

**VERIFICATION REPORT OF GENUINENESS OF BENEFICIARY****A. Particulars of IP/IW**

1. Name of IP/IW .....
2. Insurance Number .....
3. Relevant Contribution Period: From ..... To .....

**B. Particulars of patient**

4. Name of Patient .....
5. Relationship with IP/IW .....

Photo of  
Patient duly verified

**C. Workplace details of IP/IW:**

6. Name & Address of Workplace.....  
.....

**D. Residential address:**

7. Address of Residence .....

**E. Verification of IP/IW:**

Sl. No.	Verification Point	Yes / No	Remarks
1.	Personal visit to workplace of IP/IW conducted		
2.	Photo verification of IP/IW at workplace		
3.	Employer confirmation obtained on existence		
4.	Employment and contribution status verified for the corresponding contribution period		
5.	Verification of the IP identity documents and IP employment details, original attendance and wages registers, salary bank account statement, Aadhar Card, PAN Card etc.		

**F. Verification of ESI beneficiary: (Applicable only if patient is NOT IP/IW)**

Sl. No.	Verification Point	Yes / No	Remarks
1.	Personal visit to residence conducted		
2.	Identity of beneficiary verified		
3.	Relationship with IP / IW verified		
4.	Photo verification of beneficiary done		

5.	Beneficiary eligibility verified with reference to the corresponding contribution period		
6.	Verification of the documents: Aadhar Card, PAN Card etc.		
7.	Any specific observations:		

**G. Declaration by deputed ESIC official**

I hereby certify that I have personally carried out the above verification and that the identity, employment status, relationship, and eligibility of the IP / IW and and/or ESI beneficiary have been verified, including confirmation that the verification covers the corresponding contribution period, and the same are found to be genuine and authentic.

**Signature & Stamp of  
Deputed Officer / Official**

**Countersigned by  
Regional Director (RD) & Stamp**

**H. Employer certification**

Name of Employer / Authorized Representative

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**Signature & Stamp of the Employer**