Employees' State Insuarance Corporation

| | Ianager, ESIC Office: | | | |
|-----------------|--|----------------------|---------------------------------|------------------------------------|
| - | Sir, entity Card / Family Card inner slip has been lost Duplicate family identity card. | / defaced I have the | erefore, to request for | a duplicate identity |
| I here card. | with deposit a sum of Re. 1/- only being the fe | e for the duplicate | identity card / duplic | cate Family identity |
| | faced identity card / Family identity card was i ate Family identity card may be issued to me free | | years ago. The dupl | icate identity card / |
| The p | articulars of the present members of my family ar Name | Date of birth | Relationship with issued person | Whether residing with him / her or |
| | | | | not |
| | | | | |
| | | | | |
| I here | by declare that the particulars above have been | given by me and ar | e true to the best of | my knowledge and |
| | under stand that in case any of the particulars ention under Section 84 of the ESI Act, 1948. | in my declaration is | s found to be wrong | I shall be liable to |
| | her declare that the particulars furnished by me to time. | tally with those whi | ch I have already fur | rnished earlier from |
| Attested : | | Yours truly, | | |
| Signa | ture of the Employer with seal | | (Signature | |
| | e completed by the Local office) fication marks, if not given in benefit file / Ledge | rSheet. | | |
| 2 | | | | |
| | Received Re. 1/- only (Rupees one Only) vide case Fee of Re. 1/- has not been received from the insu | | | |

Signature of manager

(Signature/thumb impression of insured person)