Declaration Form **Form 1**

To be filled by employee after reading instructions overleaf. Two postcard size phtographs to be attached with this form

(A) INSURED PERSON'S PARTICULARS

1. Insurance No	
2. Name in Block Letters	ARULANANTHAM J
3. Father's / Husband's Name	JEEVANANTHAM
4. Date of Birth	22-Jul-1977
5. Marital Status	Married
6. Sex	Male

7. Present Address	8. Permanent Address
Branch Office	Dispensary -

(B) EMPLOYER'S PARTICULARS

9. Employer's Code No	
10. Date of appointment	01-Jun-2020

11. Name & Address of the Employer

SRI RAAM DYEING FACTORY
1/1-2
ANTHIYUR ROAD
KADAYAMPATTI, BHAVANI
ERODE
638312

12. In case of any previous employment please fill up the det as under

a) Previous Ins.No	
b) Emplrs. Code No.	

b) Name & Address of the Employe

(C) 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.

Name	Relationship	Address
Muthu	Father	

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days of such change.

Counter signature by the employer

Signature with seal

Signature / T.I of IP

(D) FAMILY PARTICULARS OF INSURED PERSON

Sno	Name	Date of Birth / Age as on date	Relationship with the employee	Whether residing with him / her	If 'No' State place of Residance
1	Muthu	01-Jan-2010	Father	Yes	
2	sss	01-Jan-2010	Mother	Yes	

ESI Corporation Temporary Identity Card

Valid 3 month from the date of appointment

Name	ARULANANTHAM J		
Ins. No		Date of Appoint	
Branch office		Dispensary	
Employer's Code No. & Address			

Space for photography

Validity Dated

Signature/T.I of IP

Signature of B.M with seal