



IRDA Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
22nd Floor, A Wing, Marathon Futurex, N.M. Joshi Marg, Lower Parel (East), Mumbai - 400013, Maharashtra, India
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
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Employer’s Certificate

General instruction:

1. This certificate needs to be filled up by the authorized / designated official of the company on the Company’s letterhead. The same also needs to be signed and stamped.
2. If the space provided is insufficient, please attach the annexures along with this form.

Our Ref: IDBI FEDERAL/Claim No-

Name of Employer:

Part I: Employee Details

Name of the employee:

Address of the employee:.....

.....

.....

Date of Birth (as per the records):.....

Date of death (as per the records)

Date of Joining service:

Last date in service-in case employee is currently not in the eservice:

Designation/Cadre:.....

Last Drawn CTC/Salary:

Complete details on nature of duties performed:

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Part III: Leave Particulars

Please furnish us the leave particulars of the employee for the period from to.....

(In case of any leave under medical grounds or medical claim availed, please attach the copies of medical certificate or records submitted)

Reason for leave	Dates of leave	Date of resumption of duties	Medical Certificate received or not

Part IV: Medical Insurance / Reimbursement details

Was the employee covered under any medical insurance or reimbursement scheme Yes/No

If yes, please provide us details of any disbursements made to the employee for the past 3 years

Period of illness	Particulars of medical ailments	Name of the Mediclaim service provider/General Insurer	Amount Disbursed Rupee

Part V: Has the employee _____ been ever, treated by any in-house Doctor /s? If yes, please give their contact details. Please share the medical records available with your Company.

Name and Designation:.....

Address:

Telephone No (with STD code):.....

Signature of the Officer with Company's stamp and date: