

**Employees State Insurance Corporation**  
WAGE/CONTRIBUTORY RECORD FOR DIABLEMENT BENEFIT

ESIC-32

Insurance No.

Employer's Code No.

1. Name of injured person.....
2. Local Office to which attached .....
3. Date of entry ..... 4. Date of injury.....
5. Name and Address of employer .....

6. Department ..... Address .....

The wage/contributory record in respect of the above mentioned employee is as under :

Signature & stamp of employer

If injury occurred after commencement of first Benefit period of insured person.	If injury occurred before commencement of the First Benefit Period but after expiry of First Wage Period in the contribution period in which injury occurred.	If injury occurred before commencement of the First Benefit period and before expiry of the first wage period in the contribution period in which injury occurred.
A	B	C
1. Benefit period in which the employment injury occurred. From..... to ..... 2. Contribution period corresponding to benefit period at (1) above From ..... to ..... 3. Amount of wages paid in respect of (2) above and the No of days for which wages were paid vide Si. No. .... of Return of contribution dated ..... already sent on ..... (i) Rs..... (ii) No. of days ..... 4. Daily wage i.e..... [i] + [ii]-M ..... Rs..... 5. Average Daily wage i.e. $\frac{[4] \times 15}{100}$ ..... Rs.....	1. Contribution period in which injury occurred. From ..... to ..... 2. if employed on Time-rate-basis (i) amount of wages which would have been payable to the injured person had he worked on all working days in the first complete wage period ending in the contribution period at (1) above. Rs..... (ii) Whether Monthly/Fortnightly/Weekly/Daily rated Rs..... 3. If employed other than time-rate basis (iii) Amount of wages earned during the first complete wage period ending in the contribution period at (1) above Rs..... (i) No. of days in full or part for which he worked for wages at (iii) above Rs..... 4. Average daily wage Rs.....	(i) Amount of wages actually earned or which would have been earned had the injured person worked for a full day on the day of accident. Rs..... (i) Whether monthly/fortnightly/weekly daily rated 2 Average daily wage Rs.....

- I. Daily Standard Benefit Rate corresponding to wage Group Rs.....
- II. Daily rate of Disablement Benefit Rs.....  
 Prepared by .....  
 Checked by .....

Checked with contribution wage record and found correct.  
 Investigating officer/LOM  
 Approved by .....  
 Manager Branch Office