FORM 22

FENERAL EXPENSES CLAIM FORM

EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 95-E)

	•	s/w/d ofagedaged
-	_	nployed as by M/s Code
No		years declare :
	that I am the eldest surviving mem whose particulars are furnished he expenditure of Rs (Rup the said deceased person.	ber of the family of the deceased Insured Person, re-in-above, and that I actually incurred an beesonly) necessary for the funeral of
	that the deceased Insured Person, with did not have a family / was not living and that I actually incurred an experion the funeral of the deceased Insured.	or whose particulars are furnished there-in-above, ng with his family at the time of his / her death enditure of Rs (Rupeesonly) ared Person. enses for the amount of Rs
Date:	Name in Block Letters	Signature / Thumb-impression
	ATTESA'	of the Claimant

knowledge		nade here-in-above, are true to the best of my
Name in Block Letters and Rubber Stamp or Seal of the Attesting Authority		Signature Designation Date
**This cert Departmen Commission Panchayat, of the Loca	it; or (ii) a Municipal Commissioner; or (iv) the Head of Gram or M.L.A./M.P.; or (v) A Gazetted	er of the Revenue, Judicial or Magisterial oner, or (iii) a Workmen's Compensation Panchayat under the official seal of the Officer of the Central/State Govt./Member or (vi) any other authority considered as
purpose of offence pur	obtaining benefit, whether for him	a false statement or misrepresentation for the nself or for some other person, commits an erm which may extend up to six months or
	In the case of a minor, the guardian then add the following below his/her	should sign the claim form on bahalf of the signature: —
	(Name of the Through (Name of the C his/her	Minor) Guardian)

(Relationship with the Minor)