

FORM 7

FIRST/INTERMEDIATE/FINAL CERTIFICATE

EMPLOYEES STATE INSURANCE CORPORATION

(Regulations 57, 58, 59)

Book No. [diamonds]

S.No. [diamonds]. Stamp of dispensary

Signature or Thumb Impression of the IP

Date of first Certificate of spell of

Employer's Code No. [diamonds]

Sickness or Disablement [diamonds]

Branch Office [diamonds]

Name [diamonds]..s/w/d/[diamonds]..Ins. NO. [diamonds]

Certified that I have examined you today and that in my opinion:-

Any other remarks by the Medical Officer

(i)* You now need medical treatment, attendance and abstention from work on medical grounds by reason of (diagnosis) [diamonds]

[diamonds]

(ii)* You have continued to need medical treatment, attendance and abstention from work on medical grounds upto and including this day by reason of (diagnosis) [diamonds]

[diamonds]

(iii)*In my opinion you will be fit to resume work tomorrow/on.

Attestation by Med. Officer

