

## EMPLOYEE ESIC REGISTRATION FORM

[COMPLETE IN BLOCK LETTERS → VERIFY WITH ACCOUNTS → SCAN AND EMAIL FORM+REQUIRED DOCUMENTS TO [pjushkanti.ghosh@bcrec.ac.in](mailto:pjushkanti.ghosh@bcrec.ac.in) WITHIN 2 DAYS OF DOJ]

Name of College							
ESIC No. (Previously allotted, if any)		Whether Disable:	YES / NO	Disability Type [If any]			
Employee Name		Emp ID		AADHAR No		PAN No	
Father's / Husband's Name		Date of Joining [DD/MM/YYYY]		Mobile No.		Gender	M / F
Date of Brith [DD/MM/YYYY]		Marital Status		Email ID		UAN No.	
Present Address							
		District		State		PIN	
Permanent Address [only if not same as Present Address]							
		District		State		PIN	
Dependent Family Members [Mark ✓ any one member as your Nominee]	Name	Date of Birth [DD/MM/YYYY]	Preferred Name of Dispensary / Hospital / Others, if any, with Location	AADHAR No.	Address of Family Members with PIN & Mobile Number	Put ✓ [Attach the soft copies individually, ensuring each Jpeg file size remains 50 - 100 KB]	
						Passport Photo	PAN
Employee / Self							
[ ] Father							
[ ] Mother							
[ ] Spouse [Wife / Husband]							
[ ] Child1 [M / F]							
[ ] Child2 [M / F]							
[ ] Child3 [M / F]							
<b>Beneficiary Bank Details:</b>							
Beneficiary Name	Beneficiary Bank Name	IFSC	Beneficiary Bank A/c Number	A/c Type [Savings / Current / Joint]	Branch Details	Put ✓ - Attach soft copy of Cheque / 1st page of Bank Pass Book [Jpeg File size max 200 KB]	
Emp Full Signature: _____		Verified by Accounts Dept: _____		Date of filing in ESIC Portal [To be filled by officials]: _____			