



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM- 14

**CLAIM FOR PERMANENT DISABLEMENT BENEFIT
(Regulation 76-A)**

I S/W/D of
Insurance No. having been declared as permanently disabled by the Medical Board/ Medical Appeal Tribunal/ Employees' Insurance Court, claim Permanent Disablement Benefit accordingly for the period from To

The amount due may be paid to me by money order/ in cash at Branch Office

.....
**Signature or Thumb impression
of the Claimant**

Name in block letters
and Address
.....

Dated:

Important: Any person who make a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to sic months or with a fine up to Rs. 2,000/0 or with both.