



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 14

CLAIM FOR PERMANENT DISABLEMENT BENEFIT

(Regulation 76-A)

I s/w/d/ of
Insurance No. having been declared as permanently disabled by the Medical Board/
Medical Appeal Tribunal/ Employees' Insurance Court, claim Permanent Disablement Benefit accordingly
for the period from to

The amount due may be paid to me by money order/ in cash at Branch Office

.....
**Signature or Thumb impression
of the Claimant**

Name in block letters
and Address

Dated

Important: Any person who make a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine up to Rs.2,000/-, or with both.