

CERTIFICATE FROM EMPLOYER

Employer certificate for Domestic Workers to be covered under Rashtriya Swasthya Bima Yojna

I _____(full name of employer)
resident of _____

declare that _____(full name of Domestic
Worker), aged _____years is working from _____ as Domestic Worker whose
complete family detail is as under:-

District	Village/ Town	Sr.No.	Name	Gender	Age	Relationship
		1		Male/ Female		
		2				
		3				
		4				
		5				

Certified that I am ready to pay the registration fee and 25% of the insurance
premium p.a. on behalf of _____(name of Domestic Worker)
whose signature are below to be covered under Rashtriya Swasthya Bima Yojna.

Signature of Domestic Worker

Signature of Employer

Full Address: _____
