



**EMPLOYEES' STATE INSURANCE CORPORATION**  
**e-Pehchan Card**

Insured Person : **Sanjiv Baburao Madane**  
Insurance No. : **2503055495**  
Date of Registration : **10/05/2016**

**YOUR REGISTRATION DETAILS**

Employee Name:	Sanjiv Baburao Madane	Type of Disability :	None
Name of Father / Husband:	Baburao Madane	Date of Birth :	01/07/1976
Marital Status :	Married	Gender :	Male
Present Address :	AT POST. SATARA PARISAR,AURANGABAD,AURANGABAD,Di st:Aurangabad,Maharashtra	Permanent Address :	AT POST. SATARA PARISAR,AURANGABAD,AURANGABA D,Dist:Aurangabad,Maharashtra
Dispensary / IMP for IP :	D 2 Aurangabad, MH (ESIS Disp.)	Dispensary / IMP for Family:	None
UHID			
<b>Current Employer Details</b>		<b>First Employer Details</b>	
Employer's Code No. :	25000071400001001	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2016	First Insurance No. :	None
Name of Employer :	PRAGYA ELECTRICALS	Name of Employer :	None
Address of Employer :	AT.POST,RASHM IVIHAR NEAR HOTEL PANCHVATI PADAMPURA AURANGABD,AURANGABAD,AURANGAB AD,Dist:AurangabadMaharashtra431005	Address of Employer :	None

**Family Details:**

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
SAVITA MADANE	Spouse	01/07/1984		Yes	Maharashtra	Aurangabad
VAISHNAVI MADNE	Dependant unmarried daughter	01/07/2003		Yes	Maharashtra	Aurangabad
SHARDHA MADANE	Dependant unmarried daughter	24/06/2009		Yes	Maharashtra	Aurangabad
OM MADANE	Minor dependant son	02/08/2011		Yes	Maharashtra	Aurangabad





24

**Nominee Details:**

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
savita madane	Spouse	100	AS ABOVE, Maharashtra Dist: Aurangabad 4 31005

**Documents Uploaded:**

none

Signature / LTI of Registered Employee / IP :

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

Mobile Number : 8007869376

**NOTE:**

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer







EMPLOYEES' STATE INSURANCE CORPORATION  
e-Pehchan Card

Insured Person : **Nishant Sushilkumar Mansingka**  
Insurance No. : **2503055484**  
Date of Registration : **10/05/2016**

YOUR REGISTRATION DETAILS

Employee Name:	Nishant Sushilkumar Mansingka	Type of Disability :	None
Name of Father / Husband:	shilkumar Mansingka	Date of Birth :	02/06/1976
Marital Status :	Married	Gender :	Male
Present Address :	AT.POST.JALAN NAGAR RAIWA STATION ROAD,AURANGABAD,AURANGABAD,Dist: Aurangabad,Maharashtra	Permanent Address :	AT.POST.JALAN NAGAR RAIWA STATION ROAD,AURANGABAD,AURANGABAD,Dist: Aurangabad,Maharashtra
Dispensary / IMP for IP :	None	Dispensary / IMP for Family:	None
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	25000071400001001	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2016	First Insurance No. :	None
Name of Employer :	PRAGYA ELECTRICALS	Name of Employer :	None
Address of Employer :	AT.POST.RASHM IVIHAR NEAR HOTEL PANCHVATI PADAMPURA AURANGABD,AURANGABAD,AURANGABAD,Dist:AurangabadMaharashtra431005	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
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Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
shilkumar Mansingka	Dependant father	100	AS ABOVE,MaharashtraDist:Aurangabad

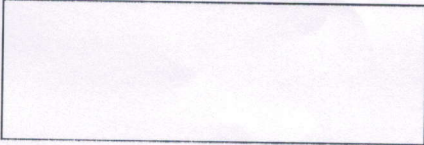
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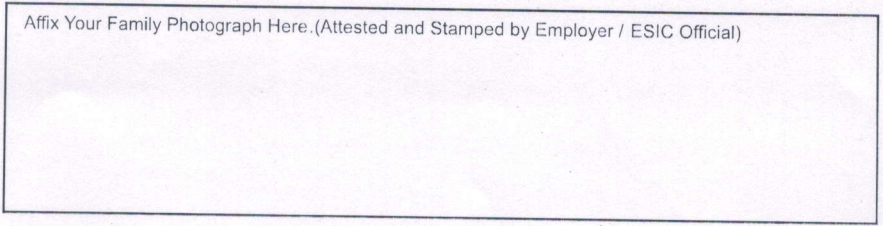
**Documents Uploaded:**

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Signature / LTI of Registered Employee / IP :



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



Mobile Number : 9371777808

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Signature / Stamp of ESIC Officer / Employer







EMPLOYEES' STATE INSURANCE CORPORATION  
e-Pehchan Card

Insured Person : **Mohammad Sadiquddin**  
Insurance No. : **2503055485**  
Date of Registration : **10/05/2016**

**YOUR REGISTRATION DETAILS**

Employee Name:	Mohammad Sadiquddin	Type of Disability :	None
Name of Father / Husband:	Mohammad Nizamuddin	Date of Birth :	15/04/1961
Marital Status :	Married	Gender :	Male
Present Address :	AT.POST.PLOT NO.E-34 CHANDMARI,NANDANVAN COLONY,AURANGABAD,Dist.Aurangabad, Maharashtra	Permanent Address :	AT.POST.PLOT NO.E-34 CHANDMARI,NANDANVAN COLONY,AURANGABAD,Dist:Aurangab ad,Maharashtra
Dispensary / IMP for IP :	D 2 Aurangabad, MH (ESIS Disp.)	Dispensary / IMP for Family:	None
UHID			

**Current Employer Details**

**First Employer Details**

Employer's Code No. :	25000071400001001	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2016	First Insurance No. :	None
Name of Employer :	PRAGYA ELECTRICALS	Name of Employer :	None
Address of Employer :	AT.POST.RASHM IVIHAR NEAR HOTEL PANCHVATI PADAMPURA AURANGABD,AURANGABAD,AURANGAB AD,Dist:AurangabadMaharashtra431005	Address of Employer :	None

**Family Details:**

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
SHAHANA BEGUM	Spouse	11/02/1971		Yes	Maharashtra	Aurangabad
SHIFA NAAZ	Dependant unmarried daughter	17/09/2001		Yes	Maharashtra	Aurangabad

**Nominee Details:**

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
SHAHANA BEGUM	Spouse	100	AS ABOVE,MaharashtraDist:Aurangabad4 31001

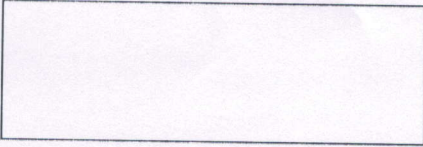
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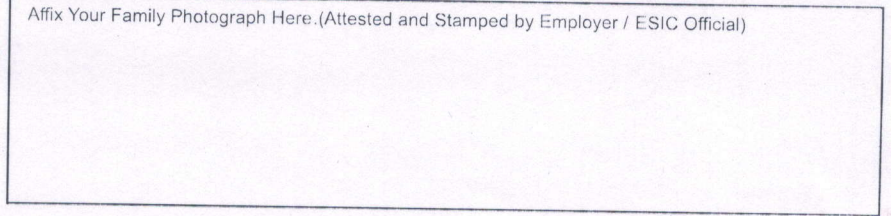
**Documents Uploaded:**

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Signature / LTI of Registered Employee / IP :



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

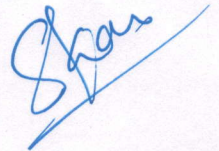


Mobile Number : 9326049395

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Signature / Stamp of ESIC Officer / Employer







EMPLOYEES' STATE INSURANCE CORPORATION  
e-Pehchan Card

Insured Person : Haider Ali Baig Kader Ali Baig  
Insurance No. : 2503055489  
Date of Registration : 10/05/2016

YOUR REGISTRATION DETAILS

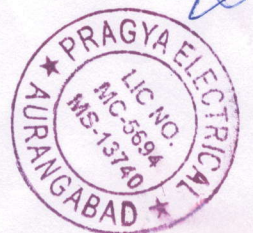
Employee Name:	Haider Ali Baig Kader Ali Baig	Type of Disability :	None
Name of Father / Husband:	Kader Ali Baig	Date of Birth :	04/06/1963
Marital Status :	Married	Gender :	Male
Present Address :	AT.POST.SURENDRA NAGAR AURANGABAD,AURANGABAD,AURANGAB AD,Dist:Aurangabad,Maharashtra	Permanent Address :	AT.POST.SURENDRA NAGAR AURANGABAD,AURANGABAD,AURAN GABAD,Dist:Aurangabad,Maharashtra
Dispensary / IMP for IP :	None	Dispensary / IMP for Family:	None
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	25000071400001001	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2016	First Insurance No. :	None
Name of Employer :	PRAGYA ELECTRICALS	Name of Employer :	None
Address of Employer :	AT.POST.RASHM IVIHAR NEAR HOTEL PANCHVATI PADAMPURA AURANGABD,AURANGABAD,AURANGAB AD,Dist:AurangabadMaharashtra431005	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
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Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Kader Ali Baig	Dependant father	100	AS ABOVE,MaharashtraDist:Aurangabad





**Documents Uploaded:**

none

Signature / LTI of Registered Employee / IP :

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

Mobile Number : 8007954376

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*Handwritten signature*

Signature / Stamp of ESIC Officer / Employer

