

**Employees’ State Insurance Corporation**

**CERTIFICATE OF EMPLOYMENT**

Certified that the Person whose particulars are given below has been in our employment since

.................................................................................... and neither a Temporary Identification Certificate nor a Regular Identity Card was issued to him but it is reported been issued to him/her so far.\*

to have been lost/destroyed\*\*

Name .................................................. Father’s/Husband’s Name .....................................................

Residential Address ............................................................

Name of Department ............................................................

Branch Office ................................ opted ................................

**Ref. to Return of Declaration Forms**

Instalment No. Insurance No., if alloted

**Particulars of the members of the family**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL  No. | Name | Date of  Birth | Relationship  With the I.P. | Whether residing  With the I.P. or Not |
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Date of Issue of Certificate .......................................

In case the insured person is

discharged, the date of discharge...............................

Signature/L.T.I. of the Insured Person

* Please strike out whichever is not applicable.
* Applicable only to cases where the Certificate is issued in lieu of the Temporary Identification Certificate having been lost or destroyed.

Signature with designation

Rubber Stamp containing Name & Code No. of Employer

BUSINESS NAME HERE