



# 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.