

FORM 1

DECLARATION FORM
[Regulations 11 and 12]

¹[***]

Serial No. in return of
Declaration in Form No.3.

(To be filled in only if the employee has not been insured earlier)

Insurance No.

1. Name (in block capitals)
2. Father's / husband's name
3. Present address
4. Permanent Address
5. Local Office
6. Sex
7. Marital status (state whether bachelor, spinster, married, widow or widower)
8. Age
9. Year of birth
10. Dispensary
11. Particulars of employment :
 - (a) Date of appointment
 - (b) Whether employed directly / through contractor
 - (c) Department
 - (d) Nature of work
12. Nomination under section 56(2) of ESI (Central) Rules (in case of females only) and 71 of the Employees' State Insurance Act, 1948 for payment of any benefit that may be due as specified in these sections, in the event of the death of insured person :
 - (a) Name of nominee
 - (b) Age
 - (c) Father's / husband's name
 - (d) Relationship of nominee with the insured person cut here

TEMPORARY IDENTIFICATION CERTIFICATE

(Valid for three months form the date of appointment)

Insurance No.

Name of the Insured Person Sex Age

Name, address and Code No. of the employer

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13. Particulars of member of family:

Sl. No.	Name	Date of birth	Relationship with Insured Person	Whether residing with him / her or not

¹[Note : According to Section 2, clause (11) of the Employees' State Insurance Act, 1948 "family" means all or any of the following relatives of any Insured Person, namely, (i) a spouse; (ii) a monitor legitimate or adopted child dependent upon the IP; (iii) a child who is wholly dependent on the earning of the IP 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 or injury and is wholly dependent on the earnings of the IP, so long as the infirmity continues; (v) dependent parents.]

I affirm that I have NOT been previously insured under the Act and no identity card has been issued to me.

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

Place

Date of signing the Form

Signature or thumb impression
Of the employee

.....
Counter signature of employer
Designation

Name and address of the employer

..... cut here

RECEIPT OF IDENTITY CARD

Received the Identity Card bearing Insurance

No. as overleaf

Date.....

.....
Signature or thumb impression of
the insured person