Application for Transfer of Contribution

(To be submitted in Hard Copy to BO)

the aforesaid IP is working in our company and I was aware/not aware about his past insurance number and allotted him new insurance number. I, therefore, request you to kindly transfer the contribution deducted for the period from to to insurance number I further certify that apart from the above case/cases I do not have any other such case/cases. Signature of the Employer Employer Code:	Name of the Employer: - Name of the Employer: -	Emai	l to Concern Brai	nch Offic	ce:					CC to	: <u>bo</u> -	<u>-joshim</u>	arg.ml	<u>h@esic.in</u>
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UNDERTAKING

(To be furnished by Insured Person – IP)

	, undersigned	
Employ	r Code Number Insurance Number	
hereby	leclare that	
i.	have undergone my pehchaan photo session on insurance number	
ii.	have informed/not informed my employer about my earlier number and obtained/given a r	iew
	nsurance number which is on which contribution is deducted	for
	the period from to	
iii.	request you to kindly transfer the contribution deducted on insurance	no.
	to for the period from	to
	·	
iv.	have not claimed any benefit for the aforesaid period and if, in future, it is found that	any
	excess amount is paid to me I indemnify to refund the same.	
٧.	am aware that ESIC reserves the right to accept/refuse the above request without assign	ing
	any reason thereof.	
	Signature of the	IP
	Signature of the	, "
Witness		
Cianatu	_	
Signatu	r Code :	
	the Employer/Authorized Person :	
Designa		
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