



# EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 9

**CLAIM FOR SICKNESS /T.D.B./ MATERNITY BENEFIT FOR SICKNESS**  
**(Regulation 63 & 89-B)**

I ..... Insurance No. .... s/w/d of .....  
..... hereby claim Cash Benefit for period over leave and state

- (i)\* That because of sickness/ temporary disablement/ sickness due to pregnancy/ confinement/ premature birth of child/ miscarriage, I have not been at work since .....  
.....
- (ii)\* I no longer claim to be sick/ temporary disabled/ sick due to pregnancy/ confinement/ premature birth of child/ miscarriage from ..... and I shall/ did not take up any work for remuneration before that date.
- (iii)\* I have not been in receipt of any wages for the days of leave/ holiday(s).
- (iv)\* I was not on strike during the period of certified abstention on account of sickness/ temporary disablement i.e. from ..... to ..... for which the benefit is claimed.

I desire payment in \* cash at Branch Office / By Money order.

**Signature or thumb impression of claimant**

**Name in Block Letters.** .....

**Address.** .....

.....

**Notes:**

1. Any person who makes false statement or representation for the purpose of obtaining benefit whether for himself/ some other person shall be punishable with imprisonment up to 6 months or fine up to Rs.2,000/- or both.
2. This form should be completed and submitted WITHOUT DELAY to the appropriate Branch Office.
3. A final certificate must be obtained before resuming work.

\* Strike out if not applicable.