

कर्मचारी राज्य बीमा निगम

ESI CORPORATION

Dt. of Entry.....		पहचान पत्र	IDENTITY CARD		Dt. of Issue.....	
बीमा सं./Ins. No.		Sex	M/F	Employers' Code No.	Date of Entry	
नाम/Name		Status	M/U/M			
S/o, D/o, W/o		जन्मतिथि/Dt. of Birth				
पता/Address			जीवघालन/Disp.			
			स्था. कार्य./L.O.			
परिवार सदस्य/Family Particulars of I.P.	Sl.	Name	Dt. of Birth	Relationship	Employment changes	
					Date	Code No.
					Date	Code No.
					Sign./T.I. of I.P.	
					बारीकर्ता/Issued by	



FORM-4 Regulation 17 & 95 A.....

Family photograph affixed on the back