

मुख्यालय. कर्मचारी राज्य बीमा निगम

(श्रम एवं रोजगार मंत्रालय, भारत सरकार) HEADQUARTERS OFFICE, EMPLOYEES' STATE INSURACNE CORPORATION (Ministry of Labour & Employment, Govt. of India)

No. P-11014/3/2022-Bft-II (Part-I)



पंचदीप भवन. सी.आई.जी.. मार्ग. नई दिल्ली – 110002 PANCHDEEP BHAWAN C.I.G MARG, NEW DELHI - 110002 Phone: 1800-11-2526 Email: esic-hqrs@esic.nic.in Website: www.esic.nic.in/www.esic.in I

सत्यमेव जयते

#### Date: 06.12.2022

To,

All RDs/JDs/DDs(In-Charge) All Regional/Sub Regional Office **Employees State Insurance Corporation** 

#### particulars through Subject: Edit/update of Insured Persons Employer portal-regarding.

Sir,

I am directed to inform that an online module for updation/editing particulars of IP and their family members has been developed by ICT Branch, Hgrs. To provide detailed procedures/workflow to be adopted while updation/editing of IP particulars, the User Manual is attached herewith for kind information and wide publicity in your jurisdiction.

This issues with the approval of Insurance Commissioner.

Yours faithfully

(Sunil Yada **Dy. Director (Benefit)** 

**Copy to:-**Web content manager for uploading the same on ESIC website.





# **Edit IP Details**

#### **Overview**

This document is prepared in order to explain the workflow for edit/update of IP particulars through Employer portal. Once the employer updated the particulars of IP, an online request will be generated and forwarded to Branch Office for approval.

Employer will update following particulars of Insured Persons:--

- Dispensary details
- Personal Details
- Address Details
- Nominee Details
- Family Details
- Bank Details

#### **Overview**

- LDC/UDC at Branch Office can also raise a request for change/updation of particulars of Insured Person on the behalf of employer.
- Similarly, Benefit Branch Officer at RO/SRO can also raise a request for change/updation of particulars of Insured Person on the behalf of employer.

## **Employer Login**

Version 1.2 Last Revised On : 08-09-2022

### www.esic.in \_Homepage



कर्मचारी राज्य बीमा निगम Employees' State Insurance Corporation

(Ministry of Labour and Employment, Government of India)



श्रम एवं रोजगार मंत्रालय Ministry of Labour and Employment भारत सरकार (Government of India)



#### **Employer Login Page**



কর্দবাহী হাত্য জীমা নিাম Employees' State Insurance Corporation (Ministry of Labour and Employment, Government of India)



अम एवं रोजगार मंत्रालय Ministry of Labour & Employment भारत सरकार (Government of India)



#### **Employer Homepage**

Employer Login: 11000000000000002 (LIN No. 3465723645)

#### Last Logged In Wednesday, September 07, 2022 at 4:43 PM

#### All the employers are requested to seed t

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#### EMPLOYER

- <u>Update Employer Details</u>
- Create Subunit Registration
- User Manual for Mobile/Bank update
- Accident Report (Form 12)
- Accident Report Print / PDF Form
- Wage Contributory Record
- <u>Reply For Abstention Verification</u>
- View Subunit Details
- <u>Change Password</u>
- <u>Request for Reduce Rate of Contribution</u>

#### EMPLOYEE (INSURED PERSON)

- Enroll Employee with previously allotted ESI Number
- Register/Enroll New Employee
- Update Particulars of Insured Person
- Update Mobile Number of Insured Person
- Bulk Upload of Mobile Number
- Bulk Upload of Account Nu.
- Upload Bank Account related Doc \_\_\_\_\_ent of Insured Person
- Send Emails
- <u>e-Pehchan Card</u>
- List of Employees

#### MONTHLY CONTRIBUTION

- File Monthly Contributions
- Generate Challan
- Modify Challan
- <u>ViewContributionHistory</u>
- Omitted Wages Challan
- Contractor/Principal Employer Master
- IP Mapping with Contractor/Principal Employer
- Bulk IP Mapping with Contractor/Principal Employer
- View Contribution History(Contractor/Principal Employer Wise)
- Self Certification

Click here

#### **View Registered Employee details**



#### **View Registered Employee details**

Employer Login: 11000000000002 Wed 7 Sep 2022, 4:58:40 PM									
View Regis	tered Employee Details							* Required Fields	
Search By									
Employer U	nit Type .:	Main Unit 🗸	Main Unit 🗸		Employer's Code No. :		1100000000000002		
Employee Ir	nsurance No. :	1115104395		Employer's Name :					
Employee's	Name :			Only Disabled Persons IP					
	Search Reset Close								
Details of R	egistered Employees								
Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration		Status Of IP		
	1115104395	Goutham Reddy B	110000000000002	Delhi test company	25/08/2022 03:43:05 PM		IP Alive		
Prev	1 Next				Total Number of Records:1				
			Edit	Close					
	Select IP by clicking on Radio button Click on Edit								

#### **Employee Edit Form**

User Login: 110000000000002		Wednesday, September 07	, 2022 4:58:16 PM						
Employees Edit Form									
Insured Person Number: 1115104395									
Please select details type to be edited									
O Dispensary Details O Personal	Details O Address Details	O Nominee Details O Family	Details O Bank Details						
	Employee Details								
Employee Name:	GOUTHAM REDDY B	UHID Number :	JK01.000000231						
Date of Birth :	30/09/1988	Registration Date :	25/08/2022						
Dispensary Name :		Disability Type :							
Current Date of Appointment : Select Detail		First Date Of Appointment :	25/08/2022						
clicking on Ba	Details of Details of	the Employer							
Current Employer		Previous Employer							
Employer's Code No.:	110000000000002	Employer's Code No.:							
Date of Appointment:	25/08/2022	Previous Insurance No.:							
Name of the Employer:	Delhi test company	Name of the Employer:							
Address :	500	Address :							
	Bollaram								
	Alwal								
State:	Himachal Pradesh 💙	State:*	Please Select 💙						
District:	Kangra 🗸	District:	Please Select V						
SubDistrict:		SubDistrict:							
Village:		Village:							
Pin Code:	222222	Pin Code:							
Email	kpreddy4you@gmail.com	Email							
Phone No.:	222222 - 9873991919	Phone No.:							
Mobile No.:	91 9490989677	Mobile No.:	91 -						
Have Previous Employer:	O Yes 🔘 No								

#### **Employee Edit Form \_Dispensary details**

Edit Name and Dispensary Details					* Required Fields	
Insured Person's Number: 1115103996						
Dispensary Or IMP or mEUD for IP:*						
State:	Delhi 🗸		District:	New Delhi 🗸		
Dispensary O IMP O mEUD	Narela, DL (ESIC Disp.) 🗸		Address:	ESIC Dispensary, Narela, U-103, Vijay Nagar, Delhi, 110040, Phone:011-27285	/ /840	
Dispensary Or Imp or mEUD for Family:*	Dispensary Or Imp or mEUD for Family:*					
State:	Delhi 🗸		District:	New Delhi 🗸		
Dispensary O IMP O mEUD	Azadpur, DL (ESIC Disp.) 💙		Hress:			
This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for change, justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information.						
		Update	Close			
				Select dispensary from		
				Drop down		

#### **Employee Edit Form \_Dispensary details**

Edit Name and Dispensary Details						
Insured Person's Number : 1115104395						
Dispensary Or IMP or mEUD for IP:						
State:	Delhi 🗸	District:	New Delhi 🗸			
Dispensary O IMP O mEUD	Narela, DL (ESIC Disp.)	Address:	ESIC Dispensary, Narela, U-103, Vijay Nagar, Delhi, 110040, Phone:011-27285840			
Dispensary Or Imp or mEUD for Family:*						
State:	Delhi 🗸	District:	New Delhi 🗸			
Dispensary O IMP O mEUD	Azadpur, DL (ESIC Disp.) V	Address:	ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791			

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing the shall be liable for actions for submission of false or incorrect information.



#### **Employee Edit Form \_Dispensary details**

Edit Name and Dispensary Details							
Insured Person's Number: 1115103996							
Dispensary Or IMP or mEUD for IP:*							
State:	Delhi 🗸	District:	New Delhi 🗸				
Dispensary O IMP O mEUD	Narela, DL (ESIC Disp.)	Address:	ESIC Dispensary, Narela, U-103, Vijay Nagar, Delhi, 110040, Phone:011-27285840				
Dispensary Or Imp or mEUD for Family:*	Dispensary Or Imp or mEUD for Family:*						
State:	Delhi 🗸	District:	New Delhi 🗸				
Dispensary O IMP O mEUD	Azadpur, DL (ESIC Disp.) 🗸	Address:	ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791				
This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information.							
The reference number 112291200005 has been generated and pendin	g for approval.						
Close							
Request reference number							

generated

😂 https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePe	ersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d	l%3d&emprCode=hghEYsg+BjskJ0mf0l8v0M88udYT4o8w&flagD	b=5vmQrXZYNNo%3d&baseDb=JU — 🗗 🗙		
esicstaging.esic.in/ESICInsurance1/Employee/Empe	ePersonal Details.aspx?ipNumber = + M0Oyf9ywLUmK92J	lulvF+Q%3d%3d&emprCode=hghEYsg+BjskJ0mf0l8v0N	188udYT4o8w&flagDb=5vmQrXZYNNo%3d&b Q		
Edit Personal Details Of Insured Person			* Required Fields		
Insured Person's Number : 1115104395					
1. IP Name: 1	Goutham Reddy B	2.(a) Is IP Disabled:	🔿 Yes 💿 No		
2.(b) Type of Disability:	Please Select 💙	2.(c) Select Certificate:	Choose File Nen Upload		
3. Date of Birth :*	30/09/1988	4. Name of Father Husband	wrqwer		
5. Marital Status:*	Married V	6. Gender:	● m ○ f ○ tg		
7. Date of Appointment:	25/08/2022	8. UAN Number:*	Edit		
Type of Proof:	PAN Card 🗙	Type of Proof:	Please Select 💙		
9. Proof of Evidence :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jp Note:Max size of the documents should be 20	10. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.		
I Hereby Declare that the Statement Given Above Lect to the Be	est of My Knowledge and Belief. I Also Undertake the Changes.*				
Tate Close					
Select file to choose	Select P	roof type			

Interse//esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+BjskJ0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNNo%3d&baseDb=JU...
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2.(b) Type of Disability:	Please Select V	2.(c) Select Certificate:	Choose File Nen Upload				
3. Date of Birth :*	30/09/1988	4. Name of Father Husband	Father				
5. Marital Status:"	Married V	6. Gender:"	● M ○ F ○ TG				
7. Date of Appointment:	25/08/2022	8. UAN Number:*	Edit				
Type of Proof:"	PAN Card 🗸	Type of Proof:	Please Select V				
9. Proof of Evidence :*	Choose File No file chosen PAN CARD.pdf <u>Remove</u> Note:Document type allowed pdf in a peg. Note:Max size of the document anould be 200KB.	<sup>10. Proof of</sup> Edit required field	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.				
I Hereby Declare that the Statement Given Above is Correct to the Best of My Known and Belief. I Also Undertake to Intimate Changes.							
	Update						

Click here to "Upload" file

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 Husband ~ OM OF OTG 5. Marital Status: Married 6. Gender:\* 25/08/2022 8. UAN Number: 7. Date of Appointment: Edit Type of Proof: PAN Card × Type of Proof: ----Please Select--**v** PAN Choose File No file chosen Upload Choose File No file chosen Upload CARD.pdf Remove 9. Proof of Evidence : 10. Proof of Evidence2 : Note:Document type allowed pdf, jpg & jpeg. Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB. Note:Max size of the documents should be 200KB. Ci Trereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes. Update Close Click here to select Click here to Declaration Update

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePe	ersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d	%3d&emprCode=hghEYsg+BjskJ0mf0l8v0M88udYT4o8w&flagE	b=5vmQrXZYNNo%3d&baseDb=JU — 🗇 🗙				
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+BjskJ0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNNo%3d&b							
Iit Personal Details Of Insured Person * Required Fields							
nsured Person's Number: 1115104395	sured Person's Number : 1115104395						
1. IP Name: *	Goutham Reddy B	2.(a) Is IP Disabled:	O Yes 💿 No				
2.(b) Type of Disability:	Please Select 💙	2.(c) Select Certificate:	Choose File Nen Upload				
3. Date of Birth :*	30/09/1988	4. Name of Father Husband	Father				
5. Marital Status:*	Married V	6. Gender:	. ● M ○ F ○ TG				
7. Date of Appointment:	25/08/2022	8. UAN Number:*	Edit				
Type of Proof:	PAN Card 🗸	Type of Proof:	Please Select V				
9. Proof of Evidence :*	Choose File No file chosen Upload PAN CARD.pdf <u>Remove</u> Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	10. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.				
Divience, Declare that the Olatement Siven Above is Somest to the B	st of My Knowledge and Belief. I Also Undertake to Intimate Changes.*						
The reference number 11229800004 has been generated successfully and	l pending for approval.						
Close							

Request reference number generated

### **Employee Edit Form**

Jser Login: 110000000000002			Wednesday, September 07, 2	2022 4:58:16 PM			
Employees Edit Form Insured Person Number: 1115104395 Discent details time to be added							
Dispensery Details	are anal Dataila	O Address Dataila	O Nomines Details	Astaila			
O Dispensary Details	ersonal Details	O Address Details		Bank Details			
Employee Details							
Employee Name:	GOUTHAM RED.		UHID Number :	JK01.000000231			
Date of Birth :	30/09/1988		Registration Date :	25/08/2022			
Dispensary Name :	Dispensary Azadpur	Salact Datails type by	lity Type :				
Current Date of Appointment :	25/08/2022	Select Details type by	ate Of Appointment :	25/08/2022			
	С	licking on Radio butto	loyer				
Current Employer			Previous Employer				
Employer's Code No.:	1100000000000002		Employer's Code No.:				
Date of Appointment:	25/08/2022		Previous Insurance No.:				
Name of the Employer:	Delhi test company		Name of the Employer:				
Address :	500		Address :				
	Bollaram						
	Alwal						
State:	Himachal Pradesh	<b>V</b>	State:	Please Select V			
District:	Kangra	<b>v</b>	District:	Please Select V			
SubDistrict:			SubDistrict:				
Village:			Village:				
Pin Code:	222222		Pin Code:				
Email	kpreddy4you@gmail.com		Email				
Phone No.:	222222 -	873991919	Phone No.:	•			
Mobile No.:	91 94	90989677	Mobile No.:	91 -			
Have Previous Employer:	🔾 Yes 🔘 No						

🕽 https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M00yf9ywLUmK92JulvF+Q==&emprCode=hghEYsg+BjskJ0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNNo=&baseDb=JUGm1Rbj4 — 🗗 🗙						
esicstaging.esic.in/ESICInsurance1/Employee/Emplo	ePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92J	ulvF+Q==&emprCode=hghEYsg+BjskJ0mf0l8v0M88ud	YT4o8w&flagDb=5vmQrXZYNNo=&baseDb=J Q			
Edit Personal Details Of Insured Person			* Required Fields			
Insured Person's Number : 1115104395						
1. IP Name: *	Goutham Reddy B	2.(a) Is IP Disabled:	🔾 Yes 💿 No			
2.(b) Type of Disability:	Please Select 💙	2.(c) Select Certificate:	Choose File Nen Upload			
3. Date of Birth :*	30/09/1988	4. Name of Father Husband	wrqwer			
5. Marital Status:*	Married V	6. Gender:*	. M ○ F ○ TG			
7. Date of Appointment:	25/08/2022	8. UAN Number:*	Edit			
Type of Proof:	Please Select V	Type of Proof:	Please Select V			
9. Proof of Evidence :*	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	10. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.			
I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.						
The reference number 11229800004 has been generated successfully and pending for approval.						
Close						

#### **Employee Edit Form**

User Login: 110000000000000	Wednesday, September 07, 2022 4:58:16 PM							
Employees Edit Form								
Insured Person Number: 1115104395								
Please select details type to be edited								
O Dispensary Details	ersonal Details	Address Details	Nominee Details	Family	Details	Bank Details		
Employee Details								
Employee Name:	GOUTHAM REDDY B		NUD Number :		JK01.000000231			
Date of Birth :	30/09/1988		Reg. Bote :		25/08/2022			
Dispensary Name :	Dispensary Azadpur		Select Details type by					
Current Date of Appointment :	25/08/2022				25/08/2022			
		Details of th	clicking on Radio button					
Current Employer			Previous Employer					
Employer's Code No.:	110000000000002		Employer's Code No.:					
Date of Appointment:	25/08/2022		Previous Insurance No.:					
Name of the Employer:	Delhi test company		Name of the Employer:					
Address :	500		Address :					
	Bollaram							
	Alwal							
State:	Himachal Pradesh 🗸		State:*		Please Select	<b>V</b>		
District:	Kangra 🗸		District:		Please Select	<b>V</b>		
SubDistrict:			SubDistrict:					
Village:			Village:					
Pin Code:	222222		Pin Code:					
Email	kpreddy4you@gmail.com		Email					
Phone No.:	222222 - 98739	91919	Phone No.:		-			
Mobile No.:	91 949098	9677	Mobile No.:		91 -			
Have Previous Employer:	Ves No							

#### **Employee Edit Form \_ Address details**

Edit Address Details Of Inst	ured Person					* Required Fields	
Insured Person's Number: 1	115103996						
1. Present Address							
Address :*	TEST NAME	]		Pin Code:		J	
	cvbc			Phone No.:	-		
				Email:			
State:*	Delhi 🗸	]		Mobile No.:*	91 - 9	160387668 Edit	
District:	New Delhi 🗸	]					
Copy Present Address to	Permanent Address						
2. Permanent Address							
Address :*	TEST NAME			Pin Code:			
	cvbc			Phone No.:	-		
				Mobile No.:	91 - 9	160387668	
State:*	Delhi 🗸			Email:			
District:	New Delhi 🗸	]					
Type of Proof:	Aadhaar	~		Type of Proof:	Please Select V	]	
Proof of Evidence:	Choose File No file chose Note:Document type allowed pdf Note:Max size of the documents	n Upload Adhar.pdf <u>Remo</u> f, jpg & jpeg. should be 200KB.	ve	Proof of Evidence2 :	Choose File No file chose Upload Note:Document type allowed pd Note:Max size of the documents	en lf, jpg & jpeg. s should be 200KB.	
I Hereby Declare that the s	Statement Given Above is Corre	ct to the Best of My Knowledge and Belief. I Also Un	dertake 🔪 👘 ate Changes.*				
<ul> <li>The OTP will remain valid for 20 minutes.</li> <li>You are allowed to generate OTP maximum 3 times.</li> <li>After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.</li> <li>Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recomm.</li> </ul>							
			Update Close				
					After updating det	ails,	
					Tipload documer		

#### **Employee Edit Form \_ Address details**

Edit Address Details Of Ins	Jred Person		* Required Fields								
Insured Person's Number: 1	115104395										
1. Present Address											
Address :*	TEST NAME	Pin Code:									
	cvbc	Phone No.:									
		Email:									
State:*	Delhi 🗸	Mobile No.:*	91 - 9160387668 Edit								
District:	New Delhi 🗸										
Copy Present Address to Permanent Address											
2. Permanent Address											
Address :*	TEST NAME	Pin Code:									
	cvbc	Phone No.:									
		Mobile No.:	91 - 9160387668								
State:*	Delhi 🗸	Email:									
District:	New Delhi 🗸										
Type of Proof:	Aadhaar 🗸	Type of Proof:	Please Select V								
Proof of Evidence:	Choose File No file chosen Upload Adhar.pdf <u>Remove</u> Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.								
Chereby Declare that the	Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*										
* The OTP will remain valid for 2 * You are allowed to generation * After 3 consecutive attempts o * Note: It shall be the responsib mobile number.	* The OTP will remain valid for 20 minutes. * You are allowed to general OTP maximum 3 times. * After 3 consecutive attempts on a strain of TP, system won't generate any OTP for said mobile number for next 3 hours. * After 3 consecutive attempts on a strain of the strain of the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique										
	Click here to select Declaration										
	Click On U	Jpdate									

#### **Employee Edit Form**

Employees Edit Form Insured Person Number: 1115104395 Please select details type to be edited Dispensary Details Personal Details Contract	0.5.1	
Insured Person Number: 1115104395         Please select details type to be edited         Dispensary Details       Address Details         Employee Details         Employee Name:       GOUTHAM REDDY B         Date of Birth :       30/09/1988         Dispensary Name :       Dispensary Azadpur         Current Date of Appointment :       25/08/2022         First Date Of Appointment :       Personal Details of the Employer         Current Employer       Previous Employer         Employer's Code No.:       11000000000002		
Please select details type to be edited         Dispensary Details       Personal Details         Employee Datails       Employee Details         Employee Name:       GOUTHAM REDDY B         Date of Birth :       30/09/1988         Dispensary Name :       Dispensary Azadpur         Current Date of Appointment :       25/08/2022         Employer       Personal Details         Previous Employer       Previous Employer         Employer's Code No.:       11000000000002	0.5 1.5	
O bispensary Details       Address Details       Address Details         Employee Name:       GOUTHAM REDDY B       UHID Number :         Date of Birth :       30/09/1988       Registration Da         Dispensary Name :       Dispensary Azadpur       Disability Type         Current Date of Appointment :       25/08/2022       First Date Of Appointment :         Details of the Employer       Previous Employer         Employer's Code No.:       11000000000002       Employer's Code		
Employee Details         Employee Name:       GOUTHAM REDDY B       UHID Number :         Date of Birth :       30/09/1988       Registration Da         Dispensary Name :       Dispensary Azadpur       Disability Type         Current Date of Appointment :       25/08/2022       First Date Of Appointment :         Details of the Employer         Current Employer         Previous Employer         Employer's Code No.:	minee Details O Family Det	ails 📀 Bank Details
Employee Details         Employee Name:       GOUTHAM REDDY B       UHID Number :         Date of Birth :       30/09/1988       Registration Da         Dispensary Name :       Dispensary Azadpur       Disability Type         Current Date of Appointment :       25/08/2022       First Date of Appointment :         Details of the Employer         Current Employer         Previous Employer         Current Employer       Previous Employer         Employer's Code No.:       11000000000002       Employer's Code		
Employee Name:     GOUTHAM REDDY B     UHID Number :       Date of Birth :     30/09/1988     Registration Da       Dispensary Name :     Dispensary Azadpur     Disability Type       Current Date of Appointment :     25/08/2022     First Date of Appointment :       Details of the Employer       Current Employer       Previous Employer       Previous Employer       Employer's Code No.:		
Date of Birth :     30/09/1988     Registration Date       Dispensary Name :     Dispensary Azadpur     Disability Type       Current Date of Appointment :     25/08/2022     First Date of Appointment Current Date of the Employer       Current Employer     Previous Employer     Previous Employer       Employer's Code No.:     11000000000002     Employer's Code		JK01.000000231
Dispensary Name :         Dispensary Azadpur         Disability Type           Current Date of Appointment :         25/08/2022         First Date Of Appointment :           Current Employer         Details of the Employer           Current Employer         Previous Employ           Employer's Code No.:         110000000000002         Employer's Code	te :	25/08/2022
Current Date of Appointment :     25/08/2022     First Date Of Appointment :       Details of the Employer       Current Employer       Current Employer's Code No.:     110000000000002     Employer's Code	Select Det	ails type by
Details of the Employer           Current Employer         Previous Employer           Employer's Code No.:         11000000000002         Employer's Code	ppointment :	
Current Employer     Previous Employer       Employer's Code No.:     110000000000002     Employer's Code	clicking on F	adio button
Employer's Code No.: 110000000000000 Employer's Code	yer	
	le No.:	
Date of Appointment: 25/08/2022 Previous Insura	ince No.:	
Name of the Employer: Delhi test company Name of the Em	iployer:	
Address : 500 Address :		
Bollaram		
Alwai		
State: Himachal Pradesh V State:		Please Select 💙
District: Kangra V District:		Please Select 💙
SubDistrict: SubDistrict:		
Village: Village:		
Pin Code: 222222 Pin Code:		
Email         kpreddy4you@gmail.com         Email		
Phone No.:         222222         9873991919         Phone No.:		
Mobile No.:         91         9490989877         Mobile No.:		91 -
Have Previous Employer: O Yes  No		

Edit Nominee Details Of Insured Person	(u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash I	Benefit in the Event of Death)	* Required Fields
Insured Person's Number : 3120841184			
Name :*	TEST NOMINEE	Relationship with I.P :*	Spouse 🗸
Address of Nominee			
Address :*	TEST	State:*	Andhra Pradesh 🗸
		District :*	East Godawari 🗸
		Pin Code:*	
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	● Yes ○ No		
Type of Proof:	Please Select V	Type of Proof:	Please Select V
6. Proof of Evidence:	Choose File Adhar.pdf Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	7. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.
I Hereby Declare that the Statement Give	en Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Cl	hanges.*	
	Update	Close	After updating details,
			Upload documents

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for Payment of Cash Benefit in the Event of Death)												
Insured Person's Number : 111510439	5											
Name :*	TEST NOMINEE	Relationship with I.P :*	Spouse 🗸									
Address of Nominee												
Address :*	TEST	State:*	Andhra Pradesh 🗸									
		District :*	East Godawari 🗸									
		Pin Code:*	110040									
Phone No.:	•	Mobile No.:	91 -									
Is Nominee a Family Member :	● Yes ○ No											
Type of Proof:	Aadhaar 🗸	Type of Proof:	Please Select V									
6. Proof of Evidence:	Choose File No file chosen Upload Adhar.pdf <u>Remove</u> Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	7. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.									
I Hereby Declare that the Statemen	t Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*											
	Click here to select Declaration	Click On Update										

Edit Nominee Details Of Insured Pe	rson. (u/s 71 of ESI Act 1948/	Rule 56(2) of ESI (Central) R	ules,1950 for Payment of	Cash Benefit in the	Event of Death)				* Required Fields
Insured Person's Number: 312084118	84								
Name :*	TEST NOMINEE	]			Relationship with I.P :*	Spouse	*		
Address of Nominee					-				
Address :*	TEST	]			State:*	Andhra Pradesh	*		
		]			District :*	East Godawari	<b>~</b>		
		]			Pin Code:*		110040		
Phone No.:	-				Mobile No.:	91 -			
Is Nominee a Family Member :	● Yes ○ No								
Type of Proof:	Aadhaar	<b>v</b>			Type of Proof:	Please Select	<b>v</b>		
6. Proof of Evidence:	Choose File No file chose Note:Document type allowed pd Note:Max size of the documents	en Upload f, jpg & jpeg. should be 200KB.	Adhar.pdf <u>Remove</u>		7. Proof of Evidence2 :	Choose File No file Note:Document type allow Note:Max size of the docu	chosen ved pdf, jpg & jpeg. iments should be 200KB	Upload	
I Hereby Declare that the Statemen	t Given Above is Correct to the	Best of My Knowledge and Bel	ief. I Also Undertake to Intin	nate Changes.					
The reference number 31229130000	1 has been generated successfully	and pending for approval							
			C	lose					
		Request refere	ence number ated						

#### **Employee Edit Form**

Jser Login: 110000000000002			Wednesday, Septemi	er 07, 2022 4:58:16 PM	-
Employees Edit Form Insured Person Number: 1115104395 Please select details type to be edited					
O Dispensary Details O P	ersonal Details	O Address Details	O Nominee Details	mily Details	Bank Details
		Employee	- Dataila		
Freedows Name		Employee			
Employee Name:	GOUTHAM REDUT B		URID Number:	JK01.000000231	
Date of Birth :	30/09/1988		Regist	25/08/2022	
Dispensary Name :	Dispensary Azadpur	Select Details	type by		
Current Date of Appointment :	25/08/2022		nent :	25/08/2022	
Current Freedows		— clicking on Rad	lio button		
Current Employer	440000000000000000000000000000000000000		Freelous Employer		
Employer's Code No.:	110000000000000		Employer's Code No.:		
Date of Appointment:	25/08/2022		Previous Insurance No.:		
Name of the Employer:	Delhi test company		Name of the Employer:		
Address :	500		Address :		
	Bollaram				
	Alwal				
State:	Himachal Pradesh 🗸	·	State:*	Please Select 💙	
District:	Kangra 🗸		District:	Please Select 🗸	
SubDistrict:			SubDistrict:		
Village:			Village:		
Pin Code:	222222		Pin Code:		
Email	kpreddy4you@gmail.com		Email		
Phone No.:	222222 - 98	73991919	Phone No.:		
Mobile No.:	91 949	0989677	Mobile No.:	91 -	
Have Previous Employer:	🔾 Yes 🔘 No				

#### **Employee Edit Form \_ Family details**

Add Family Particulars Of Insur	ed Person											*Required Fields
Insured Person's Number: 11151	04395											
Active Family Details												
No active family details												
Add/Undate Family Particulars												
Name*	Date of Birth*		Delationeh	in with the Employee*		Whether Desiding with Him /	Him / Her? If No State Place of Residu			of Desidence		Statue
Name	Date of Difti		Relational	ip with the Employee		Whether Residing with thin /						Status
TEST FM 1	24/11/2016	Minor dependant	son	✓ Male	<b>v</b>	🔍 Yes 🔘 No		Please Select	<b>v</b>	Please Select	<b>~</b>	Active 🗸
	^				Add							
Type of Proof:*			Please Select	~								
Proof of Evidence1:		N	Choose File No lote:Document type lote:Max size of the	file chosen allowed pdf, jpg & jpeg documents should be	Upload g. 200KB.							
Type of Proof:			Please Select	~								
Proof of Evidence2 :	Upload g. 200KB.	After entering family particulars click on Add										
I Hereby Declare that the State	ment Given Above i	s Correct to the Be	st of My Knowledge	and Belief. I Also Und	ertake to Intimate Changes.							
					Submit Close							

### **Employee Edit Form \_ Family details**

Add Family Particulars Of Insured F	Person										*Required i	
Insured Person's Number : 111510439	5											
Active Family Details												
Edit		Name*	Date of Birth*	Relationship with the Employee		Whether Residing with Him / Her?	State	District		Active		
Edit		TEST FM 1	24/11/2016	Minor depen	dant son	Yes		-		Yes		
Add/Update Family Particulars												
Name*	Date of Birth*	Relationship w		Whether Resid	ding with Him / Her?	If No,	State Place of	f Residence		Status		
		Please Select	~		0	Yes 🔘 No	Please Select	<b>~</b>	Please Select	~	Active 🗸	
Add												
Type of Proof:*		Please Select	×									
Proof of Evidence1:		Please Select Aadhaar N Driving License	ji 11	peg. be 200KB.	ad							
Type of Proof:		PAN Card										
Proof of Evidence2 :	Ration Card N Voter ID N BPL Certificate	ji	Upload Select Proof Type									
I Hereby Declare that the Statemen	t Given Above is Corre	ct to the Bes Death Certificate	U	Undertake to Intimate Changes.*								
		Passbook/Cheque	book	Submit	Close							

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for Payment of Cash Benefit in the Event of Death)												
Insured Person's Number: 111510439	5											
Name :*	TEST NOMINEE	Relationship with I.P :*	Spouse 🗸									
Address of Nominee												
Address :*	TEST	State:*	Andhra Pradesh 🗸									
		District :*	East Godawari 🗸									
		Pin Code:*	110040									
Phone No.:	·	Mobile No.:	91 -									
Is Nominee a Family Member :	● Yes ○ No											
Type of Proof:	Aadhaar 🗸	Type of Proof:	Please Select V									
6. Proof of Evidence:	Choose File No file chosen Upload Adhar.pdf <u>Remove</u> Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	7. Proof of Evidence2 :	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.									
I Hereby Declare that the Statemen	t Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*											
	Click here to select Declaration	Click On Update										

### **Employee Edit Form \_ Family details**

Add Family Particulars Of Insured I	Person											*Required Fields
Insured Person's Number: 111510439	95											
Active Family Details					Delational	hin with the	Whathar Desiding					
Edit		Name*	[	Date of Birth* Employee*		iip with the	with Him / Her?	State	District		Active	
<u>Edit</u>		TEST FM 1	2	24/11/2016	Minor deper	ndant son	Yes		-		Yes	
Add/Update Family Particulars												
Name*	Rela	Relationship with the Employee*			Whether Res	iding with Him / Her?	lf No, S	If No, State Place of Residence				
		Please Select		~		0	Yes 🖲 No	Please Select	•	Please Select	<b>~</b>	Active 🗸
	1					Add						
Type of Proof:*		Aadhaar		<b>v</b>								
		Choose File No file	le chosen	Uple	oad Adha	ar.pdf Remove						
Proof of Evidence1:*		ote:Document type allowed pdf, jpg & jpeg. ote:Max size of the documents should be 200KB.										
Type of Proof:		Please Select		<b>v</b>								
		Choose File No file	le chosen	Uple	oad							
Proof of Evidence2 :		Note:Document type all	lowed pdf. ipg 8	& ipeg.								
		Note:Max size of the do	ocuments shoul	ld be 200KB.								
Thereby Declare that the Statemen	t Given Above is Co	rect to the Best of My K	Knowledge and	Belief. I Also Unde	ertake to Inti	mate Changes.*						
					Submit	Close						
	C	lick here to s	select									
							Click On	Cubmit				
		Declaratio	on					Submit				
				-								

#### **Employee Edit Form \_ Family details**

Add Family Particulars Of Insured Person	*Required Fields
Insured Person's Number: 1115104395	
Active Family Details	

No active family details

Add/Update Family Particulars												
Name*	Date of Birth*	Relationship with the Employee*			W	hether Residing with	Him / Her?	lf	Status			
		Please Sele	Please Select V				🔾 Yes 🔘 N	lo	Please Select	~	Please Select V	Active 🗸
Add												
Type of Proof:*		Aadhaar		<b>~</b>								
Proof of Evidence1:		Choose File No file chosen Upload Adhar.pdf Remove										
		Note:Max size of the documents should be 200KB.										
Type of Proof:		Please Sele	ct	<b>v</b>								
		Choose File	No file chosen		Upload							
Proof of Evidence2 :		Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.										
I Hereby Declare that the Statement	t Given Above is Co	rect to the Best	of My Knowledge and	Belief. I Also	o Undertake t	o Intimate Ch	nanges.*					
The reference number 312291300002	has been generated	successfully and p	ending for approval.									
	Close											

Request reference number

generated

#### **Employee Edit Form**

User Login: 110000000000002	000000002 Wednesday, September 07, 2022 4:58:18 PM						
Employees Edit Form							
Insured Person Number: 1115104395							
Please select details type to be edited	-		-				
O Dispensary Details	Personal Details	O Address Details	O Nominee Details	Family D	etails	Bank Details	
		Employe	ee Details				
Employee Name:	GOUTHAM REDDY B		UHID Number :		JK01.000000231		
Date of Birth :	30/09/1988		Registration Date :		25/08/2022		
Dispensary Name :	Dispensary Azadpur		Disability Select Details t				
Current Date of Appointment :	25/08/2022		First Date Select Details t	.ype by	25/08/2022		
		Details of t	he Employ clicking on Radio	o button			
Current Employer			Previous Emproyer	button			
Employer's Code No.:	110000000000002		Employer's Code No.:				
Date of Appointment:	25/08/2022		Previous Insurance No.:				
Name of the Employer:	Delhi test company		Name of the Employer:				
Address :	500		Address :				
	Bollaram						
	Alwal						
State:	Himachal Pradesh	/	State:*		Please Select V		
District:	Kangra	/	District:		Please Select 🗸		
SubDistrict:			SubDistrict:				
Village:			Village:				
Pin Code:	222222		Pin Code:				
Email	kpreddy4you@gmail.com		Email				
Phone No.:	222222 - 94	873991919	Phone No.:		-		
Mobile No.:	91 94	90989677	Mobile No.:		91 -		
Have Previous Employer:	🔾 Yes 💿 No						

#### **Employee Edit Form \_ Bank Details**

Bank Details of Insured Person					* Required Fields
IP Number:	1115104396		IP Name:	Nune Anja Reddy	
IFSC Code : IDIB000J028	Search				
Every Insure Person should have unique Bank	Int Number.				
Attested & Signed by Employer copy of the front	page of commentat iss	sued by Bank or the 1st 2 pages of passbook sho	owing the Name of the Account Holder, Accou	int Number, Bank Name, Bank Branch, IFSC Nu	mber should be uploaded here.
It shall be the responsibility of the Employer to pr unique Bank Account Number.	rovide the correct Ban	ints of the Employee to prevent legal and	administrative consequences in case of wrong	g or fraudulent entry. It is recommended that en	ach Insured Person should have
	Туре	IFSC Code in Text Box click			
		on Search			

#### **Employee Edit Form \_ Bank Details**

Bank Details of Insured Person				* Required Fields		
IP Number:	1115104396		IP Name:	Nune Anja Reddy		
IFSC Code :* IDIB000J028	Search					
	Bank Detai	ls of Insured Person				
Bank Name :"	INDIAN BANK	Branch Name:*	J P NAG	AR III.		
Account Number:*	76543456786	IFSC :"	IDIB000J028			
MICR Code:	345	Account Type:"	Savings	~		
Document:	Browse No file selected. Upload Note:Document type allowed pdf, jpg & jpeg. Maximum Size is 200 KB for uploading documents.					
Submit Reset Close						
Every Insure Person should have u	nique Bank Account Number.					
Attested & Signed by Employer cop	py of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passboo	ok showing the Name	Account Holder, Account Number, Ba	nk Name, Bank Branch, IFSC Number should be uploaded here.		
It shall be the responsibility of the I unique Bank Account Number.	Employer to provide the correct Bank Credentials of the Employee to prevent legal	I and administrative cons	equence	entry. It is recommended that each insured Person should have		
			Click on Submit			

#### **Employee Edit Form \_ Bank Details**

Bank Details of Insured Perso	in -	- * Required Fields
IP Number:	1115104396	IP Name: Nune Arga Reddy
IFSC Code # ID(8000,028	Search	
		esicstaging.esic.in
Bank Name :*	INDIAN BANK	Bank details added successfully
Account Number:*	76543456786	IDIB000J028
MICR Code:	345	
Document:	Browse No file selected. Note:Document type allowed pdf, jpg & jper Maximum Size is 200 KB for uploading	locuments.
		Submit Reset Close
Every Insure Person should have Attested & Signed by Employer	e unique Bank Account Number. copy of the front page of cheque leaflet issue	by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder. Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.

It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each insured Person should have unique Bank Account Number.

## LDC/UDC Login

Version 1.2 Last Revised On : 08-09-2022

### User Login through <u>myesic.esic.in</u>/gateway.esic.in





We at ESIC commit to help our employees by ensuring availability of information we Enter user name iality Please Login with and integrity of data.	ith your credentials
Login Instructions	traiuser
Please use your user credentials to Sign In.	Forgot Password
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)	. o.get i aconora
ESIC IT Service Desk Helpline Click on Log In Button	ement Department
ContractManager Primaveraweb DSRPRO	

Web Portal- <u>ithelpdesk</u> Send mail to <u>Centralservicedeskin@esic.in</u> with Subject Line (New Incident) Call to VoIP Helpline : 7001

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#### **Select Location & Facility**







Home	Applications	ERP Application	s Repo	s Analytics	Change Password	ord 🗧 LOGOU
	Document Mana	gement System				
ESIC News	Health Information	on System	Circu	ars		Industry News
» Role of ESIC	Insurance		>> Circ	» Circulars from HQRS. Office		>> ESIC's PG institute from next year
Announceme	ents	Click	here <mark>elat</mark> e	d Links		Reference Documents
>> Annexure - I)	X.doc		» http	/esic.nic.in		>> Dhanwantri
» Annexures -	X-XI.pdf		>> http	/india.gov.in		>> Pragati-ERP
>> Annexures.p	df		>> http	/mohfw.nic.in		» Pragati-Insurance
» JOB CARD OF ADMINISTRATIVE OFFICERS		>> http	/whoindia.org		» ESIC Manuals	
>> Circular.pdf			>> http	» http://esicdelhi.org.in		» Information Security
Read More >>					» kno	now more

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#### **Select Location & Role**



Location and Role Selection		Select Location
User Location : BO-Ajmeri Gate	~	
User Role : LDC/UDC at Branch Office	~	
		Select User Role
Submit		
	Click on Su	bmit

#### **Insurance Homepage \_\_Registration**



#### **Registration \_ Edit Employee details workflow List**

E Er	SIC mployees' State Insur	ance Corporation						Insurance
User Login:	Superintendant Manian					Thursday, September 08, 202 0	2 5:38:12 PM	6 0 Q B
		My Work	Registration 🔻	Benefits 🔻	Revenue 💎	Recovery	Others 💎	
Employee Details Ta	asks Pending For Approval	yee veidils						
Tasks Assigned	1115104205	Tasks Assigned		08/00/2022	Assigned Date	Pandina	Status	
2	1115104398			07/09/2022		Pending		
				244.030000000		e en activ		
	,		CI	ick on Task Id Hyperlink				

Employee > Employee IP Approval					
Employees Edit IP Approval			* Required Fields		
IP Number: 1115104395					
Select Type:	IP Details				
Existing Partie	IP Details Bank Details	New Particulars			
Dispensary Details : Reference ID 112291200005					
For IP:		Select Details type			
O Dispensary IMP O mEUD	DiagnosisThree	Dispensaly China Incod	Narela, DL (ESIC Disp.)		
For Family:					
O Dispensary IMP O mEUD	DiagnosisThree	Dispensary O IMP O mEUD	Azadpur, DL (ESIC Disp.)		
LDC/UDC Remarks: *	TEST				
	//				
BM Remarks:					
I have carefully examined the uploaded documents.					

Forward to BM Close

Employees Edit IP Approval				* Revived Fields	
Diease select appropriate check how for appr	oving the change			required ritera	
ID Number: 1115104395	oring the change				
Select Type:	IP Details				
Select Type.			New Deutleyleys		
	Existing Particulars		New Particulars		
Personal Details: Reference ID 112	229800004				
Is IP Disabled:	No	Is IP Disabled:	No		
Type of Disability:	NA	Type of Disability:	NA		
Certificate:		Certificate:			
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B	Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		
Name of Guardian:	wrqwer	Name of Guardian:	Father		
Date of Birth:	30/09/1988	Date of Birth:	30/09/1988		
Marital Status:	Married	Marital Status:	Married		
Gender:	M	Gender:	M		
UAN Number:		UAN Number:			
Proof Type :	PAN Card	Proof Type :	NA		
		Document 1:	Click here to View Document		
		Document 2:			
Dispensary Details : Reference ID	11229700003				
For Family: Dispensary IMP OmEUD	Bangarupalyam, AP (ESIS Disp.) Type ren	narks n <sub>sary</sub> O IMP O mEUD	Undavalli, AP (ESIS Disp.)		
LDC/UDC Remarks:	TEST DA			Click here to view	
BM Remarks: •				attached document	
C thave carefully examined the uploaded documents.					
Click on Checkbox					
			Jetans type		

Employees Edit ID Approval			
	·		* Required Fields
Please select appropriate check box for appro	oving the change		
IP Number: 1115104395			
Select Type:	IP Details V		
	Existing Particulars		New Particulars
Personal Details: Reference ID 112	229800004		
Is IP Disabled:	No	Is IP Disabled:	No
Type of Disability:	NA	Type of Disability:	NA
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B	Name / Name as per Aadhaar Records:	GOUTHAM REDDY B
Name of Guardian:	wrqwer	Name of Guardian:	Father
Date of Birth:	30/09/1988	Date of Birth:	30/09/1988
Marital Status:	Married	Marital Status:	Married
Gender:	M	Gender:	M
UAN Number:		UAN Number:	
Proof Type :	PAN Card	Proof Type :	NA
		Document 1:	Click here to View Document
		Document 2:	
Dispensary Details : Reference ID	11229700003		
For Family: Dispensary IMP OmEUD	Bangarupalyam, AP (ESIS Disp.)	Dispensary     IMP     mEUD	Undavalli, AP (ESIS Disp.)
LDC/UDC Remarks:	TEST DA		
BM Remarks: *	TEST BM		
I have carefully examined the uploaded defined the statement of the sta	ocuments.		
Note: 1: The competent authority in ESIC office sha 2: Any subsequent changes in the Personal d	II use discretion on the basis of merit of the case either to approve line- letails and Family details of Insured Person will be forwarded to RO/SRC	item wise or in bulk by selecting checkboxes a D for approval. Other details will be approved at	s appropriate. I Branch Office level.
	Forward/Approve Rei	Close	
		Click here to	o form
		request to	BM

User Login:	Superintendant Manian				Thursday, September 08, 2022 ( 0	6:03:59 PM	🙆 🕘 🍳 🔂
	My Work	Registration v	Benefits 🔻	Revenue 🔻	Recovery	Others	•
Submission Succ	ess						
IP details change request successfully Submitted to BM.							

## **Branch Manager Login**

Version 1.2 Last Revised On : 08-09-2022

### User Login through <u>myesic.esic.in</u>/gateway.esic.in





We at ESIC commit to help our employees by ensuring availability of information with Enter user name taility Please Login with and integrity of data.	ith your credentials
Login Instructions	raiuser
Please use your user credentials to Sign In.	Forgot Password
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)	. olget i deonola
ESIC IT Service Desk Helpline Click on Log In Button	ement Department
Image: ContractManager           Primaveraweb           DSRPRO	

Web Portal- <u>ithelpdesk</u> Send mail to <u>Centralservicedeskin@esic.in</u> with Subject Line (New Incident) Call to VoIP Helpline : 7001

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#### **Insurance Homepage \_\_Registration**



#### **Registration \_ Edit Employee details workflow List**

(	My Work	Registration v	Benefits	Revenue	F	lecovery	Others 🔻
Employee Task De	tails> List of Tasks Pending for employ	yee details					
Employee Details	Tasks Pending For Approval						
Tala Assistant	T			And and Date			04 days
lasks Assigned	1115104305	ks Assigned	08/00/2022	Assigned Date		Pending	Status
2	1199900090		06/09/2022			Pending	
			Click on Task Id				
			Hyperlink				

Employees Edit IP Approval			* Required Fields
Please select appropriate check box for appr	oving the change		
IP Number: 1115104395			
Select Type:	IP Details V		
	IP Details	1	
	Bank Details		
	Existing Particulars		New Particulars
Personal Details: Reference ID 112	229800004		
Is IP Disabled:	No	Select Details type	No
Type of Disability:	NA	Type of Disability:	NA
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B	Name / Name as per Aadhaar Records:	GOUTHAM REDDY B
Name of Guardian:	wrqwer	Name of Guardian:	Father
Date of Birth:	30/09/1988	Date of Birth:	30/09/1988
Marital Status:	Married	Marital Status:	Married
Gender:	M	Gender:	M
UAN Number:		UAN Number:	
Proof Type :	PAN Card	Proof Type :	NA
		Document 1:	Click here to View Document
		Document 2:	
LDC/UDC Remarks:	TEST DA		
	//		
BM Remarks: •	TEST BM REMARKS		
I have carefully examined the uploaded d	ocu ats.		
Note: 1: The competent authority in ESIC office	use discretion on the basis of merit of the case either to approve line.	item wise or in bulk by selecting checkboxes a	s appropriate
2: Any subsequent changes in the Person	etails and Family details of Insured Person will be forwarded to RO/SRO	O for approval. Other details will be approved a	t Branch Office level.
	Anarous	last Close	
Type Remarks	Approve	Cluse	

Employees Edit IP Approval				* Required Fields		
Please select appropriate check box for appro	oving the change					
IP Number: 1115104395						
Select Type:	IP Details 🗸					
	IP Details		1			
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	Existing Particulars			New Particulars		
Personal Details: Reference ID 112	229800004					
Is IP Disabled:	No		Is IP Disabled:	No		
Type of Disability:	NA		Type of Disability:	NA		
Certificate:			Certificate:			
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		
Name of Guardian:	wrqwer		Name of Guardian:	Father		
Date of Birth:	30/09/1988		Date of Birth:	30/09/1988		
Marital Status:	Married		Marital Status:	Married		
Gender:	М		Gender:	M		
UAN Number:			UAN Number:			
Proof Type :	PAN Card		Proof Type :	NA		
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			Document 2:			
LDC/UDC Remarks:	TEST DA		Click on Approve			
BM Remarks: •	TEST BM REMARKS					
Lhave carefully examined the uploaded de	ocuments.					
Note: 1: The competenc pythority in ESIC office sha 2: Any subsequent charges in the Personal d	Il use discretion on the basis of n letails and Family details of Insure	nerit of the case either to approve line ad Person will be forwarded to PersRO	kem wise or in bulk by selecting checkboxes a of or approval. Other details will be approved at	s appropriate. Branch Office level.		
Approve Reject Close						
		Version 1.2 Last Rev	BM will be given approval for 3rd time request will be forwa officer as shown in next slide	First 2 request of specific details type, arded to RO/SRO level to Benefit Branch		

Employees Edit IP Approval				* Required Fields		
Please select appropriate check how for appr	oving the change					
IP Number: 1115104395						
Select Type:	IP Details					
Server ()per	Evicting Particulars			New Particulars		
_	Existing Falticulars			New Falliculars		
Personal Details: Reference ID 112	229800004					
Is IP Disabled:	No		Is IP Disabled:	No		
Type of Disability:	NA		Type of Disability:	NA		
Certificate:			Certificate:			
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		
Name of Guardian:	wrqwer		Name of Guardian:	Father		
Date of Birth:	30/09/1988		Date of Birth:	30/09/1988		
Marital Status:	Married		Marital Status:	Married		
Gender:	М		Gender:	M		
UAN Number:			UAN Number:			
Proof Type :	PAN Card		Proof Type :	NA		
			Document 1:	Click here to View Document		
			Document 2:			
Dispensary Details : Reference ID	11229700003					
For Family: Dispensary    IMP    mEUD	Bangarupalyam, AP (ESIS Disp.)		Dispensary O IMP O mEUD	Undavalli, AP (ESIS Disp.)		
LDC/UDC Remarks:	TEST DA					
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Forward/Approve Reject Close						
	Select declaration		Click on Forward/App	rove		
	checkbox					

## Benefit Branch Officer Login at RO/SRO

### User Login through <u>myesic.esic.in</u>/gateway.esic.in





We at ESIC commit to help our employees by ensuring availability of information with Enter user name taility Please Login with and integrity of data.	ith your credentials
Login Instructions	raiuser
Please use your user credentials to Sign In.	Forgot Password
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)	. olget i deonola
ESIC IT Service Desk Helpline Click on Log In Button	ement Department
Image: ContractManager           Primaveraweb           DSRPRO	

Web Portal- <u>ithelpdesk</u> Send mail to <u>Centralservicedeskin@esic.in</u> with Subject Line (New Incident) Call to VoIP Helpline : 7001

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Announceme	ents	Click	k here	elated Li	nks				Reference Documents	
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#### **Select Location & Role**



#### **Insurance Homepage \_\_Registration**



#### **Registration \_ Edit Employee details workflow List**

User Login:	Superintendant Manian				Thursday, September 08, 2022 7 0	45:32 PM 🚹 🕘 🔍 📸			
	My Work	Registration v	Benefits 🔹 🔻	Revenue 🔻	Recovery	Others v			
Employee Task De	Employee Task Details> List of Tasks Pending for employee details								
Employee Details	s Tasks Pending For Approval								
Tasks Assigned	Tack	e Assigned		Assigned Date		Statue			
1 1	<u>1115104395</u>	s Assigned	08/09/2022	Assigned Date	Pending	Status			
		Cli	ck on Task Id Hyperlink						

Employees Edit IP Approval						
oving the change						
IP Details						
IP Details	-					
Bank Details						
Existing Particulars		New Particulars				
29800004	Select Details type					
No	Is IP Disabled:	No				
NA	Type of Disability:	NA				
	Certificate:					
GOUTHAM REDDY B	Name / Name as per Aadhaar Records:	GOUTHAM REDDY B				
wrqwer	Name of Guardian:	Father				
30/09/1988	Date of Birth:	30/09/1988				
Married	Marital Status:	Married				
M	Gender:	M				
	UAN Number:					
PAN Card	Proof Type :	NA				
	Document 1:	Click here to View Document				
	Document 2:					
TEST DA						
TEST Remarks						
TEST RO Approval	Enter Remarks					
ocuments.						
Note: 1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.						
	IP Details   IP Details   Bank Details   Existing Particulars   29800004   No   NA   GOUTHAM REDDY B   wrqwer   30/09/1988   Married   M   PAN Card   TEST DA   Itest Remarks   TEST RO Approval	IP Details         Existing Particulars         29800004       Select Details type         No       Is IP Disability:         Certificate:       GOUTHAM REDDY B         Na       Type of Disability:         GOUTHAM REDDY B       Name / Name as per Aadhaar Records:         wrqwer       Name of Guardian:         3009/1988       Date of Birth:         Married       Marital Status:         M       Gender:         UAN Number:       Proof Type :         Document 1:       Document 1:         Document 2:       TEST DA         TEST R0 Approval       Enter Remarks         ruments.       It use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes				

Approve Reject Close

Employees Edit IP Approval				1 December 2 Parts		
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Please select appropriate check box for app	roving the change					
IP Number: 1115104395						
Select Type:	IP Details V		-			
	Bank Details					
	Existing Particulars			New Particulars		
Personal Details: Reference ID 11	229800004		Select Details type			
Is IP Disabled:	No		IS IF DISADIEU.	No		
Type of Disability:	NA		Type of Disability:	NA		
Certificate:			Certificate:			
Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		Name / Name as per Aadhaar Records:	GOUTHAM REDDY B		
Name of Guardian:	wrqwer		Name of Guardian:	Father		
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Marital Status:	Married		Marital Status:	Married		
Gender:	М		Gender:	M		
UAN Number:			UAN Number:			
Proof Type :	PAN Card		Proof Type :	NA		
			Document 1:	Click here to View Document		
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LDC/UDC Remarks:	TEST DA					
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RO Remarks:-	TEST RO Approval					
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## **Thank You**