

EMPLOYEES' STATE INSURANCE CORPORATION**Certificate of Re-employment/Continuing Employment**

(To be issued only if condition (i) or (ii) below are satisfied)

Name & Address of the employer :

ABC CO

XYZ ROAD

Mumbai 400004

Code No: 31

L.O.

Certified that Shri/Smt/Kum.

Ins.No.

(i) has continued to be in employment/re-entered insurable employment on _____
and contribution have been payable/paid in respect of him during the contribution
period which began on _____ OR

(ii) has paid contributions for not less than half the number of days in the preceding
contribution period which ended on _____

For ABC CO

Date :

Accountant

Note : This Certificate is valid for nine months from the date indicated under (i) or (ii)
above.

P.T.O.

Application For Acceptance For Medical Treatment

With reference to certificate of employment on the reverse I apply for acceptance by
Dr. _____ with whom I was already registered.

Dated : _____

Signature or thumb impression of the insured person

I accept the person whose particulars are given on reverse on my list.

Dated : _____

Signature and Code No. of the Doctor