

BRANCH OFFICE _____

EMPLOYEES' STATE INSURANCE CORPORATION
PERIODICAL CLAIM FORM FOR
UNEMPLOYMENT ALLOWANCE

I _____ s/w/d of Sh. _____ Ins.
 No. _____ having been sanctioned unemployment
 allowance under "Rajiv Gandhi Shramik Kalyan Yojana" vide
 Regional Office _____ letter No.
 _____ dated _____
 claim Unemployment Allowance for the period from _____ to
 _____.

I also declare that:

1. I have not taken up any gainful employment during the above period.
2. I am not in receipt of any other similar benefit admissible under the provisions of any other enactment.
3. I have not attained the age of superannuation or of 60 (sixty) years during the period of claim.
4. I have not been convicted u/s 84 of ESI Act.
5. I have not been rendered unemployed due to voluntary abandonment of employment, voluntary retirement, premature retirement etc.
6. I have not been dismissed/ terminated under disciplinary action.
7. I have not challenged the closure/ retrenchment in any court of law.

I further undertake to repay whole amount forthwith on demand by the ESIC, if it is discovered at any time that I was not lawfully entitled to that amount.

Dated:

**Signature or Thumb Impression
of the Claimant**

Permanent Address _____

Important :-

Any person who makes 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 upto six months or with a fine upto Rs.2,000/- or with both.