**Employees must be registered online on the date of appointment; the online system shall allow maximum 10 days to register the new employee.**

|  |
| --- |
|  |

***Name of the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** Employer’s Code

 ***Employee Details***

|  |  |
| --- | --- |
| Insurance No |  |
| Name In Block Letters |  |
| Father’s / Husband’s Name |  |
| Date Of Birth |  |
| E mail Id |  |
| Date Of Appointment |  |
| Mobile no |  |
| Name of The Bank and Branch  |  |
| IFSC CODE |  |
| Bank A/c No |  |
| Gender |  |
| Marital Status |  |
| Dispensary (For Self) |  |
| Dispensary (For Family) |  |
| Aadhaar no |  |

|  |
| --- |
|  Space for photograph |

E code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| In case of any Previous Employment:  Previous Ins. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emplr’s Code No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: |

***Address:***

|  |  |
| --- | --- |
| Present Address | Permanent Address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Pin Code |  |

 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Pin Code |  |

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***Nominee: Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the Event of death***

|  |  |  |  |
| --- | --- | --- | --- |
| SL NO | Name | Relationship | Address |
| 1 |  |  |  |

***Family Particulars of the Insured person***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl no | Name | Date of birth | Relationship with The Employee | Whether residing with Him/her Say Yes/No | If No State place of Residence Town State  | Aadhaar No |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

Signature of the Employee Seal and Signature of
 the H R Department