



To be filled by employer in respect of employee who have been registered after 10 days appointment.

(A) INSURED PERSON'S PARTICULARS

1- Insurance No.						
2- Name in block letters						
3- Father's/Husband's Name						
4- Date of Birth	Day	Month	Year	5- Marital Status	M/U/W	
				6- Sex	M./F.	
7- Present Address	8- Permanent Address					
Pin Code						
9- Any ID issued by GOVT (PAN Voter ID etc).	10- Bank Details.					

(B) EMPLOYER'S PARTICULARS

11- Employer's Code No.			
12- Date of Appointment	Day	Month	Year
13- Name & Address of the Employer			
E-mail address-			
14- In case of any previous employment please fill up details as under.			
(a) Previous Ins. No.			
(b) Previous Employer's Code No.			
(c) Name & Address of the previous Employer			
E-mail address-			

(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

(D) Family Particulars of Employee

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	Monthly Income	Disability Yes or No.
				Yes No	Town State		

(E) Documents of employee to be submitted with the Performa

S NO	Documents to be submitted with the performa	Yes	No
1	Appointment Letter		
2	ID issued by Govt		
3	Salary and wage record		
4	Attendance Record		
5	Details of accident. if any		
6	Monthly contribution detail from the date of appointment		

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I hereby authorize ESIC to conduct verification/inspection including site visit by authorised person of ESIC. I undertake to intimate the corporation any changes in the membership of Employee if any as soon as such change take place.

(Signature with seal by the Employer)