



कर्मचारी राज्य बीमा निगम  
EMPLOYEES' STATE INSURANCE CORPORATION

**Certificate of Employment**

Certified that the person whose particulars are given below has been in our employment since..... and that

- (i) Neither a Temporary Identification Certificate nor a Regular Identity card has been issued to him! her so far\*
- (ii) a Temporary Identification Certificate was issued to him but it is reported to have been lost/destroyed\*

Name .....

Father's /Husband's Name .....

Residential Address .....

Name of Deptt. ....

Branch office opted .....

Ref. to Return of Declaration Forms

Instalment No.

Serial No.

Insurance No. if allotted

**Particulars of the members of the family**

SI No	Name	Date of birth	Relationship	Whether residing with the IP or not

Date of issue of certificate :

In the case the insured person is discharged,  
the date of discharge \_\_\_\_\_

Signature / LTI of the Insured Person

Signature with designation Rubber Stamp  
containing Name & code No. of employer

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- Please strike out whichever is not applicable
  - Application only to cases where the certificate is issued in lieu of the temporary identification certificate having been lost or destroyed.

[www.esicoimbatore.org](http://www.esicoimbatore.org)