

CE

**CONFINMENT EXPENSES FORM**



**EMPLOYEES' STATE INSURANCE CORPORATION**

(Rule 56-A)



I, ..... wife/son of .....,  
Insurance No..... hereby state that I/my wife gave birth to a ..... child on  
..... at ..... District ..... in the State of  
.....

- I declare that no medical facilities under the ESI Scheme exist at the place of my child's birth.
- I further declare that earlier I have claimed confinement expenses for no child /one other child
- I also declare that my husband / wife has not preferred any claim for confinement / medical expenses from concerned ESI Dispensary or any other source.
- I hereby claim confinement expenses of Rs.....  
(Rupees .....) only

Signature / Thumb Impression of Insured Woman / Insured Person