

S. NO.	NAME	DATE OF BIRTH	RELATIONSHIP WITH THE INSURED PERSON	IDENTIFICATION MARKS

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