

GOVERNMENT OF WEST BENGAL
Office of the Administrative Medical Officer
Employees' State Insurance (Medical Benefit) Scheme
West Bengal

No. AMO/

Dated, Kolkata the 200

To
The Manager
Local Office,
E.S.I. Corporation

Insured Person Sri/Smt.....

Ins. No. preferred a claim re-imburement of expenses / for treatment/requested to payment of advance for his/her costly treatment to the undersigned. Please issue an Entitlement Certificate in favour of the Insured person for entitlement to the said Medical Benefit for the Period from to

Administrative Medical Officer
E.S.I. (M.B.) Scheme, West Bengal

Entitlement Certificate

Certified that the contribution/RC, as detailed below has been paid in respect of I.P.

Sri/Smt.....

Forms No. Employer's Code No.

| Sl. No. of RC. 1 | C.P. ended on 2 | Corresponding Benefit Period 3 | Amount of wages paid 4 | No. of days 5 | Average daily wages 6 |
|------------------------|--------------------|--------------------------------------|------------------------------|---------------------|-----------------------------|
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Manager

Local Office