

EMPLOYEES' STATE INSURANCE CORPORATION

ESIC 37

Certificate of Re-employment/continuing Employment

Name and Addres		Tram voc. v.
Name and Address of the Employer	Code No.	(To be issued only if condition (i) and (ii) below are satisfied)

(i) or (ii) above. *if available	Vote .
Signature and Designation)ate
* Strike out which is not applicable).	* Strike
he preceding contribution period which ended on	he prece
which began on (ii) has paid contributions for not less than half the number of days* in	vhich be
contribution OR one or more contribution is payable* in the current contribution period	contribut
aken or retaken in employment. He has paid one or more contribution OR one or more	aken or
(i) has continued to be in employment/has been	ns. No.
Sertified that Shri	ertified

GMAP, Ch-21 /12/06 /50,000 Copies ESIC 37



EMPLOYEES' STATE INSURANCE CORPORATION

(To be issued only if condition (i) and (ii) below are satisfied) Certificate of Re-employment/continuing Employment

Code No.	

Name and Address of the Employer
Cartified that Shri
ins. No(i) has continued to be in employment/has been
taken or retaken in employment. He has paid one or more contribution OR one or more
contribution OR one or more contribution is payable* in the current contribution period
which began on (ii) has paid contributions for not less than half the number of days* in
the preceding contribution period which ended on
(* Strike out which is not applicable).
Date Signature and Designation
Note: This certificate is valid for NINE MONTHS from the date indicated under
(i) or (ii) above. 'if available

Application for Acceptance for Medical Treatment

Signature of Doctor *Delete whichev		I accept this person in my list		Date	Dispensary	*of Doctor	have been continued to be	was previously	(Disp	by Dr	form the date mentioned on reverse (employer's certificate) hereby apply for acceptance	(if av		Insurance No	Shri	
*Delete whichever is not applicable	Code No.		Sigr			1		insured and	(Dispensary)		oyer's certificate) h	(if available)			S/0	
(Dispensary)		of the insured person	Signature or thumb impression				am on your list	was then on the list			nereby apply for acceptance		having occir cinprojed	having been employed	Volistika diktarista kanan da kanan kanan kanan katan katan kanan kanan kanan kanan kanan kanan kanan kanan ka	

Application for Acceptance for Medical Treatment ESIC 37 Medi 7-A

have be	W		by Dr		Insurance No.	Shri
have been continued to be	was previously	(Dis _l	oned on reverse (empl	(if a		
	insured and	(Dispensary)	loyer's certificate) r	(if available)		S/o
am on your list	was then on the list		form the date mentioned on reverse (employer's certificate) hereby apply for acceptance by Dr		having been employed	

Signature of Doctor *Delete whichever is not applicable (D	Code No	I accept this person in my list of the installed	Signature or thumb	Date	Dispensary	*of Doctor	have been continued to be am on yo	was previously insured and was then on	(Dispensary)
(Dispensary)	Markey C. Cold State Colds of Albert Sales S	of the insured person	Signature or thumb impression			•	am on your list	was then on the list	