

ESIC COVID-19 RELIEF SCHEME FORM**CRS - I****EMPLOYEES' STATE INSURANCE CORPORATION**

Name of the deceased IP _____

Ins. No. _____

S/W/D of _____

Date of Death _____

Last employed as _____ by _____

Recent photo
of the
claimant

I/we the following, being dependants of the above named deceased Insured Person, hereby claim and accordingly apply for relief under the ESIC COVID-19 Relief Scheme on account of his/her death due to COVID-19 :

Name of the dependant	Sex, age or year of birth	Aadhaar Number (enclose photocopy)	Relationship with the deceased and Marital Status	Present Address and Mobile No. (if available)	Name and Aadhaar No. of the guardian in case of a minor	Father / Husband Name	Sign / Thumb impression

I/we are enclosing the following documents in support of my/our claim :-

1. Death Certificate (Original) of late Sh./Smt./Kum. _____ issued by _____
2. Covid-19 positive report (Original / Attested copy) of late Sh./Smt./Kum. _____ issued by _____
3. Proof of Identity of deceased IP (Aadhaar / Voter Id / e-pehchan in original)
4. Copy of Aadhaar of the claimant(s)
5. Birth Certificate of _____

Declaration

2. I/we declare that the particulars given above are true to the best of my/our knowledge and belief.
3. I/we also declare that to the best of my/our knowledge & belief, there is no other dependant entitled to claim relief under the ESIC COVID-19 Relief Scheme in r/o the death of the above deceased IP, save and except those mentioned above.

Signature / Thumb impression of dependant
or guardian (in case of a minor)

1.
(Name)
2.
(Name)
3.
(Name)
4.
(Name)

ATTESTATION

Certified that the declarations made above are true to the best of my knowledge and belief.

Signature of the attesting authority
Seal with name and designation

[(i) All major dependants should sign individually and the guardian to sign in case of a minor dependant.

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

[IMPORTANT:- Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for 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.]

CERTIFICATE OF DEPENDENCY UNDER CRS**EMPLOYEES' STATE INSURANCE CORPORATION**

(To be submitted by dependent other than spouse,
son, daughter and widowed mother)



Certified that I/we were wholly / partially dependent upon the earnings of the deceased
Shri _____ Insurance No. _____ at the time of his death due to COVID-19:-

Sl. No.	Name	Father's / Husband's Name	Relationship to deceased	Address and Mobile Number	Signature / Thumb impression	Aadhar Number
1	2	3	4	5	6	7

Certified that the above declaration is correct to my knowledge and belief.

Signature :

Designation :

Rubber Stamp :

[(i) In case of minor, signature / Thumb Impression of guardian should be appended in Column (6) (ii) This form may be got attested from any one of the following authorities :- An officer of revenue, judicial or magisterial department of Government, or (ii) 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) a Member of Parliament; or (vi) a Member of Legislative Assembly; or (vii) a Member of Standing Committee or the Employees' State Insurance Corporation or (viii) a Member of Regional Board or Local Committee of the Corporation.

Important : Any person who makes a false statement or representation for the purpose of obtaining relief under the Scheme, whether for himself or for 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.]

CLAIM FORM FOR RELIEF UNDER ESIC COVID-19 RELIEF SCHEME**EMPLOYEES' STATE INSURANCE CORPORATION**

Name of the deceased IP _____

Ins. No. _____

Recent photo
of the
claimant

I _____ being the _____ (relationship) of the above named deceased Insured Person, do hereby claim the relief under the ESIC COVID-19 Relief Scheme and request that the relief be paid to me electronically in my Bank Account details of which are given below :

Name of the Bank _____

Branch address _____

Bank Account No. _____

MICR number _____

IFSC Code number _____

I also declare that :-

- I. I have not married so far (Applicable only in case of daughter of the deceased IP)
- II. I have not attained the age of 18 years (Applicable in case of minor male / female dependant)
- III. I am still infirm (applicable in case of a legitimate / adopted infirm son or a legitimate / adopted unmarried infirm daughter who has attained the age of 25 years. The claim may be accompanied by a certificate from the Medical Referee)

Signature / thumb impression of the claimant

Name _____

Present Address _____

Mobile Number _____

Signature / thumb impression of the guardian

Name _____

Present Address _____

Mobile Number _____

DECLARATION & CERTIFICATE FOR DEPENDENTS' BENEFIT UNDER CRS**EMPLOYEES' STATE INSURANCE CORPORATION**

Name of the deceased Insured Person _____

Ins. No. _____

I, _____, being the _____ of the above-named deceased Insured Person and also being his dependant, do hereby solemnly declare :-

- (i) That I have not married so far. (to be given only by a daughter of the deceased IP)
- (ii) That I have not yet attained the age of eighteen years. (to be given only in respect of a minor male or female dependant)
- (iii) That I have attained the age of twenty-five years but continue to be infirm. (to be given by a legitimate/adopted inform son or by a legitimate / adopted infirm daughter. Certificate as specified, to be attached, if required)

Present Address : _____

Mobile Number :- _____

Date : _____

Signature or thumb impression of the dependant

Name in Block letters of signing claimant

Signature or thumb impression of Guardian of a minor dependant _____

Name of the minor dependant _____

Relation with the dependant _____

CERTIFICATE

Certified that Shri / Smt. / Kumari _____ w/s/d/ of _____ is alive this day the _____ day of _____ 20____ and that the declarations made above are true to the best of my knowledge and belief.

Signature _____

Seal with designation and name _____

[This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Departments of Government; or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat; or (v) M.L.A./M.P., (vi) Gazetted Officer, or (vii) a member of Local Committee/Regional Board of the ESI Corporation, or (viii) any other authority considered appropriate by the Branch Manager.]

CERTIFICATE OF INFIRMITY**EMPLOYEES' STATE INSURANCE CORPORATION**

This is to certify that Shri / Kum. _____ date of birth /
aged _____ S/d of late Sh./Smt. _____ (IP/IW),
Ins. No. _____ has been examined by me today and that in my opinion he / she is / has
continued to be infirm by reason of which he / she was wholly dependent on the earnings of his / her father /
mother and in my opinion his / her infirmity prevents him / her from making a living. Nature of infirmity

MEDICAL REFEREE

ESI Corporation _____

Dated :

Name :

Seal