



EMPLOYEES’ STATE INSURANCE CORPORATION

(Deposit this certificate within 3 days with the appropriate
Branch Office to avoid possible loss of benefit under Regulation 64)

REG. FORM – 8
(CONFIDENTIAL)

SPECIAL INTERMEDIATE CERTIFICATE

EMPLOYEES’ STATE INSURANCE CORPORATION
(Regulation 61 and 89-B)

Book No. _____

Stamp of Dispensary

Serial No. _____

Signature or Thumb Impression of the I.P.

Date of First Certificate of spell of
Sickness or Disablement _____

Employer’s Code No. _____

Branch Office _____

To _____ s/w/d/ _____ Ins. No. _____

<div>Any other remarks by the Medical Officer</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>Attestation by Med. Officer.</div>	Certified that I have examined you _____ today and that in my opinion you have continued to need medical treatment and have remained incapable to work up to and including this day by reason of _____. I further certify that by judging your present condition it is found that your sickness is of such a character that it will be unnecessary to see you for the purpose of treatment more frequently than once in _____ weeks, and you will require medical treatment and will remain incapable to work at least up to the end of _____ weeks from this date _____. I propose to issue certificates in this form at the interval stated above, so long as your condition does not require more frequent attendance. In my opinion you should now/ need not be referred to a Medical Board to determine if you are permanently disabled.

Date _____

Signature _____
Insurance Medical Officer
With rubber stamp

Name in Block letter