



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM- 9

**CLAIM FOR SICKNESS / T.D.B./ MATERNITY BENEFIT FOR SICKNESS
(Regulation 63 & 89-B)**

I Insurance No. s/w/d of
..... hereby claim Cash Benefit for period over leave and state

- (i)* That because of sickness/ temporary disablements/ sickness due to pregnancy/ confinement/ premature birth of child/ miscarriage, I have not been at work since
- (ii)* I no longer claim to be sick/ temporary disabled/ sick due to pregnancy/ confinement/ premature birth of child/ miscarriage from and I shall/ did not take up any work for remuneration before that date.
- (iii)* I have not been in receipt of any wages for the days of leave/ holiday(s).
- (iv)* I was not on strike during the period of certified abstention on account of sickness/ temporary disablement i.e. from to For which the benefit is claimed.

I desire payment in * cash at Branch Office/ By money order.

Signature or thumb impression of claimant

Name in Block Letters

Address

.....

Notes:

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 Office.
3. A final certificate must be obtained before resuming work.

* *Strike out if not applicable.*