

Application for Transfer of Contribution

(To be submitted in Hard Copy to BO)

Email to Concern Branch Office : _____ CC to : bo-joshimarg.mh@esic.in**Details of the Employer :-**

17 digit Code number of the Employer :-

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Name of the Employer :-

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Address of the Employer :-

Pincode :-

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Telephone no. of Employer :-

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Email Id :-

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Details of I.P. :

Sl. No.	Insurance Number of the IP on which contribution is paid	Name of the IP	Contribution Period which to be transferred	Telephone no. of the IP	Correct number of the IP	Pehchaan card number if prepared

I undersigned Shri/Smt. _____ hereby certify that the aforesaid IP is working in our company and I was aware/not aware about his past insurance number and allotted him new insurance number.

I, therefore, request you to kindly transfer the contribution deducted for the period from _____ to _____ on Insurance Number _____ to insurance number _____.

I further certify that apart from the above case/cases I do not have any other such case/cases.

Signature of the Employer

Employer Code :

Name of the Employer/Authorized Person :

Designation :



UNDERTAKING

(To be furnished by Insured Person – IP)

I, undersigned _____
Employer Code Number _____ Insurance Number _____

hereby declare that

- i. I have undergone my pehchaan photo session on insurance number _____.
- ii. I have informed/not informed my employer about my earlier number and obtained/given a new Insurance number which is _____ on which contribution is deducted for the period from _____ to _____ .
- iii. I request you to kindly transfer the contribution deducted on insurance no. _____ to _____ for the period from _____ to _____ .
- iv. I have not claimed any benefit for the aforesaid period and if, in future, it is found that any excess amount is paid to me I indemnify to refund the same.
- v. I am aware that ESIC reserves the right to accept/refuse the above request without assigning any reason thereof.

Signature of the IP

Witness

Signature

Employer Code :

Name of the Employer/Authorized Person :

Designation :