

Application for Transfer of Contribution

(To be submitted in Hard Copy to BO)

Email to Concern Branch Office : Visakhapatnam CC to : bo-joshimarg.mh@esic.in**Details of the Employer :-**

17 digit Code number of the Employer :-

Your Employer ESIC Code number

Name of the Employer :-

ABC Company Pvt Ltd

Address of the Employer :-

Autonagar, Gajuwaka, Visakhapatnam

Pincode :-

5 3 0 0 1 2

Telephone no. of Employer :-

Email Id :-

Details of I.P. :

Sl. No.	Insurance Number of the IP on which contribution is paid	Name of the IP	Contribution Period which to be transferred	Telephone no. of the IP	Correct number of the IP	Pehchaan card number if prepared
<u>1</u>	<u>7123456XX</u>	<u>Chappa Harish</u>	<u>01-01-2016</u> <u>to</u> <u>30-03-2017</u>	<u>IP Mobile</u> <u>Number</u>	<u>6123456XX</u>	

I undersigned Shri/Smt. Chappa Harish hereby certify that 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 01-01-2016 to 30-03-2017 on Insurance Number 7123456XX to insurance number 6123456XX.

I further certify that apart from the above case/cases I do not have any other such case/cases.

Signature of the Employer Employer SignatureEmployer Code : ESI Code Number Of EstablishmentName of the Employer/Authorized Person : Authorized Person NameDesignation : Authorized Person Designation

Address Stamp Of Establishment



UNDERTAKING

(To be furnished by Insured Person – IP)

I, undersigned Chappa Harish

Employer Code Number Your Employer ESI Code Number Insurance Number 6123456XX

hereby declare that

- i. I have undergone my pehchaan photo session on insurance number 6123456XX.
- ii. I have informed/not informed my employer about my earlier number and obtained/given a new Insurance number which is 7123456XX on which contribution is deducted for the period from 01-01-2016 to 30-03-2017.
- iii. I request you to kindly transfer the contribution deducted on insurance no. 6123456XX to 7123456XX for the period from 01-01-2016 to 30-03-2017.
- iv. I 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.
- v. I am aware that ESIC reserves the right to accept/refuse the above request without assigning any reason thereof.

IP Signature
Signature of the IP

Witness

witness signature i.e any one of your colleague in your office.

Signature

Employer Code : Employer ESIC Code Number

Name of the Employer/Authorized Person : Authorized Person's Name

Designation : Designation.