EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.

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 attendence 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).

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