

ATAL BEEMIT VYAKTI KALYAN YOJANA (ABVKY) FORM**EMPLOYEES' STATE INSURANCE CORPORATION****PART-I (To be submitted by the IP)**

Claim Id:- _____ (Year)/_____ (RO/SRO Code)/_____ (No.)

I _____ s/w/d of Sh. _____ Insurance
No. _____ Aadhaar No. _____ declare that I have been rendered unemployed
w.e.f. _____. I claim amount of relief under the Atal Beemit Vyakti Kalyan Yojana for the
period from _____ to _____

The amount due may be paid into my bank account details of which are as under :

Bank Account Number _____

Name of the bank and branch _____

Name of the Account Holder _____

IFSC Code _____ (Cancelled cheque enclosed)

I further declare that :-

1. I have not taken up any gainful employment during the above period.
2. I am not in receipt of any other similar benefit admissible under the provisions of any other enactment.
3. I have not attained the age of superannuation during the period of claim.
4. I have not been convicted under Section 84 of ESI Act.
5. My unemployment has not been as a result of any punishment for misconduct or superannuation or voluntary retirement.
6. I have not been dismissed / terminated under disciplinary action.
7. I hereby undertake to repay the whole amount forthwith on demand by the ESIC, if it is discovered at any time that I was not lawfully entitled to that amount.

Date :

Place :

Claimant's signature / Thumb Impression _____

Permanent address of the claimant _____

Mobile No. of the claimant _____

PART-II

Claim Id:- _____ (Year)/_____ (RO/SRO Code)/_____ (No.)

(to be furnished by the last employer)

It is to certify that the Insured Person Sh./Smt./Ms. _____ Insurance
No. _____ who worked in M/s. _____ for the period from
_____ to _____ on the post _____ has become unemployed
due to _____ (reason(s) for unemployment).

It is requested to consider his claim for relief under the Atal Beemit Vyakti Kalyan Yojana.

Signature of Authorized Officer : _____

Name :- _____

Seal of the Institution :- _____