

**CLAIM FOR PERMANENT DISABLEMENT BENEFIT****SUB-REGIONAL OFFICE, BARRACKPUR
EMPLOYEES' STATE INSURANCE CORPORATION**

(Regulation 76-A)

Claim for Sickness or Temporary Disablement or
Maternity Benefit for Sickness
(Claim for Benefit)

.....s/w/d of.....

Insurance No. having been declared as
permanently disabled by the Medical Board/Medical Appeal
Tribunal/Employees' Insurance Court, claim Permanent Dis-
ablement Benefit accordingly for the period from
..... to

The amount due may be paid to me by money order/in
cash at Branch Office.

**Signature of thumb impression
of the Claimant**

Name in block letters _____
and Address _____

Dated _____

Important Any person who make a false statement or
representation for the purpose of obtaining benefit
whether for himself or for some other person, commits
an offence punishable with imprisonment for a term
which may extend up to six months or with a fine up
to Rs. 2,000/-, or with both.