



घोषणा पत्र DECLARATION FORM

(A) INSURED PERSON'S PARTICULARS				(B) EMPLOYER'S PARTICULARS				
				9. Employer's Code Number				
1. Insurance Number			10. Date of appointment			Day	Month	Year
2. Name (in block letters)				11. Name & Address of the Employer				
				12. Previous employment, if any				
3. Father's/Husband's Name			PIN					
			Telephone					
4. Date of Birth			Mobile					
Day	Month	Year	E-mail Address					
			Website					
5. Marital Status			12. Previous employment, if any					
(✓ the appropriate box)			Previous Insurance Number					
6. Sex			Employer Code Number					
(✓ the appropriate box)			Name & address of the Employer					
7. Present Address								
PIN								
Telephone								
Mobile								
E-mail Address								
8. Permanent Address								
PIN								
BRANCH OFFICE		DISPENSARY						
(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.								
Name		Relationship		Address, Mobile & Email				

(D) FAMILY * PARTICULARS OF INSURED PERSON							
Sl. No.	Name	Date of Birth/Age as on date of filling form	Relationship with the Employee	Whether residing with him/her?		If 'No', state place of Residence	
				Yes	No	Town	State
1.							
2.							
3.							
4.							
5.							
6.							
7.							

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.

Counter signature by the employer with seal

Signature/T.I. of IP

For office use –

Authentication by ESIC Branch Manager

Seal Signature

* **Family**, as defined under Section 2(11) of the ESI Act, 1948, includes the following persons:-

- 1) Spouse of the insured person (Wife or Husband)
- 2) Minor dependant son (legitimate or adopted)
- 3) Minor dependant daughter (legitimate or adopted)
- 4) Son or daughter till he or she attains 21 years of age, if wholly dependent and receiving education
- 5) Daughter, if wholly dependent and unmarried
- 6) Infirm child, if wholly dependant
- 7) Dependant parents