

To,
The Senior State Medical Commissioner,
ESI Corporation,
Regional Office,
143, Sterling Road,
Nungambakkam,
Chennai-34.

APPLICATION FOR PAYMENT THROUGH ECS/NEFT/RTGS

S.No	Particulars	
1	Name of the Insured person	
2.	ESIC Insurance Number	
3.	Name of the Dispensary attached	
5.	Name of Bank of Insured Person	
6.	Branch Address	
7.	Bank account Number	
8.	IFSC Code	
9.	MICR NO.	
10.	Contact Number of IP/IW.	

* Mandatory documents (All the following documents should be enclosed. Claims without the mandatory documents are liable to be rejected).

1.	Copy of Cancelled cheque leaf *
2.	Self attested copy of Bank Pass Book - first page *
3.	Self attested copy of ESIC Identity Card *

Declaration

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Date:

Signature of the Insured Person

Note :

If the claimant is "Nominee" of the Insured Person, the Bank Account details of Nominee in place of Insured person to be provided in the above proforma.