## FORM 4 A

## **FAMILY IDENTITY CARD**

(Regulation 95A)

Insurance No. ���������

Local Office/Regional Office

to which attached

Sex: Male/Female

Address of family ���������������

Dispensary of IP: �������������

Dispensary/Region of family: ����

## PARTICULARS OF MEMBERS OF FAMILY AS GIVEN IN THE DELCARATION FORM BY THE IP

S. NO.	NAME	DATE OF BIRTH	relationship with the	IDENTIFICATION
			Insured person	MARKS

Signature or Thumb impression	(Rubber Seal of Issuing Office)	Signature/designation	of
of the Insured Person		Issuing Authority	

## Instructions:

- 1. Report loss immediately to the Dispensary/Local Office to which Insured Person/family is attached
- 2. Finder of this card may please return it to the address of family indicated above, post to ESI Local Office/Dispensary.

Family photograph duly attested (on reverse side.)