



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्य, बेंगलूरु - 560 022
EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.

QSP/ESICHP/F-46



ISO 9001 : 2015 CERTIFIED

Information of Sickness

(Not to be used for claiming benefits or excusal of contributions)

Book No.

Serial No.

Signature of Patient

Stamp of Hospital

Shri/Smt.....S/W/D/M/F/H of

Insurance No.

Is / has been admitted and needing
medical treatment and attendance
from.....MRD No.

- (i) * He/She is likely to need abstention from work up to.....
on medical grounds.
- (ii) He/She is fit to resume work on.....
Remarks.

Signature
Insurance Medical Officer

Date :

Rubber stamp or name in block letters

* Delete whichever does not apply

(This certificate is intended for your employer, it is in your own interest that it be delivered to him immediately).