INSTRUCTIONS

1. Submission of Form - 1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950

2. "Family" means all or any of the following relatives of an Insured Person namely :-

   (i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act, 1948 for details).

3. Identity Card is Non-Transferable.

4. Loss of Identity Card be reported to Employer/Branch Manager Immediately.

5. Submission of false information attracts penal action under Section 84 of ESI Act, 1948.

6. This form duly filled in must reach the concerned Branch Officer within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.

7. As an insured person you and your dependant family members are entitled to full medical care from today itself. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents Benefit and (5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions.

8. For More details please contact website of ESIC at www.esic.org.in or contact Regional Office or Branch Office.

(For Branch Office Use Only)

1. Date of allotment of Ins. No. _____

2. Date of issue of T.I.C. _____

3. Name / No. of Disp. _____

4. Whether reciprocal Medical arrangements involved. if yes, please indicate _____

_____
Signature of Branch Manager

Sl. No.	Name		Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him / her, say		If no, State place of residence	
					Yes	No	Town	State