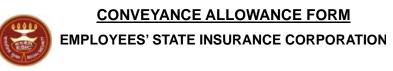
ESIC-141





Name	Father's/Husba	and Name	
Insurance No	Address		
Name & Address of the prese	ent / last employer		
Aı	mount claimed as con	veyance allowance	
a) Approximate distance bet	tween residence and	b) Amount of money spent	on Bus /
the examination centre		Train / Rail fare	
c) Return fare		d) If unfit to travel by Bus/Train/Rail, the	
		amount spent on other conve	yance
e) Return fair	_	f) Total amount claimed	
(To be filled in by the Medica	I Referee)		
Does he require an attendan	t or can travel by his ov	/n	
Does he require an attendan	t or carr traver by riis ov		
(To be	filled in by the Region	nal Office / Local Office)	
		Rs. P.	
Amount Admissible			
Amount Admissible			
Received Rupees			
Signature of the Branch Man	ager	Signature or thumb impres	ssion
orginature of the branch warrager		of the Insured Person	