



# EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10  
CONFIDENTIAL

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

From:

The Manager

\_\_\_\_\_ Branch Office,

E.S.I. Corporation,

Thoothukudi

To:

M/s St. Mary's College

Thoothukudi

66000413700001303

Subject: Verification of abstention from work in respect of Shri/Smt./Kum V. Stephen Francis  
Lucis

Ins.No. 6633629235 Department \_\_\_\_\_

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 01.05.2021 to Till date 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,

Qualban  
(Manager)

\_\_\_\_\_ Branch Office

Branch Manager  
B.O., E.S.I.C.,  
Thoothukudi





# 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 Mrs. V. Stephen Francis Lucia  
Insurance No. 6633629835

Returned with the remarks that the employee in question has not worked on any day during the period  
from 01.05.2021 to till date or\* that he/she has worked on \_\_\_\_\_  
during the period from \_\_\_\_\_ to \_\_\_\_\_

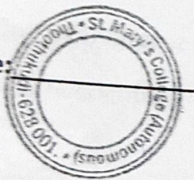
It is further confirmed that -

- (a) He / she remained on leave with wages for the period 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

Date: \_\_\_\_\_



Signature [Signature]

Name in block letter & Designation Secretary  
St. Mary's College (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. \_\_\_\_\_

Insured Woman's Name V. Stephen Francis Lucia

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

Insurance No. 6633629235

Wife/Daughter of Stephen Raj

23  
Name & Signature of Employer  
Secretary  
St. Mary's College (Autonomous)  
Thoothukudi - 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	<u>S. Maria Ruban Raj</u>	<u>Male</u>	<u>01.05.2021</u>
Second Child			
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 payment.

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.





## EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10  
CONFIDENTIAL

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

From:

The Manager

Branch Office,

E.S.I. Corporation,

Thoothukudi

To:

M/s St. Mary's College

Thoothukudi

66000413700001303

Subject: Verification of abstention from work in respect of Shri/Smt./Kum V. Stephen Francis  
Lucia

Ins.No. 6633609235 Department \_\_\_\_\_

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 01/05/2021 to 29/10/2021 and has declared that he / she has not worked on any day during the above period.

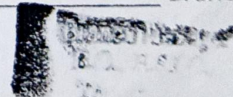
He/she has further declared that he/she has not received wages as defined under section 2(22) of ESI Act, 1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period and that he/she was not on strike on any day during the above period.

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,

M. J. [Signature]  
(Manager)

Branch Office







# 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 Mrs. V. Stephen Francis Lucia

Insurance No. 6633629235

Returned with the remarks that the employee in question has not worked on any day during the period from 01.05.2021 to 29.10.2021 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 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

Date:



Signature [Signature]

Secretary

Name in block letter & Designation St. Mary's College (Autonomous)  
Thiruvananthapuram - 620 001

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. \_\_\_\_\_

Insured Woman's Name S. Jamesamma

S. Jamesamma  
 Signature or thumb impression  
 of the Insured Woman

Insurance No. 66 33 43 28 61

Wife/Daughter of V. Truthaya Antony viman

V  
 Name & Signature of Employer  
 Secretary  
 St. Mary's College (Autonomous)  
 Thoothukudi - 620 001.

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	Baby of S. Jamesamma	Male	23. 6. 2018
Second Child			
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 payment.

DATE: 19. 7. 2018

S. Jamesamma  
 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.





EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM - 10  
CONFIDENTIAL

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

EMPLOYEES' STATE INSURANCE CORPORATION  
(Regulation 52-A)

From:

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

To:

M/s. St. Mary's college  
Tuticorin

Subject:- Verification of abstention from work in respect of Sh./Smt./Km. S. Jamsammal  
Ins. No. 603343286 Department \_\_\_\_\_

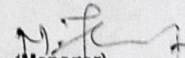
Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 23/6/2012 to Till Date 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

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





# 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 S. Jaganmammal  
Insurance No. 6633432861

Returned with the remarks that the employee in question has not worked on any day during the period from 23.06.2018 to Till Date 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 from \_\_\_\_\_ to \_\_\_\_\_
- (b) He/ she remained on holidays with wages from \_\_\_\_\_ to \_\_\_\_\_
- (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 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 Woman.

Date:



\* Strike out if not applicable

Signature S. Jaganmammal

Name in block letter & Designation Secretary  
St. Mary's College (Autonomous)  
Thoothukudi - 626 001.

Code No. \_\_\_\_\_





# EMPLOYEES' STATE INSURANCE CORPORATION

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

REG. FORM - 16  
CONFIDENTIAL

EMPLOYEES' STATE INSURANCE CORPORATION  
(Regulation 52-A)

From:

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

To:

M/s. St. Marys College  
66000418700001303

Subject:- Verification of abstention from work in respect of Sh/Smt/Km. S. JAMES AMMAL  
Ins. No. 663343286 Department \_\_\_\_\_

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 23-06-2018 to 21-12-2018 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 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,

June 18 - 08  
July 18 - 31  
Aug 18 - 31  
Sep 18 - 30  
Oct 18 - 31  
Nov 18 - 30  
Dec 18 - 21

182

S. Kumar  
(Manager)  
Branch Office





# 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 S. Jamesammal  
Insurance 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 \_\_\_\_\_ to \_\_\_\_\_.

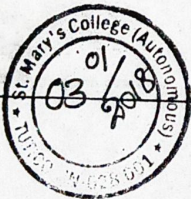
It is further confirmed that -

- (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 \_\_\_\_\_
- (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 Woman.

Date:



Signature \_\_\_\_\_

Name in block letter & Designation Secretary  
St. Mary's College (Autonomous)  
Thoothukudi - 628 001.

Code No. \_\_\_\_\_

\* Strike out if not applicable





# EMPLOYEES' STATE INSURANCE CORPORATION

FORM NO. - 10  
CONFIDENTIAL

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

From: The Manager Branch Office,  
E.S.I. Corporation,  
Thoothurudi

To: A. Mary's college  
At: Thoothurudi

Subject: Verification of abstention from work in respect of Shri/Smt./Kum A. Nilakar  
Ins. No. 6633627200 Department \_\_\_\_\_

Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period from 24/9/2019 to Till Date 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,

M. Jeyaraj  
(Manager)

Branch Office

THOOTHURUDI  
24/9/2019





# 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 Mrs. A. Nilofar

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 END date 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 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

Date:



Signature [Signature]

Name in block letter & Designation Secretary  
St. Mary's College (Autonomous)  
Theothokadi - 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. Niloyer  
Signature or thumb impression  
of the Insured Woman

Insured Woman's Name A-NILOPER

Insurance No. 6633627200

22  
Name & Signature of Employer  
Secretary  
St. Mary's College (Autonomous)  
Theethukudi - 628 001.

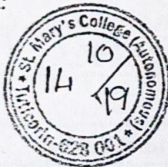
Wife/Daughter of KEBILAS

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	<u>baby of A-Niloyer</u>	<u>MALE</u>	<u>24-09-2019</u>
Second Child			
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 payment.

DATE:



A. Niloyer  
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.





# 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 Mrs. A. Nilofar  
Insurance No. 66 33627200

Returned with the remarks that the employee in question has not worked on any day during the period 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 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/Ins

Women

Date:



Signature

S.S.  
Secretary

Name in block letter & Designation St. Mary's College (Autonomous)  
Thoothukudi - 628 001.

Code no. \_\_\_\_\_

\*Strike out if not applicable





# EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10  
CONFIDENTIAL

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

From:  
The Manager

\_\_\_\_\_  
Branch Office,  
E.S.I. Corporation,  
Thoothukudi

To:  
M/s St. Mary's College  
Thoothukudi  
\_\_\_\_\_

Subject: Verification of abstention from work in respect of Shri/Smt./Kum A. Nilofar  
Ins.No. 6633627200 Department \_\_\_\_\_

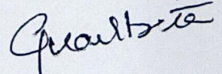
Dear Sir(s)

The above named employee of your factory has submitted a certificate of incapacity for the period of 24.09.2019 to 23.03.2020 and has declared that he / she has not worked on 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 1948 for any leave/holiday/weekly off/lay off and strike in respect of any day during the above period 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 day the receipt of this form.

Yours faithfully,

  
(Manager)

\_\_\_\_\_  
Branch Off

**Branch Manager**  
**B.O., E.S.I.C.,**  
**Thoothukudi**



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 Mrs. M. Maryl Christo  
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 till date 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 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

Date: \_\_\_\_\_



Signature \_\_\_\_\_

zhē

Secretary

Name in block letter & Designation St. Mary's College (Autonomous)  
Theethukudi - 628 001

Code no. \_\_\_\_\_

\*Strike out if not applicable





# EMPLOYEES' STATE INSURANCE CORPORATION

REG FORM - 10  
CONFIDENTIAL

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

(Regulation 52 - A)

From:

The Manager

\_\_\_\_\_ Branch Office,

E.S.I. Corporation,

Thoothukudi

To:

M/s St. Mary's College

66000413700001303

Subject: Verification of abstention from work in respect of Shri/Smt./Kum M. Maryl Chrisho

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 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,

Shuman  
(Manager)

\_\_\_\_\_ Branch Office

Branch Manager  
E.S.I.C.  
Thoothukudi



SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM  
EMPLOYEES STATE INSURANCE CORPORATION

Employer's Code No. 66000 413700001303

M. Maryl Chmsho  
Signature or thumb impression  
of the Insured Woman

Insured Woman's Name M. Maryl Chmsho

Insurance No. 6633844507

She  
Name & Signature of Employer

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

Wife/Daughter of L. Hamilton

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	<u>M.H Hazela Theodora</u>	<u>Female</u>	<u>09.10.2017</u>
Second Child	<u>M.H Liriana clare</u>	<u>Female</u>	<u>11.08.2022</u>
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 payment.

DATE: 29.08.2022

M. Maryl Chmsho  
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.



**EMPLOYEES' STATE INSURANCE CORPORATION**

REG FORM - 10  
CONFIDENTIAL

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

From:  
The Manager

Branch Office,  
E.S.I. Corporation,  
Thoothukudi

To:  
M/s St. Mary's College  
66 000 4137 00001303

Subject: Verification of abstention from work in respect of Shri/Smt./Kum M Maryl Christo  
Ins.No. 6633844507 Department \_\_\_\_\_

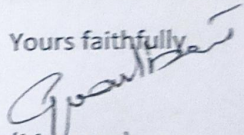
Dear Sir(s)

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

  
(Manager)

Branch Office

Branch Manager  
B.O., E.S.I.C.,  
Thoothukudi





# 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 M Mary' Chrishe

Insurance No. 6633844507

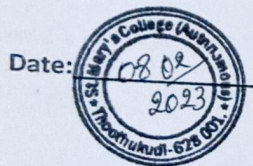
Returned with the remarks that the employee in question has not worked on any day during the period from 11.02.2022 to 08.02.2023 or\* that he/she has worked on \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_

It is further confirmed that -

- (a) He / she remained on leave with wages for the period 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



Date:

Signature Shilpa  
Secretary

Name in block letter & Designation St. Mary's College (Autonomous)  
Thoothukudi - 628 001.

Code no. \_\_\_\_\_

\*Strike out if not applicable