

REG FORM - 10 CONFIDENTIAL

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENFIT/ TEMPORARY DISABLEMENT BENEFIT/MATERNITY BENEFIT (Regulation 52 – A)

From:	
The Manager	
E.S.I. Corporation,	
Thoothukudi'	
_ NGO I GO CO CO CO CO CO CO CO	
To: M/s St. Mary's College	
Thoothykudi	
66000 413700001303	
Subject: Verification of abstention from work in respect of Shri/Smt./Kum	V. stephen Franci
Ins.No. 6633629235 Department	
Dear Sir(s) The above named employee of your factory has submitted a certificate of ol. 05. 2021 to	incapacity for the period fron / she has not worked on an
day during the above period.	
He/she has further declared that he/she has not received wages as defined 1948 for any leave/holiday/weekly off/lay off and strike in respect of any dathat he/she was not on strike on any day during the above period.	under section 2(22) of ESI Act y during the above period and
I shall be grateful if you confirm the exact position, in this regard, on the for	m appended within 10 days o
the receipt of this form.	
	Yours faithfully,
	Georellow
	(Manager)
	Branch Office
	Branch Manager
	B.O., E.S.I.C.,
	Thoothukudi



CONFIDENTIAL

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

Name of the Insured Person/Insured Williamsurance No. 6633629835	oman Mrs. V. Stephen Francis Lucia
Returned with the remarks that the am	ployee in question has not worked on any day during the perio
It is further confirmed that –	
(a) He / she remained on to	
(b) He / she remained on he with wages	for the period from to
(c) He / she was on world	ges from to
(d) He / she was on law	ges from to
(e) He / she was on strike from	toto
In case, the IP /IW is paid any wages for subsequently, the same will be notified to yo	or any of the days falling during the above mentioned period u in due course.
3. The day proceeding the first day of abse	nce was*/was not a holiday for the Insured Person/Insured
Women	nce was*/was not a holiday for the Insured Person/Inc.
Date:	
	Signature & S
Na	ame in block letter & Designation Secretary St. Mary's College (Autonomous)
*Strike out if not applicable	Code no. Thoothukudi - 628 001.

SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM

EMPLOYEES STATE INSURANCE CORPORATION

Employer's Code No.	V. Stephen Francis Lucia	
Insured Woman's Name V Stephen France	Signature or thumb impression of the Insured Woman	
Insurance No. 6633629235	22	
Wife/Daughter of Stephen Rag	Name & Signature of Employer Secretary	
I do hereby declare that as on date. I h. Sl.No. Name of two	St. Mary's College (Autonomous) Thoothukudl - 628 001	
Sl.No. Name of IW		
Fire Child	Gender Date of Birth	

	/.	Gender	Date of Birth
First Child	S. Maria Dulas De		James of Britis
Second Child	S. Maria Ruban Rag	Male	01.05. 2021
Third Child			
Fourth Child			

Further, I do hereby declare that information furnished above is true. Nothing has been concealed. Therefore, my claim for payment of Maternity for the first/second/third/forth—child may be accepted for

DATE:

V. Stephen Francis Lucia Signature or thumb-impression of the Insured Woman

IMPORTANT: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment for a term which may extend upto six months, or with a fine upto Rs.2000/- or with both.



REG FORM - 10 CONFIDENTIAL

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENFIT/ TEMPORARY DISABLEMENT BENEFIT/MATERNITY BENEFIT (Regulation 52 - A)

From:
The Manager Branch Office,
E.S.I. Corporation,
motheredi
To:
M/s St. Mary 1s college.
M/s St. Mary 1s collage. Thouthurudi
E02137000 01303
Subject: Verification of abstention from work in respect of Shri/Smt./Kum V. Stophon Francis
Ins.No. 6633694938 Department
Dear Sir(s)
The above named employee of your factory has submitted a certificate of incapacity for the period from
0) 05 2021 to 209 10 2001 and has declared that he / she has not worked on any

day during the above period.

He/she has further declared that he/she has not received wages as defined under section 2(22) of ESI Act, 1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period and that he/she was not on strike on any day during the above period.

I shall be grateful if you confirm the exact position, in this regard, on the form appended within 10 days of the receipt of this form.

Yours faithfully,

Branch Office



CONFIDENTIAL

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

REPLY TO BE FURNISHED BY THE EMPLOY	ER IN RESPECT OF	111010
Name of the Insured Person/Insured Woman Mrs. V.	Stephen	Francis
Insurance No. 6633629235		
6033629233		and during the period
Returned with the remarks that the employee in question	has not worked	on any day
from 01.05.2021 to 29.10.12021 or* th	at he/she has w	orked on
during the period from to	-	Charles and the Control of
It is further confirmed that –		
(a) He / she remained on leave with wages for the period from	mt	0
(b) He / she remained on holidays with wages from		
(c) He / she was on weekly off with wages for		
(d) He / she was on lay – off with wages from	to	
(e) He / she was on strike fromto		
	19 E. S.	
2. In case, the IP /IW is paid any wages for any of the day	s falling during t	he above mentioned period
subsequently, the same will be notified to you in due course.		
to you in due course.		
3. The day proceeding the first day of absence was*/was n	ot o balida. for	the Insured Borson/Insured
	ot a noliday for	the insured Person/insured
Women		
ST. COMPS CO.		
Date: (29/121)	Signature	23
Name in block lett	er & Designation	Secretary St. Mary'e College (Autonomous) Tabothulud: - \$25.001.
	Code no	
*Strike out if not applicable		

SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM

EMPLOYEES STATE INSURANCE CORPORATION

Employer's Co	ode No. an's Name S. Jan	Signature of the Insu	or thumb impression ured Woman
Wife/Daughter			gnature of Employer Secretary St. Mary's College (Autonomods) Thoribukedi - 528 661.
Sl.No.	Name of IW	Gender	
First Child	Patrice C. F.		Date of Birth
Second Child	Baby of Sole	men Male	22 8 2019
Third Child			23. 6. 2018, 3. Jemen
Fourth Child			9.40
Further, Therefore, my payment. DATE: / 9		4	rue. Nothing has been concealed. forth—child may be accepted for . Journal ature or thumb-impression of the Insured Woman
			- Saled Wolfian

IMPORTANT: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment for a term which may extend upto six months, or with a fine upto Rs.2000/- or with both.

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ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENEFIT/
TEMPORARY DISABLEMENT BENEFIT/ MATERNITY BENEFIT

EMPLOYEES' STATE INSURANCE CORPORATION (Regulation 52-A)

From:

The Manager

Tut (COXITBranch Office, E.S.I. Corporation,

To:				
M/s.	SA.	Maxy	13	college
	m	uticas	in	college

Subject:- Verification of abstention from work in respect of Sh./Smt./Km. & Jamasammal Ins. No. 6032432861 Department

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 23/b/2012 to 7:11 Dato and has declared that he/ she has not worked on any day during the above period

He/ she has further declared that he/ she has not received wages as defined under section 2(22) of ESI Act, 1948 for any leave/holiday/ weekly off/ lay off and strike in respect of any day during the above period and that he/she was not on strike on any day during the above period.

I shall be grateful if you confirm the exact position, in this regard, on the form, appended within 10 days of the receipt of this form.

Yours faithfully,

(Manager)

BRANCH OFFICE EMPLOYEE'S STATE INSURANCE CORPORATION 164-N, NORTH BEACH ROAD, TUTICORIN - 628 001.



CONFIDENTIAL

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

IN RESI EST ST. ST.
Name of the Insured Person/Insured Woman 3. Janobannol
Insurance No. 66 3.31, 328 61
Returned with the remarks that the employee in question has not worked on any day during the period from 23.06.2018 to 711 Dolo. or that he/she has worked on during the period from to
during the period from
It is further confirmed that -
(a) He/ she remained on leave with wages for the period fromto
(b) He/ she remained on holidays with wages fromto
(c) He/ she was on weekly off with wages for
(d) He/ she was on lay-off with wages from
(e) He/ she was on strike fromto
2. In case, the IP/IW is paid any wages for any of the days falling during the above-
y and dame will be notified to you in due
3. The day proceeding the first day of absence weet.
3. The day proceeding the first day of absence was*/ was not a holiday for the Insured Person/Insured Woman.
Carlos Sept Sept Sept Sept Sept Sept Sept Sept
Date:
Name in block letter & D
Code No. Thouthykuri - F75 051

* Strike out if not applicable



ABSTENTION VERIFICATION IN RESPECT OF SICKNESS SEMESTITION TEMPORARY DISABLEMENT BENESTITION MATERIALTY BENESTITION OF THE PROPERTY OF THE PRO REG. FORM - 10 CONFIDENTIAL

EMPLOYEES' STATE INSURANCE CORPORATION

From:

The Manager Branch Office. E.S.I. Corporation,

To:

St. Manys College bbooog 18700001303

Subject:- Verification of abstention from work in respect of Sh/Smt/Km.S. JAMES AMMAL

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period 23-06-208 to 11-12-2018 and has declared that he/ she has not worked on any day during the above period

He/ she has further declared that he/ she has not received wages as defined under section 2(22) of ESt Act, 1948 for any leave/holiday/ weekly off/ lay off and strike in respect of any day during the above period and that he/she was not on strike on any day during the above period.

I shall be grateful if you confirm the exact position, in this regard, on the form, appended within 10 days of the receipt of this form.

June 18 -08 July 18 - 31 Aug 18 - 31 Sep 18 - 30 oct [8 - 31 Nov 18 - 30 Dec 18 - 21

Yours faithfully,

Slumay_ Branch Office



CONFIDENTIAL

PLY TO BE FURNISHED BY THE EMPLOYER

IN RESPECT OF FORM NO.10	
Name of the Insured Person/Insured Woman S - Jameson Male	
traurance No.	
Returned with the remarks that the employee in question has not worked on any day during the period from 23.06.2018 to 21.12.2018 or that he/she has worked on during the period from	
(c) He/ she was on weekly off with wages for	
(d) He/ she was on lay-off with wages fromtototo	
(e) He/ she was on strike fromto	
2. In case, the IP/IW is paid any wages for any of the days falling during the above-	
3. The day proceeding the first day of absence was t	
3. The day proceeding the first day of absence was*/ was not a holiday for the Insured Person/Insured Woman.	
Social Control of the	
Date: Signature 33	
Name in block letter & Designation St. Mary's College (Autonom	
Code No. Thousaudi - 128 001.	-
Strike out if not and the total	

* Strike out if not applicable

the Managest

ESI Corporation,

the receipt of this form.

Branch Office.

that he/she was not on strike on any day during the above period.

EMPLOYEES' STATE INSURANGE CORPORATION

MILES RESIDENCE SEE **在安阳社社会政策等**统

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENEFIT! TEMPORARY SISKER BRIEFIT BENEFIT/MATERALTY BENEFIT (Regulation 52 - A)

131 (Wyorathur Par			
100 ax 140	my's college		
	on of abstention from work in respec	t of Shri/Smt./Kum Q · Ni	Vaca X
subject: verificate	Department_		
pear Sir(s)	employee of your factory has subm	nitted a certificate of incapac	city for the period from
day during the above	9 10 and	has declared that he / she	has not worked on any

He/she has further declared that he/she has not received wages as defined under section 2(22) of ESI Act, 1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period and

Ishall be grateful if you confirm the exact position, in this regard, on the form appended within 10 days of

Yours faithfully,

Branch Office



CONFIDENTIAL

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

Name of the Insured Person/Insured Woman Mrs. A. Nilo for
Insurance No. 6633627200
Returned with the remarks that the employee in question has not worked on any day during the period
from 24.09.2019 to - Lell date or that he/she has worked on
during the period fromto
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 fromto
(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 analysis and acting 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
Date: 10/E
Signature 3-8
Name in block letter & Designation St. Mary's Cellege (Autonomous)
Theothukudi - 628 001.
Code no
*Strike out if not applicable

SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM

EMPLOYEES STATE INSURANCE CORPORATION

Employer's Code No.	A Niladon Signature or thumb impression
Insured Woman's Name A-NTLOFER	of the Insured Woman

Insurance No.6633627.200

Wife/Daughter of KEBILAS

Name & Signature of Employer Secretary St. Mary's Cellege (Autonomous)

Theathukudi - 628 001

I do hereby declare that as on date, I have the following surviving child/children.

Sl.No.	Name of IW	Gender	Date of Birth
First Child	Habitas A tol		
Second Child	Haby of A-Nilyen	MALE	24-09-2019
Third Child			
Fourth Child			1

Further, I do hereby declare that information furnished above is true. Nothing has been concealed. Therefore, my claim for payment of Maternity for the first/second/third/forth—child may be accepted for

DATE:



ure or thumb-impression of the Insured Woman

IMPORTANT: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment for a term which may extend upto six months, or with a fine upto Rs.2000/- or with both.



CONFIDENTIAL

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

THE EMPLOYER IN RESPECT OF
Name of the Insured Person/Insured Woman Mrs. A. Nilofer
Insurance No. 66 33627200
Returned with the remarks that the employee in question has not worked on any day during the p
from 24.09.2019 to 23.03.2020 or* that he/she has worked on
during the period from to
It is further confirmed that —
(a) He / she remained on leave with wages for the period fromtoto
(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 pe
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/Ins
the day processing the mot day of assence was your fire monday for the insured reisonyms
Women Company of the
Con Scotle Con
ate: Signature 53
Secretary Name in block letter & Designation's College (Autonomous)
Thoothukudi - 628 001.
Code no

*Strike out if not applicable



From:

The Manager

EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10 CONFIDENTIAL

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENFIT/ TEMPORARY DISABLEMENT BENEFIT/MATERNITY BENEFIT (Regulation 52 – A)

E.S.I. Corporation,		
Theethuk udi		
To: M/s_St. Mary's College Thoothykudi		
Subject: Verification of abstention from work in resp Ins.No. 6633627200 Department		A. Nilofex
Dear Sir(s)		
The above named employee of your factory has su	hmitted a certificate o	of incapacity for the period s
24.09, 2019 to 23.03. 2020 a		
day during the above period.	nu nas declared that i	ic y she was not worked on
He/she has further declared that he/she has not red	ceived wages as define	d under section 2(22) of FSI
1948 for any leave/holiday/weekly off/lay off and st		
that he/she was not on strike on any day during the		
shall be grateful if you confirm the exact position,	in this regard, on the f	form appended within 10 day
he receipt of this form.	aldevieus a	
		Yours faithfully,
	4	Qualtota
		(Manager) Branch Off
		Branch Manager
		B.O., E.S.LC., Thoothukudi



REPLY TO BE FURNISHED BY THE EMPLOYER IN RESPECT OF FORM NO. 10 Name of the Insured Person/Insured Woman Mrs. M. Maryl Chri Sho Insurance No. 6633844507 Returned with the remarks that the employee in question has not worked on any day during the period from 11.08.2022 to Lill date or* that he/she has worked on _____ during the period from ______ to _____ It is further confirmed that -(e) He / she remained on leave with wages for the period from _______ to _____ He / she remained on holidays with wages from _______to ______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 Signature____

Name in block letter & Designation Rary's College (Autonomous)

Code no.

*Strike out if not applicable



From: The Manager

E.S.I. Corporation,

the receipt of this form.

Branch Office,

EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10 CONFIDENTIAL

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENEFIT/ TEMPORARY DISABLEMENT BENEFIT/MATERNITY BENEFIT (Regulation 52 – A)

Thoothukudi
To:
M/s St. Mary's college
66000413700001303
Subject: Verification of abstention from work in respect of Shri/Smt./Kum M. Maxyl Chrishe
lee No.
Ins.No. 6633844507 Department
Dear Sir(s)
The above named employee of your factory has submitted a certificate of incapacity for the period from
11.08: 2022 to Till date and has declared that he / she has not worked on an
day during the above period.
He/she has further declared that he/she has not received wages as defined under section 2(22) of ESI Ac
1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period an
that he/she was not on strike on any day during the above period.

I shall be grateful if you confirm the exact position, in this regard, on the form appended within 10 days of

Yours faithfully,

(Manager)

Branch Office

The antiquely and it

SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERIETY GENERAL CLASS. EMPLOYEES STATE INSURANCE CORPORATION

Employer's Code No. 66000 413700001303

insured Woman's Name M. Mary Chrisho

M. Mary Christa Signature or thomb impression of the Insured Woman

Insurance No. 6633844507

Name & Signature of Employer

Wichenginer of L. Hamilton

St. Mary's College (Autonomous) Thoothukudi - 628 001.

do hereby declare that as on date, I have the following surviving child/children.

The fact of the same of the sa	Name of IW	Gender	Date of Birtle
First Child Second Child	M.H. Hazela Theodora	Female	09.10. 2017
Third Child	M. H Lixiana clase	Female	11. 08. 2022
Fourth Child	the last region of 12 line interesting the contract of the con	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RESPECTMENT OF THE PARTY OF

Further, I do hereby declare that information furnished above is true. Nothing has been concealed, Therefore, my claim for payment of Maternity for the first/second/third/forth—child may be accepted for payment.

DATE: 29.08.2022

M. Mory Chrisho Signature or Utumb-impression of the Insured Woman

IMPORTANT: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment ioa term which may extend upto six months, or with a fine upto Rs.2000/- or with both.



From:

The Manager

EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM -- 10 COMPRDENTIAL

(Manager)

Branch Manager B.O., E.S.LC., Thoothukudi

Branch Office

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BENEIT/ TEMPORARY DISABLEMENT BENEFIT/MATERNITY BENEFIT (Regulation 52 - A)

E.S.I. Corporation,
Thoothukudi
To:
M/s St. Mary's College.
10: M/s St. Mary's College 66 000 4137 000 01303
Subject: Verification of abstention from work in respect of Shri/Smt./Kum M Maryl Chaish
Ins. No. 64.2.2.0.1.1.5.2.3
Ins.No. 6633844507 Department
Dear Sir(s)
The above named employee of your factory has submitted a certificate of incapacity for the period from
11.08.2022 to 08.02.2023 and has declared that he / she has not worked on any
day during the above period.
He/she has further declared that he/she has not received wages as defined under section 2(22) of ESI Act,
1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period and
that he/she was not on strike on any day during the above period.
I shall be grateful if you confirm the exact position, in this regard, on the form appended within 10 days of
the receipt of this form. Yours faithfully
Yours faithfully



CONFIDENTIAL

REPLY TO BE FURNISHED BY THE BEST OF FORM NO. 10

TO BE FURNISHED BY THE EMPLOYER IN RESPECT OF FORM	
Name of the Insured Person/Insured Woman Ad Adams Chrisho	
Insurance No. 66.33844507	1
Returned with the remarks that the employee in question has not worked on any day during the period from	
It is further confirmed that —	-
(a) He / she remained on leave with wages for the period from	
(e) He / she was on strike from to	riod
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 very in the	sured
3. The day proceeding the first day of absence was*/was not a holiday for the Insured Person/Insured	
Women	- 1
Signature Secretary Name in block letter & Designation Name in block letter & Designation	nous)
*Strike out if	
*Strike out if not applicable	