



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION

FORM 27

DECLARATION AND CERTIFICATE FOR DEPENDENTS' BENEFIT
[Regulation 107 A]

Insurance No. of deceased / Insured person

I, of (address)..... ,
do hereby solemnly declare :-

* (1) that I have not married / re-married.

** (2) that I declare that I am still infirm.

*** (3) that I have not attained the age of eighteen years and am continuing my studies in
..... fifteen years.

Dated.....

Signature or thumb impression of the dependant

Certified that son/wife/daughter of is alive this day,
the.....day of200..... and the that the declaration made above are true to the best
of my knowledge and belief.

Signature

Designation

(Rubber stamp or seal of the attesting authority person)

* Applicable only in case of female dependants.

** Applicable only in case of legitimate infirm son or legitimate or adopted unmarried infirm daughter. The
claim in such cases shall be accompanied, if required, by a certificate of a certified authority.

*** Applicable only in case of minor dependants.

-- *Strike out whichever is not applicable.*

Note : (1) In the case of a minor, the guardian should sign the declaration on behalf of the minor,
and add the following words below his signature

(Name of minor).....through

(Name of guardian)