



..... Branch Office

Employees' State Insurance Corporation

No.....

Dated.....

M/s.....

.....

Subject : Certificate of continuous employment in respect of Shri
Insurance No. in connection with grant of extended medical and Sickness Benefit.

Dear Sir,

I have to state that with a view to determine the title of the above mentioned insured person to extend medical and cash benefits under the Employees' State Insurance Act. It is necessary to know the period of his Employment in a factory to which the Employees' State Insurance Act applies. I have therefore to request you to kindly fill up the following certificate of continuous employment and keep it ready alongwith relevant records for spot verification by one of the officials of this office who will be visiting your factory on This letter may please be returned to him after filling up the certificate.

Yours faithfully,

Manager Branch Office

CERTIFICATE OF CONTINUOUS EMPLOYMENT

Certificate of continuous employment in respect of Shri/Smt.
S/W/D of

Certified that in accordance with the definition of the term "Continuous Service" as contained in Section 25-B of the Industrial Disputes (Amendment) Act, the date from which the above mentioned insured person has been in continuous employment with us prior to is

The insured person also claims to have been in employment in other factories to which Employees, State Insurance Act applies as follows :-

Name of the Factory	Code No. if Known	Period of employment		Documentary evidence if any produced by Insured Person
		From	To	

Signature

Designation.....

Rubber Stamp containing name & Code No. of employer

- Note :-** 1. The following 2 tests should be applied for determining Continuous Service :-
- (i) It should be ensured that insured person was in insurable employment on or before the same date two years back from the date of commencement of the spell of Tuberculosis i.e. from
 - (ii) While applying the test of 240 days during each period of 12 calendar months, full calendar months should be taken into account. Period of 12 calendar, months should be counted backwards from the date of commencement of the T.B. spell but backwards from the last day of the calendar month proceeding the calendar months in which the T.B. spell commence.

- Note :-** 2. The following days shall be included amongst working days for purposes of determining whether the insured person has worked for 240 days in a year :-
- (i) The period for which he has been laid off under an agreement or as permitted by the Standing Orders made under the Industrial Employment [Standing Orders] Act 1948 or under the Industrial Disputes Act or under any other law applicable to the Industrial Establishment, the largest number of days which he has been so laid off being taken in account for the purposes of this clause.
 - (ii) The period for which he has been on leave with wages earned in the previous year.
 - (iii) In the case of a female insured person the period for which she has been on maternity leave, however the total period of such maternity leave shall not exceed 12 weeks.