



SUB-REGIONAL OFFICE, BARRACKPUR

EMPLOYEES' STATE INSURANCE CORPORATION

WAGE/CONTRIBUTORY RECORD FOR DISABLEMENT BENEFIT

Insurance No.

Employer's Code No.

- Name of injured person.....
- Local Office to which attached.....
- Date of entry..... Date of injury.....
- Name and Address of employer.....

6. Department..... Address.....

The wage/contributory record in respect of the above mentioned employee is as under —

Signature & Stamp of employer

If injury occurred after commencement of first Benefit period of insured person.

If injury occurred before commencement of the First Benefit Period but after expiry of First wage Period the contribution period in which injury occurred

If injury occurred before commencement of the first Benefit Period and before expiry of the first wage period in the contribution period in which injury occurred.

A

B

C

1. Benefit period in which the employment injury occurred

From.....to.....

2. Contribution Period corresponding to Benefit period at (1) above.

From.....to.....

3. Amount of wages paid in respect of (2) above and the number of days for which wages were paid vide Sl. No of Return of Contribution dated..... already sent on

(i) Rs.....

(ii) No. of days.....

4 Daily wage i.e.,

(i) + (ii) =

Rs.....

5. Average Daily Wage i.e.

$(4) \times 115 =$

$\frac{\quad}{100}$

1. Contribution Period in which injury occurred

From.....to.....

2. If employed on time rate basis: (1) amount of wages which would have been payable to the injured person if had he worked on all working days in the complete wage period ending in the contribution period at

(1) above Rs.....

(ii) Whether Monthly / Fortnightly/Weekly/Daily rated.

3. If employed on other than Time rate basis (i) amount of wages earned during the complete wage period ending in the contribution period at

(1) above.

Rs.....

(ii) No. of days in full or part for which he worked for wages at 3 (i) above.....

4. Average daily wage

1. (i) Amount of wages actually earned or which would have been earned had the insured person worked for a full day on the date of accident.

Rs.....

(ii) Whether monthly / fortnightly/weekly/daily rated.

1. Daily Standard Benefit Rate corresponding to wage

Group Rs.....

II. Daily rate of T,D.B. Rs

Prepared byChecked by.....

Approve

Checked with return of contribution card/wage record and found correct

Investigation Officer/BOM

Manager, Branch Office