PEHCHAN CARD

DOCKET FOR DECLARATION FORMS SUBMITTED

(TO BE SUBMITTED IN DUPLICATE AS A COVERING LETTER, ATTACHING DECLARATION FORMS)

Employer Name and Address

Employer Code Number

Sl No	Name of the IP	Insurance No	Remarks
1			
2			
3			
4			
5			
6			

(Please attach additional sheet for more entries)

Date of receipt of DFs :

Date of acknowledgement of DFs :

Total no of DFs received :

Name of the Branch Manager / Insurance Inspector :

SIGNATURE

Handed over / received _____ declaration forms as per list to M/s.Wipro Infotech / CMS Info systems for data entry.

BRANCH MANAGER,
ESI CORPORATION

AUTHORISED REPRESENTATIVE
of WIPRO / CMS