



उप-क्षेत्रीय कार्यालय, बैरकपुर
SUB-REGIONAL OFFICE, BARRACKPUR
EMPLOYEES' STATE INSURANCE CORPORATION
FUNERAL EXPENSES CLAIM FORM
(Regulation 95E)

REG. FORM - 22

Claim arising out of death on _____ of _____
s/w/d of _____, aged _____ years, having Insurance No.
_____ and last employed as _____ by
M/s. _____ Code No. _____
I _____ s/w/d of _____
aged _____ years declare.

i) that I am the eldest surviving member of the family of the deceased Insured Person, whose particulars are furnished here-in-above, and that I actually incurred an expenditure of Rs. _____ (Rupees _____ only) necessary for the funeral of the said deceased person.

or

ii) that the deceased Insured Person, whose particulars are furnished there-in-above, did not have a family was not living with his family at the time of his/her death and that I actually incurred an expenditure of Rs. _____ (Rupees _____ only) on the deceased Insured Person.

Accordingly, I do hereby claim funeral expenses for the amount of Rs. _____ (Rupees _____ only).

Date _____

Name in Block
Letters _____

Signature / Thumb-impression
of the Claimant

ATTESTATION

** Certified that the declarations, as made here-in-above, are true to the best of my knowledge and belief.

Name in block letter and
Rubber Stamp or Seal of
the Attesting Authority

Signature _____

Designation _____

Date _____

* Delete either (i) or (ii), which may not be applicable in the case.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner, or (iii) a Workmen's Compensation Commissioner, or (iv) the Head of Gram Panchayat under the official seal of the Panchayat, or M.L.A./M.P.; or (v) A Gazetted Officer of the Central/State Govt., Local committee/Regional Board or (vi) any other authority considered as appropriate by the Branch manager concerned.

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 up to six months or with a fine up to Rs. 2,000/- or with both.

NOTE: In the case of a minor, the guardian should sign the claim form on behalf of the minor and then add the following below his/her signature :-

(Name of the Minor)

Through _____
(Name of the Guardian)

his / her _____
(Relationship with the Minor)