



EMPLOYEES' STATE INSURANCE CORPORATION

CONFIDENTIAL

**REPLY TO BE FURNISHED BY THE EMPLOYER
IN RESPECT OF FORM NO. 10**

Name of the Insured Person/ Insured Woman _____

Insurance No. _____

Returned with the remarks that the employee in question has not worked on any day during the period from _____ or* that he/she has worked on during the period from **NIL**

It is further confirmed that –

- (a) He / she remained on leave with wages for the period from _____ to _____
- (b) He/ she remained on holidays with wages from _____ to _____
- (c) He / she was on weekly off with wages for _____ to _____
- (d) He / she was on lay-off with wages from _____ to _____
- (e) He / she was on strike from _____ to _____

2. In case, the IP/IW is paid any wages for any of the days falling during the above mentioned period subsequently, the same will be notified to you in due course.

3. The day proceeding the first day of absence was*/was not a holiday for the Insured Person/Insured Women.

No Salary/Wage paid to IW from _____ to _____

Date: _____

Signature _____

Name in block letter

& Designation _____

Code No. _____

* Strike out if not applicable