# EMPLOYEES' STATE INSURANCE CORPORATION

## FORM-1 DECLARATION FORM

*(Rules 11 & 12 of ESI (Central) Rules, 1950)*

### (A) INSURED PERSON'S PARTICULARS & BRANCH / DISPENSARY DETAILS

| | |
|---|---|
| **1. Insurance No.** | **2. Name (in Block)** |
| **3. Father's/Husband's Name** | **4. Date of Birth**<br>DD / MM / YYYY |
| **5. Marital Status & Sex**<br>**Status:** ☐ M ☐ U ☐ D **Sex:** ☐ Male ☐ Female ☐ Transgender | |
| **6. Mobile No.** | **7. Aadhaar No.** |
| **8. Present Address**<br><br>PIN: | **9. Permanent Address**<br><br>PIN: |
| **10. Email Address** | **Branch / Dispensary**<br>Branch:<br>Dispensary: |

### (B) EMPLOYER'S PARTICULARS & PREVIOUS EMPLOYMENT

| | |
|---|---|
| **11. Date of Appointment**<br>DD / MM / YYYY | **12. Name & Address of Employer** |

**13. Details of Previous Employment (if any):**

| Previous Ins. No. / Employer Code No. | Name & Address of Previous Employer |
|---|---|
| | |

### (C) NOMINEE DETAILS U/S 71

Details of the nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death:

| Name of Nominee | Address | Relationship |
|---|---|---|
| | | |

**DECLARATION:**

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and belief. I also undertake to intimate to the Corporation any change in the membership of my family within 15 days of such change having occurred.

Date: ____ / ____ / 20__

_____
Signature/Thumb Impression of Insured Person

_____
Counter Signature of Employer with Seal

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## FORM-1 (PAGE 2) FAMILY PARTICULARS & DEPENDENTS

### (D) FAMILY PARTICULARS OF INSURED PERSON (SR. NO. 1 TO 5)

| Sr. | Name of Family Member | Date of Birth | Relationship | Aadhaar Number | Residing with IP? | Photo Box |
|---|---|---|---|---|---|---|
| 1 | | DD / MM / YYYY | | | YES / NO | Affix Passport Photo |
| 2 | | DD / MM / YYYY | | | YES / NO | Affix Passport Photo |
| 3 | | DD / MM / YYYY | | | YES / NO | Affix Passport Photo |
| 4 | | DD / MM / YYYY | | | YES / NO | Affix Passport Photo |
| 5 | | DD / MM / YYYY | | | YES / NO | Affix Passport Photo |

## ESI CORPORATION
### TEMPORARY IDENTITY CARD

*(Valid for 3 months from date of appointment)*

Affix Passport Photo

**Name of IP:** _____

**Insurance No.:** _____

**Father's/Husband's Name:** _____

**Branch Office:** _____

**Dispensary:** _____

**Employer Name, Address & Code No.:** _____

_____

Dated: ____ / ____ / 20__

_____
Signature / T.I. of IP

_____
Signature of Branch Manager with Seal