LIFE CERTIFICATE FOR DEPENDANTS' BENEFIT



EMPLOYEES' STATE INSURANCE CORPORATION (Regulation 107-A)



Name of the deceased	d Insured Person		Ins. No.		
I, deceased Insured Per	, being	the	hereby solemn	of the a	bove named
*i) That I have no *ii) That I have no (to be given or *iii) that I have atta (to be given by	t yet married/remarri t yet attained the age ly in respect of a minimed the age of eigh y a legitimate/adopte specified, to be attac	ed so far. (to be of e of eighteen yea nor male or fema teen years but co ed infirm son or l	given only by a f rs. le dependant) ontinue to be infi	emale dep	endant)
Present Address:					
		Signature or thumb impression of the dependant			
Date		or			
Name in Block letters of signing claimant		Signature or thumb impression of the Guardian in case of a minor dependant			
		Name of the Mi	nor		
		Through (name of the Guardian)			
		His/her	(relationship wit	th the Mind	or)
** Certified that	Shri/Smt./Kumari is alive this day		of		
declarations made abo	-	-			_ a.ia tilat tilo
Date Name in Block letter and Rubber Stamp or Seal of the Attesting Authority			iiip °		

Strike out whichever is not applicable.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department, or (ii) a Municipal Commissioner, or (iii) a Workmen's Compensation Commissioner, or (iv) the Head of Gram Panchayat under the official seal of the Panchayat, or (v) an M.L.A./M.P.; or (vi) A Gazetted officer of the Central / State Govt. or (vii) a member of the Regional Board/Local Committee of the ESIC; or (viii) any other authority considered appropriate by the Branch Manager concerned.

IMPORTANT: Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or some other person, commits an offence punishable with imprisonment for a term which, may extend up to six months or with a fine up to Rs.2,000/- or with both.