



कामगार राज्य बीमा महामंडळ
(श्रम व रोजगार मंत्रालय, भारत सरकार)
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION



उप प्रादेशिक कार्यालय/उप क्षेत्रीय कार्यालय/ SUB-REGIONAL OFFICE
पंचदीप भवन, गणेशपेठ, नागपूर, महाराष्ट्र - 440018
पंचदीप भवन, गणेशपेठ, नागपूर, महाराष्ट्र - 440018
PANCHDEEP BHAWAN, GANESHPETH, NAGPUR, MAHARASHTRA - 440018
☎: 2720141, 2726219, 2726365, 2729075, Fax: 0712-2729359
E-mail: dir-nagpur@esic.nic.in Website: www.esic.nic.in

No.23-B-13013/2/2023-ESTT

Date - 14.10.2025

// CIRCULAR //

All Employees under the jurisdiction of ESIC SRO Nagpur are hereby informed that the half yearly staff contribution towards Staff Benevolent Fund SRO Nagpur for the period from October 2025 to March 2026 is to be deducted in October 2025. Hence Employees under ESIC SRO Nagpur other than the already members of the Fund, those who are willing to apply for the membership of fund may submit the Application form for membership contained in '**Appendix-A**' (enclosed) before **22.10.2025 (F.N)** to Establishment Branch, SRO Nagpur.

This issues with the approval of Competent Authority.

Digitally signed by
SWAPNIL BHUSHAN PATIL
Date: 15-10-2025

(**Swapnil Patil**)

Dy. Director (Admin)

To,

All Concerned.

Copy to –

1. **All Branches at SRO Nagpur.**
2. **All BO's/DCBO's/Pay Offices under SRO Nagpur.**
3. WCM, SRO Nagpur for uploading on SRO Nagpur Site.

APPENDIX-A

**APPLICATION FOR THE MEMBERSHIP OF THE EMPLOYEES' STATE INSURANCE
CORPORATION STAFF BENEVOLENT FUND (SRO NAGPUR)**

I _____ son/daughter of _____
do hereby apply for membership of the E.S.I. Corporation Staff Benevolent Fund (SRO,
Nagpur) w.e.f. _____.

1.	Name of the employee	:	
2.	Designation	:	
3.	Office/Section to which attached	:	
4.	Permanent Address	:	
5.	Present Address	:	
6.	Official email id	:	
7.	Mobile No.	:	

8.Family Particulars: -

Sl. No.	Name of Family Member(s)	Address	Date of Birth	Relationship

I, hereby, agree to pay a sum of Rs. 40/- per month w.e.f. _____. The sum may be deducted from my pay every half year in advance (April & October).

Place : _____

SIGNATURE OF THE EMPLOYEE

Date : _____

(Name _____)

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