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कर्मचारी राज्य बीमा निगम एसिक मेडि-57

EMPLOYEES' STATE INSURANCE CORPORATION ESIC-MED 37

पुनर्नियोजन/निरन्तर नियोजन का प्रमाण पत्र

Certificate of Re-employment, continuing Employment.

(तब जारी किया जाये जब कि निम्नलिखित शर्तें (i) और (ii) की संतुष्टि हो)

(To be issued only if condition (i) or (ii) below are satisfied)

नियोजक का नाम और पता.....1.Company Name.....

Name & Address of the Employer.

2.Employer Address कूट संख्या/Code No. | | 3.Employer ESI Code | |

प्रमाणित किया जाता है कि श्री Certified that Shri 4.Employee Name.....

पुत्र श्री S/o...5.Employee Father Name.....बीमांक Ins. No 6.Employee ESI IP No.

(i) has continued to be in employment/re-entered insurable employment on 7.Start Date of Contribution with Current Employer and contribution have been payable/paid in respect of him/her during the contribution period which began on 8. Date of Joining Current Company

(ii) has paid contributions for seventy eight days in the preceding contribution period which ended on 9.End date of previous employer contribution

दिनांक Date 10.Date of submitting this form

11.Employer Signature with Designation

हस्ताक्षर और पद Signature & Designation

टिप्पणी - यह प्रमाण-पत्र उपर्युक्त (i) और (ii) में अंकित तिथि से 9 मास के लिये वैध है।

Note :- This certificate is valid for 9 months from the dates indicated under (i) or (ii) above.

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EMPLOYEES' STATE INSURANCE CORPORATION ESIC-MED 37
पुनर्नियोजन/निरन्तर नियोजन का प्रमाण पत्र
Certificate of Re-employment, continuing Employment.
(तब जारी किया जाये जब कि निम्नलिखित शर्तें (i) और (ii) की संतुष्टि हो)
(To be issued only if condition (i) or (ii) below are satisfied)
नियोजक का नाम और पता 1.Company Name
Name & Address of the Employer.
2.Employer Address कूट संख्या/Code No. 3.Employer ESI Code
प्रमाणित किया जाता है कि श्री Certified that Shri 4.Employee Name
पुत्र श्री S/o 5.Employee Father Name बीमांक Ins. No 6.Employee ESI IP No.
(i) has continued to be in employment/re-entered insurable employment on 7.Start Date of Contribution with Current Employer
and contribution have been payable/paid in respect of him/her during the contribution period which began on 8. Date of Joining Current Company
(ii) has paid contributions for seventy eight days in the preceding contribution period which ended on 9.End date of previous employer contribution
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टिप्पणी - यह प्रमाण-पत्र उपर्युक्त (i) और (ii) में अंकित तिथि से 9 मास के लिये वैध है।
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