ESIC 53

# EMPLOYEES' STATE INSUARANCE CORPORATION

Application for change in particulars of Insured person

Ins. No……... Employer's Code No. ……

Name of the insured Person …….

Address ……

Dated ……..

To
The Medical Officer, ……..
ESI Corporation

Sir,
I request you to please change my allotment as followed and / or carry out the following changes in my records.

(1) From Local Office ……..to Local Office……

(2) From ……..…….to Dispensary……

Reason for change ……..……

……...……..

Yours Faithfully,

Signature / T.I. Of Insured Person

Any other changes e.g. Employer's Name, Father's Name, age and address …….
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No. ……

Forwarded to the Manager, Local Office ……..... For necessary action. The change in the name of the applicant has been duly carried out by us in our records.

Signature and Code No. of the employer.