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EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 9

CLAIM FOR SICKNESS /T.D.B./ MATERNITY BENEFIT FOR SICKNESS
(Regulation 63 & 89-B)

I . . . . Insurance No. . . . . s/w/d of . . . . . hereby claim Cash Benefit for period over leaf and state

(i)* That because of sickness/ temporary disablement/ sickness due to pregnancy/ confinement/ premature birth of child/ miscarriage, I have not been at work since . . . . . .

(ii)* I no longer claim to be sick/ temporary disabled/ sick due to pregnancy/ confinement/ premature birth of child/ miscarriage from . . . . . and I shall/ did not take up any work for remuneration before that date.

(iii)* I have not been in receipt of any wages for the days of leave/ holiday(s).

(iv)* I was not on strike during the period of certified abstention on account of sickness/ temporary disablement i.e. from . . . . . to . . . . . for which the benefit is claimed.

I desire payment in * cash at Branch Office / By Money order.

Signature or thumb impression of claimant

Name in Block Letters. . . . . .

Address. . . . . . .

. . . . . .

Notes:

1. Any person who makes false statement or representation for the purpose of obtaining benefit whether for himself/ some other person shall be punishable with imprisonment up to 6 months or fine up to Rs.2,000/- or both.
2. This form should be completed and submitted WITHOUT DELAY to the appropriate Branch Office.
3. A final certificate must be obtained before resuming work.

** Strike out if not applicable.*