

EMPLOYER'S CERTIFICATE

PART A - DETAILS OF THE LIFE ASSURED

Name	
Address	
Date of Birth	
Policy Number(s)	

PART B - DETAILS OF EMPLOYMENT

Date of joining the Company	
Exact Nature of Duties	
Was he/she a permanent staff/temporary staff	
Last Date of attending his job	
Reason for leaving employment	

PART C - LEAVE DETAILS

Period for which leave was availed		Type of Leave (e.g. Medical leave / casual leave, etc.)	In case of leave on medical grounds, whether medical certificate was produced	Amount claimed and reimbursed as medical assistance
From	To			

NOTES:

- In case sick leave has been availed, please provide the medical certificates, reports and evidences submitted for the same.
- In case more details are to be provided please attach an annexure, which should be signed and stamped by the authorized official.

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PART D - DETAILS OF PRE-EMPLOYMENT HEALTH CHECK- UPS AND ANNUAL HEALTH CHECK-UPS:

Date of Medical Check-Ups	Name of the tests done	Any adversities found (Yes/ No)	If adversity found, please describe it

Note: If reports are available, please provide the copies

PART E - DETAILS OF OTHER LIFE INSURANCE / MEDICLAIM POLICIES ON THE LIFE ASSURED:

Policy No.	Name of the Company	Sum Assured	Risk commencement date	Any claim made under the policy

Signature of the Authorized Signatory :	
Name and designation of the Authorized Signatory :	
Company Address and Tel No.	
Company Stamp:	
Date :	