

EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM - 15

CLAIM FORM FOR DEPENDANT'S BENEFIT

(REGULATION 80)

	Date of Death					
Last employed asby						*******************************
I/we the follo	wing, bein	g dependant s benefit on	s of the abo	ve named decea nis/her death:	sed Insured Person, he	ereby claim and
Name of the dependant	Sex (M/F)	Age/Yea r of Birth	Marital Status (M/UM)	Relationship with the deceased IP	Present Address	Name of the guardian in case of a minor
1	2	. 3	4	5	6	7
4.2					-	
1/14/						
I/We also dec	lare that t	o the best o	f mv/our kr	nowledge & heli	of my/our knowledge ef, there is no other of deceased I.P., save	lanandant ant
I/We also dec	lare that t	o the best on r/o the o	f mv/our kr	nowledge & heli	ef there is no other a	lependant ent and except ti
I/We also dec	lare that t	o the best on r/o the o	f my/our kr leath of th	nowledge & heli	ef, there is no other of deceased I.P., save 1	lependant ent and except ti
I/We also dec	lare that t	o the best on r/o the o	f my/our kr leath of th	nowledge & beli e above noted	ef, there is no other of deceased I.P., save	lependant ent and except ti
I/We also deconclaim Dependant's entioned above.	lare that t	o the best on r/o the o	f my/our kr leath of the gnature*	nowledge & beli e above noted	ef, there is no other of deceased I.P., save 1	lependant ent and except ti
I/We also deconclaim Dependant's entioned above.	Benefit i	o the best on r/o the o	f my/our kr leath of the gnature* ATTESTA e are true to	nowledge & beli e above noted	ef, there is no other of deceased I.P., save 1	lependant ent

Important: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for 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. 2000/-. or with both.

^{**} This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Departments of Government, or (ii) a Municipal Commissioner, or (iii) a Workmen's Compensation Commissioner, or (iv) the Head of the Gram Panchayat under the official seal of the Panchayat, or (v) M.L.A./M.P., (VI) Gazetted Officer, or (vii) a member of Local Committee/Regional Board of the ESI Corporation, or (viii) any other authority considered appropriate by the Branch Manager.