

EMPLOYEES STATE INSURANCE CORPORATION TEMPORARY IDENTITY CERTIFICATE

Insured Person : Jayashree Insurance No :5122030787 Date of Registration :07/12/2012

YOUR REGISTRATION DETAILS

Employee Name :	Jayashree					Type of Disability :	None		
Name of Father / Husband:	KARUNANIDHI					Date of Birth :	08/08/1990		
Marital Status :	Unmarried					Gender :	F		
Present Address :	NO 17/9 THIRUVENGADEM STREET,WEST MAMBALAM					Permanent Address	NO 17/ 9 THIRUVENGADEM STREET,WEST MAMBALAM		
Dispensary / IMP :	CHE	NNAI,Dist:Chennai,Tamilna	du,600033				CHENNAI, Dist: Chennai,	familnadu,600033	
Current Employer Details	Previous Employer Details								
Employer's Code No. : 51000		51000916550000911			Emp	oloyer's Code No. :			
Sub Unit's Code No. :	s Code No. : None				Sub Unit's Code No. :		None		
Date of Appointment :	ppointment : 07/11/2012				Previous Insurance No. :		None		
Name of Employer :	SYSTEMS TECHNOLOGY		GROUP (INDIA)		Name of Employer :		None		
Address of Employer :	PRIVATE LIMITED 801, A North, 8th Floor, Ti Canal Bank Road,,Tarama				Add	ress of Employer :	None		
Family Details:		Chennai,Dist:Chennai Iamiln	adu600 113						
Name	Re	lationship with the Employ	e Date	of Birth	٧	hether Residing with I	State	District	
	-								
Nominee Details:									
· · · · · · · · · · · · · · · · · · ·		Relationship with	Relationship with IP		ntage		Address of Nominee		
KARUNANIDHI Dep		Dependant father		100		NO 17/ 9 THIRUVENGADEM STREET,WEST MAMBALAM CHENNAI,Tamii		IBALAM CHENNAI, Tamilna	
Documents Uploaded: none Please Verify the Above Please Notify Your Empl To get permanent ID card, e 22/12/2012, in the Below B. Thiruvanmiyur, Chennai, 66	oye mplo ranci	r or in the Branch Offi byee is requested to visit to n Office: BO-Adayar,No.	the followin 112 Thiru	g branch valluvar	offic Salai	e to get biometric & ph , II Floor, Shree Venka	noto captured by this dat		
Signature / LTI of Registered Er			Affix Your F	amily Pho	otogra	ph Here.(Attested and Sta	amped by Employer / ESIC	Official)	

NOTE:

- 1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits .
- 2. This Copy Should be Retained with You until the Biometric Card is Dispatched.
- ${\it 3. Employer to please affix employee and his family photo here and attest with official stamp across .}\\$