

(To be submitted along with claim of June & December)

LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT**SUB-REGIONAL OFFICE : BARRACKPUR****EMPLOYEES' STATE INSURANCE CORPORATION**

(Regulation 107)

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Insurance No. of
Permanently disable person

Certified that Sh./Smt. _____ w/s/d/ of _____

is alive this _____ day of _____ 2o _____.

Signature _____

Name in Block letter of Signing Claimant.

Date

Designation with Rubber Stamp/Seal
of the Attesting Authority**Important :** Any person who makes a false statement or misrepresentation 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/-,

* 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 (v) an **M.L.A. M.P.**; or (vi) **A Gazetted Officer of the Central state Govt.** or (vii) a member of the **Regional Board/Local Committee of the ESIC**; or (viii) any other authority considered appropriate by the Branch Manager concerned.