



**EMPLOYEES' STATE INSURANCE CORPORATION**

**REG. FORM- 23**

**(To be submitted along with claim of June & December)**

**LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT  
(Regulation 107)**

Insurance No. of  
Permanently disable person

\*Certified that Shri/Smt. .... W/S/D/ of ..... Is  
alive this ..... Day of .....20.....

**Name in Block letter of  
Signing claimant.**

Signature .....

.....  
Designation with Rubber Stamp/Seal  
of the Attesting Authority

Date .....

**Important:** Any person who makes a false statement or misrepresentation 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 six months or with a fine up to Rs. 2,000/-, or with both.

\* This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a workmen's Compensation Commissioner; or (iv) the Head of gram Panchayat under the official seal of the Panchayat, or (v) M.L.A/M.P; or (vi) A Gazetted Officer of the central/ State Govt. or (vii) a Member of the Regional Board / Local Committee OF THE esic; or (viii) any other authority considered as appropriate by the Branch Manager concerned.