



# EMPLOYEES' STATE INSURANCE CORPORATION

**CONFIDENTIAL**

## REPLY TO BE FURNISHED BY THE EMPLOYER IN RESPECT OF FORM NO.10

Name of the Insured Person/Insured Woman \_\_\_\_\_

Insurance No. \_\_\_\_\_

Returned with the remarks that the employee in question has not worked on any day during the period from \_\_\_\_\_ to \_\_\_\_\_ or\* that he/she has worked on \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_.

It is further confirmed that -

- (a) He/ she remained on leave with wages for the period from \_\_\_\_\_ to \_\_\_\_\_
- (b) He/ she remained on holidays with wages from \_\_\_\_\_ to \_\_\_\_\_.
- (c) He/ she was on weekly off with wages for \_\_\_\_\_
- (d) He/ she was on lay-off with wages from \_\_\_\_\_ to \_\_\_\_\_
- (e) He/ she was on strike from \_\_\_\_\_ to \_\_\_\_\_

2. In case, the IP/IW is paid any wages for any of the days falling during the above-mentioned period subsequently, the same will be notified to you in due course.

3. The day proceeding the first day of absence was\*/ was not a holiday for the Insured Person/Insured Woman.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name in block letter & Designation \_\_\_\_\_

Code No. \_\_\_\_\_

\* Strike out if not applicable