-I. (2)

EMPLOYEES STATE INSURANCE CORPORATION

PHOTO IDENTITY-CARD FORM

Insurance No. Emp. Code No.

Name (in block capital)

Father's/ husband's Name

Present Address

Pin Code

Local Office Sex Dispensary

Marital Status (state, whether, Bachelor, Spinster, Marrier, Widow or Widower)

Age Year Of Birth D D M M Y Y Y Y

Particulars of employment

(a) Date of appointment

(b) Whether employed directly Through Contractor

(c) Department

(d) Nature of Work

(e) Name of Nominee

(f) Details of family members

S.No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/ her or not
1.				
2.				
3.				
4.				
5.				
6.				

Signature or thumb impression of the insured person

Verified by Employer (Signature with Seal)

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