

**Application for medical benefit under Rule 60/Rule 61 of the
ESI (Central) Rules, 1950**

To

The Manager,
Branch Office,
.....

Sir,

*I.....s/w/o.....Ins.
No.....ceased to be in insurable employment with effect from
.....with M/s on account of permanent
disablement resulting from employment injury sustained by me on

*I.....s/w/o.....
.....Ins. No.....ceased to be in insurable employment with
M/s..... on my retirement on superannuation with effect from
.....

I am willing to avail of the medical benefit for myself and my spouse from the ESI Dispensary, at the scale prescribed by the Corporation/State Govt. for permanently disabled/superannuated persons. I understand that I and my spouse will be entitled to all reasonable medical care and treatment except super-speciality medical care and treatment under the ESI Schme. I am also willing to deposit a sum of Rs. 120/- (Rupees one hundred and twenty only) as contribution @ Rs. 10/- per month in lump sum for one year in advance, i. e., for the period from to In support of my claim I enclose the following :

- i) Certificate from the employer.
- ii) My declaration in prescribed form.

My present residential address is

Yours faithfully,

Dated:

(L. T. I./Signature of the applicant)

* Strike out which is not applicable

Certificate by Employer

[Under Rule 60 of the ESI (Central) Rules, 1950]

*Certified that Shri Ins. No.. employed with us in (Deptt.) as (design.) sustained an employment injury on He was examined by the Medical Board/MAT/E. I. Court on (date). He has ceased to be in insurable employment of our factory/estt. M/s. Code No. with effect fromsolely on account of permanent disability suffered by him. His date of birth as per our records is Had he not become disabled permanently on account of employment injury sustained by him on, he would have continued in our employment till attaining the age of superannuation, i. e., on (date).

[Under Rule 61 of the ESI (Central) Rules, 1950]

*Certified that Shri Ins. No..date of birth an employee of our factory/estt. M/s Code No..... has attained the age of superannuation on He has been superannuated as per factory's/establishment's order no. dated.....(copy enclosed).

He was an insured person under the Act from to The ESI contributions paid in respect of him for the above period are detailed below.

<u>C. P. ending</u>	<u>No. of days</u>	<u>Amount of cont. paid</u>	<u>Sl. No. in R. C.</u>
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His contribution for C. P. ending (current C. P.) for days amounting to Rs. is payable/has been already paid.

L. T. I./Signature of I. P.

Signature and seal of the employer
or his agent.

*Strike out which is not applicable

Declaration of the Insured Person
[for medical benefit under Rule 60 of ESI (Central) Rules, 1950]

I Ins. No. ceased to be in insurable employment with effect from on account of permanent disability caused to me due to employment injury sustained by me on I was examined by the Medical Board/Medical Appeal Tribunal/EI Court on and was awarded % disability finally, I was employed with M/s..... in (Deptt.) as (designation). I would have continued in insurable employment but for the permanent disability caused to me due to employment injury.

I solemnly declare and affirm that the particulars given above are true to the best of my knowledge and belief and nothing has been concealed therefrom. If at any time these particulars are found to be false I and my spouse may be disqualified for medical benefit and amount of contribution deposited by me may be forfeited.

T. I/Signature of I. P.