

Rest from 15/8/22 to 17/8/22.

वि ह प्रपारी करारी औष न 8 जय

Deposit this certificate within 3 days with Branch Office to Avoid Possible loss of Benefit under Regulation 64

Confidential EMPLOYEES' STATE INSURANCE CORPORATION Form 8

(Regulation 61 and 89-B)

Confidential
Signature or Thumb
Impression of the I.P.

Book No. R/

103167

Serial No.

SPECIAL INTERMEDIATE
CERTIFICATE

Employer's Code No. :

Name Monu Joshi SW/D. Deendra Kumar Sharma Branch Office

STAMP OF DISPENSARY

1510197940 Insurance No.

Date of the First certificate of Spell of Sickness for disablement..... 18/7/22

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and have remained incapable of work up to and including this day by reason of

Twin Pregnancy & LBP

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 2 weeks and you will require medical treatment and will remain incapable to work at least up to the end of 2 weeks from this date 18/8/22.

I propose to issue certificates in this form at the intervals 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.

Any other re-
marks by the
Medical Officer } on Sp. Advice

Signature

Date 18/8/22

Insurance Medical Officer

Rubber Stamp or name in block letters

* Strike off that which is not necessary.

Monu Joshi 9509847064