

Claim Id:-(Year)/.....(RO/SRO code)/.....(No.)

Form AB-1

EMPLOYEES' STATE INSURANCE CORPORATION

CLAIM FOR PAYMENT UNDER ATAL BEEMIT VYAKTI KALYAN YOJANA

(To be prepared on Rs 20/- Non-judicial Stamp paper Duly notarized)

I _____ s/w/d of Sh. _____ Insurance
No. _____ Aadhaar No. _____ declare that I have been rendered
unemployed w.e.f _____ . I claim amount of relief under the Atal Beemit Vyakti
Kalyan Yojana for the period from _____ to _____ .

The amount due may be paid to me directly into my bank account details of which are as under:-

Bank Account Number.....

Name of the bank and branch

Name of the Account Holder.....

IFSC Code.....(Canceled cheque enclosed).

I further also declare that:-

1. I have not taken up any gainful employment during the above period.
2. I am not in receipt of any other similar benefit admissible under the provisions of any other enactment.
3. I have not attained the age of superannuation during the period of claim.
4. I have not been convicted under Section 84 of ESI Act.
5. My unemployment has not been as a result of any punishment for misconduct or superannuation or Voluntary retirement.
6. I have not been dismissed / terminated under disciplinary action.
7. I hereby undertake to repay the whole amount forthwith on demand by the ESIC, if it is discovered at any time that I was not lawfully entitled to that amount.

Dated:-

Place:-

Claimant's Signature/Thumb Impression

Permanent address of the claimant.....

.....
Mobile Number of the claimant

Annexure-II

Claim Id:-(Year)/(RO/SRO code)/(No.)

Form – AB-2

(to be furnished by the last employer)

To
The Manager,
Branch Office _____,
Employees' State Insurance Corporation,
_____.

Subject:-Report in respect of Insured Person declared unemployed.

Sir/Madam,

It is informed that the Insured Person Sh./ Smt./Ms.....Insurance No.....who worked in M/s..... from the period to..... on the posthas become unemployed due to (reason (s) for unemployment).

It is requested to consider his claim for relief under the Atal Beemit Vyakti Kalyaan Yojana. The Claim for relief is also enclosed.

Signature of authorized officer:-.....

Name:-.....

Seal of the Institution:-.....