



EMPLOYEES' STATE INSURANCE CORPORATION

(Deposit this certificate within 3 days with the appropriate Branch Office to avoid possible loss of benefit under Regulation 64)

**REG. FORM – 7
(CONFIDENTIAL)**

FIRST/ INTERMEDIATE/ FINAL CERTIFICATE

EMPLOYEES' STATE INSURANCE CORPORATION (Regulation 57, 58, 59)

Book No. _____ _____

Serial No. _____ Stamp of Dispensary _____ Signature or Thumb Impression of the I.P. _____

Date of First Certificate of spell of Sickness or Disablement _____ Employer's Code No. _____

Branch Office _____

Name _____ s/w/d/ _____ Ins.No. _____

Certified that I have examined you today and that in my opinion: -

<i>Any other remarks by the Medical Officer</i> <hr/> <hr/> <hr/>	(i)* You now need medical treatment, attendance & abstention from work on medical grounds by reason of (diagnosis) _____.
	(ii)* You have continued to need medical treatment, attendance & abstention from work on medical grounds upto and including this day by reason of (diagnosis) _____.
	(iii)* In my opinion you will be fit to resume work tomorrow/ on _____.
Attestation by Med. Officer	

NOTE: The date of fitness must in no case be later than the third day after the date of the examination in case of First and Final Certificate

Date _____ Signature _____
Insurance Medical Officer Rubber stamp

Name in Block Letter _____

*Strikeout whichever is not applicable.

IMPORTANT : -

1. Any person who makes false statement or representation for the purpose of obtaining benefit whether for himself/ some other person shall be punishable with imprisonment up to 6 months or fine up to Rs.2,000/- or both.
2. This form should be completed and submitted WITHOUT DELAY to the appropriate Branch Office to escape penal deduction of benefit under regulation 64 read with regulation 99 of ESI General Regulation-1950.
3. Insured person must sign, with date, the claim form to avoid delay and inconvenience