

**(CONFIDENTIAL)**

## EMPLOYEES STATE INSURANCE CORPORATION

**(Regulations 61 & 89-B)**

S. No. ?????.?.. Stamp of Dispensary

Signature or Thumb Impression of the IP

Date of First Certificate of spell of

Employer's Code No. ? ? ? ? ? ? ? ?

Sickness or Disablement ? ? ? ? ? ? ? ?

Branch Office 

To [REDACTED]...s/w/d/[REDACTED]..Ins. No. [REDACTED]

<p>Any other remarks by the Medical Officer</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Certified that I have examined you.....          Today and that in my opinion you have continued to need medical treatment and have remained in capable to work upto and including this day by reason of .....further certify that by judging your present condition it is found that your sickness is of such a character that it will be unnecessary to see you for the purpose of treatment and will remain incapable to work at least upto the end of ..... Weeks from this date.....</p> <p>I propose to issue certificates in this form at the interval stated above so long as your condition does not require more frequent attendance. In my opinion you should now/need not be referred to a Medical Board to determine if you are permanently disabled.</p>
--	---

Date? ? ? ? ? ? ? ? ? ? ? ? ..

Signature 

Ins. Medical Officer with Rubber Stamp

Name in Block letters