

ESI DECLARATION FORM

To be filled by the employee after reading instructions overleaf. Two Postcard size photographs are to be attached with this form.

(* **Mandatory**)

A) Insured Persons Particulars		B) EMPLOYER'S PARTICULARS			
1. Insurance No.		11. Employer's Code No: 57000738090001007			
2. Name*:	Employee ID	12. Date of Appointment	Day	Month	Year
3. Father/Husband's Name*:		13. Name & Address of the employer: AMBC TECHNOLOGIES PRIVATE LIMITED 1st FLOOR,ELCOT IT PARK, ILANTHAIKULAM, MADURAI, TAMILNADU 625020			
4. Date of Birth*:					
5. Sex: Male/Female*:					
6. Marital Status*: M/U:					
7. Aadhaar No*:		14. In case of any previous employment, please fill the date. As under			
8. Contact No*:		a. Previous Ins. No.:			
9. Present Address*		b. Empr's Code No:			
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>		<u>c. Name & Address of the Previous Employer</u> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>			
10. Permanent Address*					
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>					

(C) Details of Nominee u/s 71 of ESI Act 1948/Ruls 56(2) of ESI (Central) Rules 1950 for payment of each benefit in the event of death.

Name*	Aadhaar No*	Relationship*	Address*

Signature of the Employer

Signature of the T.I./I.P

Family Particulars of Insured Person

Sl.No.	Name	Aadhaar No	Date of Birth	Relationship With the employee	Whether residing with him/her		If No, State Place of Residing
					Yes	No	
1							
2							
3							
4							
5							
6							

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INSTRUCTIONS

- 'Family' means all or any of the following relatives of an insured person namely.
(i) a spouse (ii) a minor legitimate or adopted child dependant 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 unmarried daughter: (iv) a child who is infirm by reason of any physical or mental abnormality of injury and wholly dependant on the earnings of the I.P. So long as the infirmity continues, (v) dependent parents (Please see section 2 clause 11 of the ESI Act 1948 for details)
- If the Parent is the government employee they (parent) are not coming under these benefits.
- Be sure that the income of the parents from all sources **do not exceed Rs.5000/-per month at present** and that any time income of parent(s) exceed Rs.5000/-changes would be incorporated accordingly.
- Aadhaar No mandatory for the insured person along with family member also, if they come under ESI benefits.
- Identity Card is Non-transferable.
- Loss of identity Card is reported to the Employer/Branch Manager immediately.
- Submission of false information attracts penal action under Section 84 of the ESI Act 1948
- As an insured person you and your dependent family members are entitled to full medical card. 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
- For more details please visit website of ESIC at www.esic.org or contact Regional office or Branch Office.

Signature of the I.P