GMAP, Ch-21 /12/06 /50,000 Copies

ESIC 37

EMPLOYEES' STATE INSURANCE CORPORATION

Certificate of Re-employment/continuing Employment
(To be issued only if condition (i) and (ii) below are satisfied)

Code No. | | | |

Name and Address of the Employer _____

_____

Certified that Shri _____ S/o _____

Ins. No. _____ (i) has continued to be in employment/has been taken or retaken in employment. He has paid one or more contribution OR one or more contribution OR one or more contribution is payable* in the current contribution period which began on (ii) has paid contributions for not less than half the number of days* in the preceding contribution period which ended on _____

(* Strike out which is not applicable).

Date _____ Signature and Designation _____

Note : This certificate is valid for NINE MONTHS from the date indicated under (i) or (ii) above. *if available

ESIC 37 Medi 7-A

Application for Acceptance for Medical Treatment

Shri _____ S/o _____

Insurance No. | | | (if available) having been employed

form the date mentioned on reverse (employer's certificate) hereby apply for acceptance by Dr. _____

(Dispensary)

I _____ was previously / have been continued to be _____ insured and _____ was then on the list / am on your list

*of Doctor _____ Dispensary

Date _____

_____
Signature or thumb impression of the insured person

I accept this person in my list

_____ Code No. _____

Signature of Doctor (Dispensary)

*Delete whichever is not applicable

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