropriate by the Branch Manager concerned.**