

(To be submitted in January)

Reg. 23

LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT



**EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 107)**



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Insurance No. of permanently disabled person

*Certified that Sh./Smt. _____ W/S/D/

of _____ is alive this _____ day of _____ 20_____

Name in Block letter of
Signing Claimant

Signature _____

Designation with Rubber Stamp /
Seal of the Attesting Authority

Date _____

Important :

Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend upto six months or with a fine upto Rs.2000/- or with both.

*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 MLA/MP; or (vi) A Gazetted Office 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.