

Claim Id:-(Year)/.....(RO/SRO code)/.....(No.)

Form AB-1

EMPLOYEES' STATE INSURANCE CORPORATION
CLAIM FOR PAYMENT UNDER ATAL BEEMIT VYAKTI KALYAN YOJANA
(To be prepared on Rs 20/- Non-judicial Stamp paper Duly notarized)

I _____ s/w/d of Sh. _____ Insurance
No. _____ Aadhaar No. _____ declare that I have been rendered
unemployed w.e.f _____ . I claim amount of relief under the Atal Beemit Vyakti
Kalyan Yojana for the period from _____ to _____.

The amount due may be paid to me directly into my bank account details of which are as under:-

Bank Account Number.....

Name of the bank and branch

Name of the Account Holder.....

IFSC Code.....(Canceled cheque enclosed).

I further also declare that:-

1. I have not taken up any gainful employment during the above period.
2. I am not in receipt of any other similar benefit admissible under the provisions of any other enactment.
3. I have not attained the age of superannuation during the period of claim.
4. I have not been convicted under Section 84 of ESI Act.
5. My unemployment has not been as a result of any punishment for misconduct or superannuation or Voluntary retirement.
6. I have not been dismissed / terminated under disciplinary action.
7. I hereby undertake to repay the whole amount forthwith on demand by the ESIC, if it is discovered at any time that I was not lawfully entitled to that amount.

Dated:-

Place:-

Claimant's Signature/Thumb Impression

Permanent address of the claimant.....

.....
Mobile Number of the claimant

Annexure-II

Claim Id:-(Year)/(RO/SRO code)/(No.)

Form – AB-2

(to be furnished by the last employer)

To
The Manager,
Branch Office _____,
Employees' State Insurance Corporation,
_____.

Subject:-Report in respect of Insured Person declared unemployed.

Sir/Madam,

It is informed that the Insured Person Sh./ Smt./Ms.....Insurance No.....who worked in M/s..... from the period to..... on the posthas become unemployed due to (reason (s) for unemployment).

It is requested to consider his claim for relief under the Atal Beemit Vyakti Kalyaan Yojana. The Claim for relief is also enclosed.

Signature of authorized officer:-.....

Name:-.....

Seal of the Institution:-.....

Instruction for the Insured Person

1. On entering the relevant information online, based upon the data available, the system will process to generate a claim form AB-1 and covering letter from the employer.
2. Take a printout of both these documents (AB-1 and covering letter form last employer) and sign/ put the left thumb impression on the claim form and get the forwarding letter signed by the last employer or authorized signatory.
3. Submit these documents in the designated ESIC Branch Office along with a canceled cheque or self attested photocopy of the bank Passbook.
4. The Relief under ABVKY is 25% of the average earning per day (total earning during the four consecutive contribution period/730 days) during the previous four contribution periods to be paid up to maximum 90 days of unemployment once in lifetime. The relief is paid for clear month of unemployment only.
5. The eligibility criteria for relief under ABVKY are :-
 - (a) The Insured Person should have been rendered unemployed during the period the relief is claimed.
 - (b) The Insured Person should have been in insurable employment for a minimum period of two years immediately preceding to unemployment.
 - (c) The Insured Person should have contributed not less than 78 days during each of the preceding four contribution periods.
 - (d) The contribution in respect of him should have been paid or payable by the employer.
 - (e) The contingency of the unemployment should not have been as a result of any punishment for misconduct or superannuation or voluntary retirement.
 - (f) Aadhar and Bank Account of the Insured Person should be linked with insured person data base.

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Form AB-3

BRANCH OFFICE _____

EMPLOYEES' STATE INSURANCE CORPORATION

1. Insurance Number of I.P. _____
2. Name of insured person _____
3. Father's / husband's name _____
4. Permanent address _____
5. Name, code No. & address of the employer _____
6. Date of appointment _____
7. Date of Unemployment _____

8. Details of Contributory particulars:-

Sl. No.	Contribution Period (s)	No. of days	Amount of Wages	Sl. No. of R.C./ CCP/ ESIC 71 Register	Code No. of the Employer
1					
2					
3					
4					
5					

9. Whether employer's forwarding is enclosed YES/NO
10. Whether the I.P. is in receipt of any other similar Benefit:- YES/NO
11. Whether eligible for Relief under ABVKY YES/NO
14. Daily Rate of Relief under ABVKY:Rs. _____ (Rs. _____)
15. Total Rs. _____ for the period _____ to _____ paid to Sh. _____ as relief under ABYKY.

Signature of D.A.

Signature of Checker

Signature of Br. Manager

BRANCH OFFICE _____

EMPLOYEES' STATE INSURANCE CORPORATION

REGISTER FOR ALLOWANCE UNDER THE ATAL BEEMIT VYAKTI KALYAN YOJANA

Name of I.P./I.W.	Insurance No.	Daily Rate of Relief under ABVKY
1	2	3

Date of Claim	Period of Claim	Amount
4	5	6

Prep. By	Checked by	Initial of BM	S.S. No. & Date
7	8	9	10