



DECLARATION FORM

FORM - 1

Employer's Code No.

Empty box for Employer's Code No.

(A) Insured Person's Particulars

Form (A) Insured Person's Particulars with fields for Insurance No., Name, Father's/Husband's Name, Date of Birth, Present Address, etc.

(B) Employer's Particulars

Form (B) Employer's Particulars with fields for Date of Appointment, Name & Address of the employer, Previous Ins. No., etc.

(c) Details of the nominee u/s 71 of ESI Act1948 / Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death

Table with 3 columns: Name of the Nominee, Relationship with insured person, Address

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and I belief. I also under take to intimate to the corporation any change in the membership of my family within 15 days of such change having occurred.

Counter Signature of the Employer

Signature with Seal

Signature / T.I. of I P

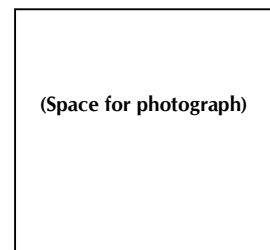
(D) FAMILY PARTICULARS OF INSURED PERSON

Table with 6 columns: Sl. No., Name, Date of Birth, Relationship with insured person, Whether residing with him/her or not, If No, State place of Residence

ESI CORPORATION Temporary Identity Card

Valid for 3 months from the date of appointment

Form for ESI Corporation Temporary Identity Card with fields for Name, Ins. No., Date of Entry, etc.



Validity Dated

Signature / T.I. of I P

Signature of B.M. with Seal

INSTRUCTIONS

- 1 Submission of Form 1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950
- 2 *Family* means all or any one of the following relatives of an insured person namely:-
(i) a Spouse (ii) a minor legitimate or adopted child dependent upon the I.P.: (iii) a child who is wholly dependent on the earnings of the I.P and who is (a) receiving education, till he or she attains the age of 21 years (b) an un married daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the I.P. so long as the infirmly continues; (v) dependent Parents
- 3 Identity Card is Non - Transferable
- 4 Loss of Identity Card be reported to Employer / Branch manager immediately
- 5 Submission of false information attracts penal action under section 84 of ESI Act, 1948
- 6 This form dully filled in must reach the concerned Branch office within 10 Days of appointment of an employee. Delay attracts penal action under section 85 of the Act, against the employer
- 7 As an insured person you and your dependent family members are entitled to full medical benefit from today itself. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement Benefit (3) Permanent Disablement Benefit (4) Dependents Benefit and (5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions
- 8 For more details contact website of ESIC at www.esic.org.in or contact Regional office or Branch office

FOR BRANCH OFFICE USE ONLY	
<p>1. Date of allotment of Ins. No.</p> <p>2. Date of issue of T.I.C :</p> <p>3. Name / No. of Disp. :</p> <p>4. Whether reciprocal Medical arrangements involved, if yes, Please indicate</p>	<p>Signature of Branch Manager</p>

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not	If No, State place of Residence	
				YES / NO	TOWN	STATE
1						
2						
3						
4						
5						
6						
7						