



- HOME
- ABOUT US
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- ACTS
- ESI SCHEMES
- TENDER
- DASHBOARD
- PUBLIC GRIEVANCE

### Health Passbook

User-friendly mechanism for beneficiary identification, recording of clinical findings and consultation advice by the Insurance Medical Practitioner(s)

#### Your Treatment Details at a Glance

- Small QR coded booklet with the credential of ESIC beneficiary having photograph affixed on the cover of the Health Passbook duly attested by the Employer/ESIC Branch Manager
- Every family member of the Insured Person is entitled for a Health Passbook
- The Health Passbook is issued to each dependent member of the Insured Person

Click on Insured Person/Beneficiary

### Latest News & Events

Placeholder for news and events content.

- @
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- v
- in

- Employer Login
- Insured Person / Beneficiary**
- Insurance Medical Practitioner(IMP)
- mEUD
- ESIC Staff / Pensioner
- Lawyer

# IP Portal



Language/भाषा: English ▼

The Employees' State Insurance Act, 1948,  
An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.]

Insured Person / Beneficiary Login

Insured Person     ESI Staff

Username\*

Password\*

Captcha\*

Refresh

[Sign Up](#)

[Forgot Password](#)

[IP Portal](#) [Secure](#) [Login](#) [Help](#) [File](#)

Enter login credentials and  
click "Login" button

LOGIN



User ID 1199900090

Change Password



**Insured Person Details**

Language/भाषा: English

**Details**

Insured Person Name	Subbu a	Insurance Number	1199900090
UHID Number	MH01.0000000001	Date of Birth	03/01/1992
Dispensary Name	Dispensary Azadpur	Disability Type	-- N.A --
Dispensary For Family	Azadpur, DL (ESIC Disp.)	Registration Date	12/05/2015
First Date Of Appointment	01/01/2015	Current Date of Appointment	27/07/2022
Mobile Number	*****1738	Account Number	*****4747

**Insured Person**

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)

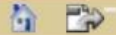
**Value Added S**

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#)

Click on this link to submit the Cash Benefit Claim Request



Login User: \*\*\*\*\*



List of Online Certificates uploaded by dispensary/hospital will be displayed here

Online Certificates

S.No	Number	Type	Sub Type	Date/Time of Generation	Request Claim
1	DUMMY000012200044	Maternity Benefit	Expected Confinement	7/27/2022 3:31:06 PM	<a href="#">Click here to raise request</a>

Click on this link in order to raise the claim request

टिप्पणी:

- 1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।
- 2- दावा अनुरोध जमा करने के लिए ऑनलाइन आवेदन केवल तभी किया जा सकता है जब यूएन(UAN) को सीड किया गया हो और बैंक विवरण ईएसआईसी शाखा कार्यालय द्वारा सत्यापित किया गया हो। यह एक बार की गतिविधि है। सहायता के लिए कृपया शाखा कार्यालय से संपर्क करें
- 3- इन प्रमाणपत्रों के खिलाफ ऑनलाइन दावा अनुरोध उत्पन्न किया जा सकता है, यदि पहले से अन्य माध्यमों/मीडिया के माध्यम से जमा नहीं किया गया है।

Footnote:

- 1- The claimant shall certify that the displayed Bank Credentials are correct and valid where the money could be transferred after successful verification of the claim.
- 2- Online application for Claim Request Submission can only be made if the UAN is seeded in ESIC records by the Employer/ESI Officer and the Bank Details have been verified by the ESIC Branch Office. This is an one-time activity. Please contact Employer / Branch Office for assistance in case of updation of Bank Details/ UAN



Login User: 1199900090



**Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)**

**Click on this link to view Maternity Certificate created by doctor**

**Insured Person's Particulars**

Insurance Number:*	1199900090	Name :	Subbu a
UAN Number:*	675433245677	ABHA :	
Date of Issue:	7/27/2022 3:31:06 PM	Name of Branch Office:*	BO - Ajmer Gate
Date of Expected Confinement :*	27/07/2022		<a href="#">Click to view Maternity Benefit Certificate Created by Doctor</a>
Mobile :*	9712781738		

**BANK DETAILS OF THE INSURED PERSON AS PER RECORDS**

Bank Name:*	ICICI BANK LIMITED	Account Number:*	8437463764747
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I hereby agree to the following-

1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as shown above) with effect from \*

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the  . I have drawn maternity benefit only upto

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User: 1199900090

**Maternity Certificate details**

**Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)**

Insured Person's Particulars

Insurance Number:\*

UAN Number:\*

Date of Issue:

Date of Expected Confinement:

Mobile :\*

Bank Name:\*

I hereby agree to the following

1- I, the above mentioned Insured Person,

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the  . I have drawn maternity benefit only upto

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

**FORM 18 - DOCTOR CERTIFICATE OF EXPECTED CONFINEMENT / CONFINEMENT / MISCARRIAGE**

<b>Certificate No.:</b>	DUMMY000012200044	<b>Hospital/Dispensary Name:</b>	test
<b>IP Number:</b>	1199900090	<b>IP Name:</b>	Subbu a
<b>Issue Date:</b>	7/27/2022 3:31:06 PM	<b>Doctor Name:</b>	Mr. Application L ONE
<b>Name of Husband:</b>	Sivaiah A	<b>Confinement Type:</b>	Expected Confinement
<b>Expected Date:</b>	27/07/2022	<b>Remarks by Medical Officer, If Any:</b>	

Close

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User : 1199900090



Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Insured Person's Particulars

Insurance Number	1199900090	Name :	Subbu a
UAN Number		ABHA :	N/A
Date of Issue		Name of Branch Office:*	BO - Ajmeri Gate
Date of Expected Confinement			<a href="#">Click to view Maternity Benefit Certificate Created by</a>
Mobile :*	9712781738		

IW need to click on the declaration checkbox to proceed further

Click on Submit button to submit the Claim Request.

BANK DETAILS OF THE INSURED PERSON

Bank Name: ICICI BANK LIMITED

I hereby agree to the following-

- 1- I, the above mentioned insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as per the certificate issued from \* 27/07/2022
- 2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
- 3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the [ ] . I have drawn maternity benefit only upto [ ]
- 4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।





Login User : 1199900090



Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Click on Yes button.

Insured Person's Particulars

Insurance Number:*	1199900090	M	Subbu a
UAN Number:*	675433245677		N/A
Date of Issue:	DO YOU REALLY WANT TO SUBMIT YOUR CLAIM REQUEST?		BO - Ajmeri Gate
Date of Expected Confinement :*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<a href="#">Click to view Maternity Benefit Certificate Created by Doctor</a>
Mobile :*	9712781738		

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

Bank Name:*	ICICI BANK LIMITED	Account Number:*	8437463764747
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I hereby agree to the following-

1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as shown above) with effect from \*

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the  . I have drawn maternity benefit only upto

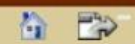
4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User : 1199900090



**Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)**

**Insured Person's Particulars**

Insurance Number:*	1199900090	Name :	Subbu a
UAN Number:*	675433245677	ARHA :	N/A
Date of Issue:	<b>MATERNITY BENEFIT CLAIM REQUEST HAS BEEN SUBMITTED SUCCESSFULLY!!!</b>		
Date of Expected Confinement :*			
Mobile :*	9712781738		BO - Ajmeri Gate <a href="#">Click to view Maternity Benefit Certificate Created by Doctor</a>

**BANK DETAILS OF THE INSURED PERSON AS PER**

Bank Name:*	ICICI BANK LIMITED	Ac
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I hereby agree to the following-

1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage.

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the . I have drawn maternity benefit only upto

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit Cancel

**Claim Request has been submitted successfully.  
Now click on Close button.  
This claim request will be displayed on Staff Portal**

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।

# **Staff Portal**



Welcome to ESIC Insurance

The Employees' State Insurance Act,  
1948  
"An Act to provide for certain benefits  
to employees in case of sickness,  
maternity and employment injury and to  
make provision for certain other matters  
in relation thereto."



**Login** \* Required Fields

User Name:\*

Password:\*

[Forgot Password](#)  
[Help Test](#)

**Staff User need to enter the valid login credentials  
and click on "Login" button**



क स बी नि  
**ESIC**

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

### Location and Role Selection

User Location :

User Role :

Select the Location and Role of the staff user  
and click on "Login" button



User Login: Superintendent Marian

0



My Work

Registration

Benefits

Revenue

Recovery

Others

REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer Registration



RECOVERY

This section has the Navigations through Different Phases of Recovery Process and Issue of C...



- Create a New Claim or Request
- Process a Claim or Request
- Upload Certificates
- Initiate Abstention Verification
- Upload Reply From VRC/AVTI
- Ledger Sheet
- Super Specialty Check
- Claim Acknowledgement
- IP Conflict Resolution
- Citizen's Charter Reports
- Update Bank Details
- View Children Details
- Claim Deletion Screen
- Cash Benefit Claim Requests
- Certificate Deletion Screen
- CovidAcknowledgement

Under the Benefit tab, click on "Cash Benefit Claim Request" to view the Cash Benefit Claim Requests submitted by IW (Insured Women)





User Login: Superintendent Manian

Wednesday, July 27, 2022 4:59:48 PM  
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Claim Requests

IP Number :

Claim Request Submission From Date :

Claim Request Creation To Date :

Search

Reset

List of Cash Benefit Claim Requests will be displayed here

Sr.No.	IP Number	IP Name	Certificate Number	Certificate Type	Certificate Issue Date	Claim Request Submission Date
1	<a href="#">1199900090</a>	Subbu a	DUMMY000012200044	Expected Confinement	27/07/2022	27/07/2022

Click on IP Number to view the submitted Claim Request details



User Login: Superintendent Manian

Wednesday, July 27, 2022 5:00:41 PM  
0



**My Work**

**Registration**

**Benefits**

**Revenue**

**Recovery**

**Others**

**Click on this link to view Maternity Certificate created by doctor**

**Claim Request Form**

**Insured Person's Particulars**

IP Number:*	1199900090	IP Name :	Subodh a
UAN Number:*	675433245677	ABHA :	
Issue Date of Certificate:*	27/07/2022	Name of Branch Office:*	BO - Alameda
Date of Expected Confinement :*	27/07/2022		<a href="#">Click to view Maternity Benefit Certificate Created by Doctor</a>
Mobile :*	9712781738		

**BANK DETAILS OF THE INSURED PERSON AS PER RECORDS**

Bank Name:*	ICICI BANK LIMITED	Account Number:*	8437463764747
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**Declaration of Insured Person:**

- I hereby agree for the following-
- 1-I, the above mentioned Insured Woman, hereby claim Maternity Benefit that for expected confinement/ confinement /miscarriage (as shown above) with effect from 27/07/2022
- 2-I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
- 3-I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022
- 4-I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

**Proceed for Claim Creation**      Cancel





User Login: Superintendant Manian

Wednesday, July 27, 2022 5:00:41 PM



My Work

Registration

Benefits

Maternity Certificate details

Others

Claim Request Form

Insured Person's Particulars

IP Number:\* 1199900090 IP Name : Subbu a

UAN Number:\* FORM 18 - DOCTOR CERTIFICATE OF EXPECTED CONFINEMENT / CONFINEMENT / MISCARRIAGE

Issue Date of Certificate:\*

Date of Expected Confinement:

Mobile :\*

Bank Name:\*

Declaration of Insured Person

<b>Certificate No.:</b>	DUMMY000012200044	<b>Hospital/Dispensary Name:</b>	test
<b>IP Number:</b>	1199900090	<b>IP Name:</b>	Subbu a
<b>Issue Date:</b>	7/27/2022 3:31:06 PM	<b>Doctor Name:</b>	Mr. Application L ONE
<b>Name of Husband:</b>	Sivaiah A	<b>Confinement Type:</b>	Expected Confinement
<b>Expected Date:</b>	27/07/2022	<b>Remarks by Medical Officer, If Any:</b>	

Benefit Certificate Created by

I hereby agree for the following

1- I, the above mentioned Insured Person,

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022. I have drawn maternity benefit only upto 20/10/2022

4- I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

Close

Proceed for Claim Creation

Cancel



User Login: Superintendent Manian

Wednesday, July 27, 2022 5:00:41 PM  
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Claim Request Form

Insured Person's Particulars

IP Number:*	1199900090	IP Name :	Subbu a
UAN Number:*	675433245677	ABHA :	NA
Issue Date of Certificate:*	27/07/2022	Name of Branch Office:*	BO - Ajmeri Gate
Date of Expected Confinement :*	27/07/2022		<a href="#">Click to view Maternity Benefit Certificate Created by Doctor</a>
Mobile :*	9712781738		

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

Bank Name:*	ICICI BANK LIMITED	Account Number:*	8437463764747
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Declaration of Insured Person:

- I hereby agree for the following-
- 1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit that for expected confinement/ confinement /miscarriage (as shown above) with effect from 27/07/2022
  - 2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
  - 3- I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022
  - 4- I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

Proceed for Claim Creation

Cancel

Post verifying claim request details, Staff User (LDC/UDC) will follow the existing Claim Creation process by clicking on "Proceed for Claim Creation" button

**Thank You**