

**OFFICE OF THE COMMISSIONER**

 **ICT EMPLOYEES SOCIAL SECURITY INSTITUTION (IESSI)**

 **PLOT NO. 166, SECTOR I-10/3, ST. NO. 09**

**ISLAMABAD**

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**Card Renewal Form**

1. I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S/D/W/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
bearing CNIC No. \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_, is working for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having Social Security No.\_\_\_\_\_\_\_\_\_ .

Renewal Dependent Entry Dispensary Change Change of Company

Medical Book

1. Dependents Details are as under:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **CNIC./ Form B** | **Relationship** | **Date of Birth** |
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 **Affidavit**

1. The contents of above statements are correct to the best of our knowledge and belief. We, the establishment and the worker jointly and severally will be responsible for any concealment of facts, false statements/information/documents, non-compliance of any of the requirements/misuse of S.S card, and would be liable to repay the benefits so availed to the institution. I Mr/Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be liable to get punished for imprisonment of 3 months or fine up to 1,000/- or both in case of aforesaid violations under section 66 of the Provincial Employees Social Security Ordinance, 1965.

 **Employee Signature Attestation of Establishment**

**FOR OFFICIAL USE ONLY**

**Contribution Stamp**:-



**Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**