

**SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM**

**EMPLOYEES STATE INSURANCE CORPORATION**

**Employer's Code No.** \_\_\_\_\_

**Signature or thumb impression  
of the Insured Woman**

**Insured Woman's Name** \_\_\_\_\_

**Insurance No.** \_\_\_\_\_

**Name & Signature of Employer**

**Wife/Daughter of** \_\_\_\_\_

I do hereby declare that as on date, I have the following surviving child/Children.

<b>Sl.No.</b>	<b>Name of Child</b>	<b>Gender</b>	<b>Date of Birth</b>
First Child			
Second Child			
Third Child			
Fourth Child			

Further, I do hereby declare that information furnished above is true. Nothing has been concealed. Therefore, my claim for payment of Maternity for the first/second/third/fourth – child may be accepted for payment.

DATE :

**Signature or thumb-impression of  
the Insured Woman.**

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**IMPORTANT** : Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment for a term which may extend upto six months, or with a fine upto Rs.2000/- or with both.