



ESIC
Employees' State Insurance Corporation

Insurance

User Login: 53000524670000999

Sunday, November 08, 2020
10:03:30 AM

EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : SWATHI M B
Insurance No. : 5347189625
Date of Registration : 08/11/2020

[Medical Acceptance Card \[Click Here to View Medical Acceptance Card\]](#)

YOUR REGISTRATION DETAILS

Employee Name:	SWATHI M B	Type of Disability:	None
Name of Father / Husband:	BHADRAIAH M C	Date of Birth:	09/03/1997
Marital Status:	Unmarried	Gender:	Female
Present Address:	No. 57, 3rd Cross,,Srinivasa Colony,,Subramanyapura, Bangalore,Dist:Bangalore,Karnataka,560061	Permanent Address:	No. 57, 3rd Cross,,Srinivasa Colony,,Subramanyapura, Bangalore,Dist:Bangalore,Karnataka,560061
Dispensary / IMP for IP:	Subramanyapura, KA (ESIS Disp.)	Dispensary / IMP for Family:	Subramanyapura, KA (ESIS Disp.)
UHID:	KA01.0006533947		
Employer's Code No.:	53000524670000999	Employer's Code No.:	None
Sub Unit's Code No.:	None	Sub Unit's Code No.:	None
Date of Appointment:	30/10/2020	First Insurance No.:	None
Name of Employer:	Streetgains Research Services	Name of Employer:	None
Address of Employer:	No. 19, Aditya,1st Cross,Kurubarahalli Main Road Bangalore,Dist:BangaloreKarnataka560086	Address of Employer:	None

Family Details

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with IP	Place of Residence	
					State	District
Bhadrayya M C	Dependant father	06/05/1972	KA01.0006534087	Yes	Karnataka	Bangalore
Dhanalakshmi B N	Dependant mother	10/01/1976	KA01.0006534088	Yes	Karnataka	Bangalore

Nominee Details

Name of Nominee	Relationship with IP	Percentage Allotted	Address of Nominee
Bhadraiah M C	Dependant father	100	No. 57,3rd Cross,,Srinivasa Colony,,Subramanyapura, Bangalore,KarnatakaDist:Bangalore560061

Documents Uploaded: none

BO - Rajajinagar,Rajajinagar,24/3, 1st Floor, E Block, 1st Main Road, 1Ind Stage, Rajajinagar, Bangalore,0

Signature / LTI of Registered Employee / IP :



Mobile No. : 7026807179

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID Card for all your claim benefits and medical benefits.
2. This copy should be retained with you until the Pehchan Card is received.
3. Employer to please affix employee and his family photo here and attest with official stamp across.