



**EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE**

Insured Person :
Insurance No :
Date of Registration :

YOUR REGISTRATION DETAILS

Employee Name :	.	Type of Disability :	.
Name of Father / Husband:	.	Date of Birth :	.
Marital Status :	.	Gender :	.
Present Address :	.	Permanent Address :	.
Dispensary / IMP :	.		
Current Employer Details		Previous Employer Details	
Employer's Code No. :	17000600290000911	Employer's Code No. :	None.
Sub Unit's Code No. :	None	Sub Unit's Code No. :	.None
Date of Appointment :	.	Previous Insurance No. :	.
Name of Employer :	Chief Executive Officer	Name of Employer :	.
Address of Employer :	Society for Promotion of IT in Chandigarh, Chandigarh, Chandigarh, 160012	Address of Employer :	.

Family Details:

Name	Relationship with the Employe	Date of Birth	Whether Residing with I	State	District

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee

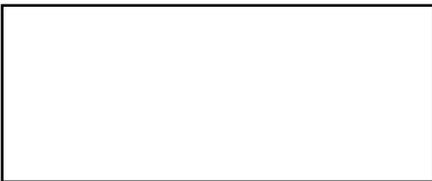
Documents Uploaded:

Please Verify the Above Particulars.

Please Notify Your Employer or in the Branch Office Address Below Incase of Any Information Found Incorrect.

To get permanent ID card, employee is requested to visit the following branch office to get biometric & photo captured by this date 20/07/2011 , in the Below Branch Office : **BO- Chandigarh BO- Chandigarh Branch Manager, ESI Corporation, ESI Dispensary Complex, Sector 29, Chandigarh-160029** or any nearest ESIC Bio-metric Camp Locations.

Signature / LTI of Registered Employee / IP :



Mobile Number :

NOTE:

1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits .
2. This Copy Should be Retained with You until the Biometric Card is Dispatched .
3. Employer to please affix employee and his family photo here and attest with official stamp across .

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

Signature / Stamp of ESIC Officer / Employer