

EMPLOYEES' STATE INSURANCE CORPORATION

[Application for change in particulars of Insured Person regarding change of
Branch Office/Dispensary]

From :

Name of the Insured Person _____ Ins. No. _____

Address _____

To

The Regional Director/Branch Manager/

Medical Officer In-charge

E.S.I. Corporation

Sir,

I request you to please change my allotment as follows and/or to carry out the following changes in my records.

(1) From Branch Office _____ to Branch Office _____

(2) From Dispensary _____ to Dispensary _____

(3) Other changes e.g. _____

Name, Father's name, age, address or _____

Yours faithfully

Signature/L.T.I. of Insured Person

Date _____

No. _____

Forwarded to the Manager, Branch Office _____ for necessary action.

The change in the name of the applicant has been duly carried out by us in our records.

Signature of the employer

Address _____

Date _____

Code No. _____