



**HEADQUARTERS' OFFICE**  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
PANCHDEEP BHAVAN: C.I.G. ROAD: NEW DELHI-110002  
(ISO 9001-2000 Certified)  
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**No: L-11/12/3/UG Admn./2017-18/MEC**

**Date: 27.06.2017**

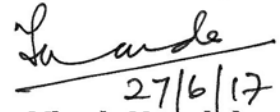
**To,**  
**All Regional Directors / SRO In-charges**  
**ESI Corporation.**

**Sub: Competent Authority to issue 'Ward of Insured Person' Certificate for the Academic Session 2017-18 - Corrigendum - reg.**

Sir,

In continuation to this office letter dated 24/05/17 on the captioned subject, I am directed to inform that in the format enclosed for 'Ward of IP Certificate' for Group-II and Group-III, the second last line in Para (1) may be referred to and 'five years period as per record' may please be read as 'four years period as per record' for Group-II; and 'three years period as per record' for Group-III, respectively.

Yours faithfully,



**(Dr. Vivek Handa)**

**Dy.Med.Commissioner (ME-II)**

**Group – II**

**Photo of  
'Ward of IP'  
duly Attested  
by RD/JD I/c**

**Photo of IP  
duly Attested  
by RD/JD  
I/c**

**'Ward of Insured Person' (IP) – CERTIFICATE**  
**(To be issued on OFFICIAL LETTERHEAD)**

This is to certify that \_\_\_\_\_ Son  
/Daughter/Ward of Shri/Smt \_\_\_\_\_ Insurance No:  
\_\_\_\_\_ is 'Ward of Insured person' as per records.

Shri/Smt \_\_\_\_\_ Insurance No: \_\_\_\_\_ Son / Daughter  
/ Wife of \_\_\_\_\_ is a resident of Village/Taluk  
\_\_\_\_\_ Distt \_\_\_\_\_ State \_\_\_\_\_ and has  
been in continuous insurable Employment of (Full address of the Shop/Establishment  
with Employers Code No.) \_\_\_\_\_ **for a period of FOUR (04) years, as on  
01/01/2017, and contributions have been paid for at least 78 days in each  
contribution period mentioned below, during this four year period as per  
record, with details as under:**

<b>S. No.</b>	<b>Contribution periods for academic session 2017-18</b>	<b>Contribution paid for – No. of days</b>
<b>1.</b>	1 <sup>st</sup> April, 2013– 30 <sup>th</sup> September, 2013	
<b>2.</b>	1 <sup>st</sup> October, 2013– 31 <sup>st</sup> March, 2014	
<b>3.</b>	1 <sup>st</sup> April, 2014 – 30 <sup>th</sup> September, 2014	
<b>4.</b>	1 <sup>st</sup> October, 2014 – 31 <sup>st</sup> March, 2015	
<b>5.</b>	1 <sup>st</sup> April, 2015 – 30 <sup>th</sup> September, 2015	
<b>6.</b>	1 <sup>st</sup> October, 2015 – 31 <sup>st</sup> March, 2016	
<b>7.</b>	1 <sup>st</sup> April, 2016 – 30 <sup>th</sup> September, 2016	

This certificate is being issued on the basis of Verification of records by Shri/Smt.  
\_\_\_\_\_ (designation).....\_\_\_\_\_ at  
Regional/SRO Office \_\_\_\_\_ for eligibility under "Insured  
Persons Quota" for admission to Undergraduate course, i.e. MBBS in ESI Medical  
Colleges for the Academic Session 2017-18.

**REGIONAL DIRECTOR /SRO I/c**

**(Duly stamped)**

**DATE**

**PLACE**

**Group – III**

**Photo of  
'Ward of IP'  
duly Attested  
by RD/JD I/c**

**Photo of IP  
duly  
Attested by  
RD/JD I/c**

**'Ward of Insured Person' (IP) – CERTIFICATE**  
**(To be issued on OFFICIAL LETTERHEAD)**

This is to certify that \_\_\_\_\_ Son  
/Daughter/Ward of Shri/Smt \_\_\_\_\_ Insurance No:  
\_\_\_\_\_ is 'Ward of Insured person' as per records.

Shri/Smt \_\_\_\_\_ Insurance No: \_\_\_\_\_ Son / Daughter  
/ Wife of \_\_\_\_\_ is a resident of Village/Taluk  
\_\_\_\_\_ Distt \_\_\_\_\_ State \_\_\_\_\_ and has  
been in continuous insurable Employment of (Full address of the Shop/Establishment  
with Employers Code No.) \_\_\_\_\_ **for a period of THREE (03) years, as on  
01/01/2017, and contributions have been paid for at least 78 days in each  
contribution period mentioned below, during this three year period as per  
record, with details as under:**

<b>S. No.</b>	<b>Contribution periods for academic session 2017-18</b>	<b>Contribution paid for – No. of days</b>
<b>1.</b>	1 <sup>st</sup> April, 2014 – 30 <sup>th</sup> September, 2014	
<b>2.</b>	1 <sup>st</sup> October, 2014 – 31 <sup>st</sup> March, 2015	
<b>3.</b>	1 <sup>st</sup> April, 2015 – 30 <sup>th</sup> September, 2015	
<b>4.</b>	1 <sup>st</sup> October, 2015 – 31 <sup>st</sup> March, 2016	
<b>5.</b>	1 <sup>st</sup> April, 2016 – 30 <sup>th</sup> September, 2016	

This certificate is being issued on the basis of Verification of records by Shri/Smt.  
\_\_\_\_\_ (designation).....\_\_\_\_\_ at  
Regional/SRO Office \_\_\_\_\_ for eligibility under "Insured  
Persons Quota" for admission to Undergraduate course, i.e. MBBS in ESI Medical  
Colleges for the Academic Session 2017-18.

**REGIONAL DIRECTOR /SRO I/c**

**(Duly stamped)**

**DATE**

**PLACE**