

EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM - 24

(To be submitted along with claim of June & December)

DECLARATION & CERTIFICATE FOR DEPENDANT'S BENEFIT

(Regulation 107 A)

Name of the de	ceased Insured F	Person	Ins. No.		
1		, being the		of the above-	
		n and also being his dependar			
*i)	*i) that I have not married/ remarried so far. (to be given only by a female dependant)				
*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 eighteen years but continue to be infirm. (to be given by a legitimate/ adopted infirm son or by a legitimate/ adopted infirm daughter. Certificate as specified, to be attached, if required)				
Present Addres	ss:				
Date:			Signature	or thumb impression ne dependant	
				or	
Name in Block Of signing clain		Guard	Signature or thumb impression of the Guardian in case of a minor dependant		
			Name of the Minor .		
			Through		
				ship with the Minor)	
CERTIFICATE					
		t./ Kumari			
Date		Name in Block letter and Rubber Stamp or Seal of the Attesting Authority		ure	

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

^{*}Strike out whichever is not applicable.

^{**}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 M.L.A./M.P.; or (vi) A Gazetted Officer 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.