



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



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)


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





Employer Login


Insured Person /
Beneficiary


Insurance Medical
Practitioner(IMP)


mEUD


ESIC
Staff / Pensioner


Lawyer

Click on Employer Login

Employer Login Page



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
(Ministry of Labour and Employment, Government of India)



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

► Hindi

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the contrary, the same may be made on help-shramsuvudha@gov.in

We Are Migrating To One Unit One Identifier

Government of India plans to do away with all employer codes being issued by separate labour enforcement agencies such as ESIC, EPFO, O/O CIC(C) and DGMS etc by replacing them with new Labour Identification Number (LIN). Your unit has already been allotted a LIN and the same can be obtained online using <http://tinyurl.com/whatismylin> Please verify the information associated with your LIN before the current employer codes are rendered useless. The procedure to verify the information is given in <http://tinyurl.com/shramsuvudhahowto> For any support please contact help-shramsuvudha@gov.in

Enter Login details

Click on Login

Employer Login

Username/LIN

Password

Captcha *

[Sign Up](#) [Forgot password?](#)

LOGIN

[Username](#) [Check Password Policy](#)
[Common Registration Link For ESIC / EPFO](#)
[Unified ECR link for ESIC/EPFO](#)
[Manual for Employer and Employee](#)
[Registration through Portal](#)

Employer Homepage


Employer Login: 110000000000000002 (LIN No. 3465723645)



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

All the employers are requested to seed t

EMPLOYER

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

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 Number](#)
- [Upload Bank Account related Document of Insured Person](#)
- [Send Emails](#)
- [e-Pehchan Card](#)
- [List of Employees](#)

MONTHLY CONTRIBUTION

- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Modify Challan](#)
- [ViewContributionHistory](#)
- [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



ESIC
Employees' State Insurance Corporation

Insurance

Employer Login: 1100000000000002

Wed 7 Sep 2022, 4:56:40 PM

View Registered Employee Details * Required Fields

Search By

Employer Unit Type :	Main Unit	Employer's Code No. :	1100000000000002
Employee Insurance No. :	1115104395	Employer's Name :	
Employee's Name :		<input type="checkbox"/> Only Disabled Persons IP	

Enter IP Number

Click here

View Registered Employee details

Employer Login: 110000000000000002 Wed 7 Sep 2022, 4:56:40 PM

View Registered Employee Details * Required Fields

Search By

Employer Unit Type .:	Main Unit ▾	Employer's Code No. :	110000000000000002
Employee Insurance No. :	1115104395	Employer's Name :	
Employee's Name :		<input type="checkbox"/> Only Disabled Persons IP	

Details of Registered Employees

Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration	Status Of IP
<input checked="" type="radio"/>	1115104395	Goutham Reddy B	110000000000000002	Delhi test company	25/08/2022 03:43:05 PM	IP Alive

Total Number of Records:1

Select IP by clicking on
Radio button

Click on Edit

Employee Edit Form

User Login: 1100000000000002

Wednesday, September 07, 2022 4:58:16 PM

Employees Edit Form

Insured Person Number: 1115104395

Please select details type to be edited

Dispensary Details Personal Details Address Details Nominee Details Family Details Bank Details

Select Details type by clicking on Radio button

Employee Details

Employee Name:	GOUTHAM REDDY B	UHID Number :	JK01.0000000231
Date of Birth :	30/09/1988	Registration Date :	25/08/2022
Dispensary Name :		Disability Type :	
Current Date of Appointment :		First Date Of Appointment :	25/08/2022

Details of the Employer

Current Employer	Previous Employer
Employer's Code No.:	Employer's Code No.:
Date of Appointment:	Previous Insurance No.:
Name of the Employer:	Name of the Employer:
Address :	Address :
State:	State:
District:	District:
SubDistrict:	SubDistrict:
Village:	Village:
Pin Code:	Pin Code:
Email:	Email:
Phone No.:	Phone No.:
Mobile No.:	Mobile No.:
Have Previous Employer:	

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:	<input type="text" value="Delhi"/>	District:	<input type="text" value="New Delhi"/>
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	<input type="text" value="Narela, DL (ESIC Disp.)"/>	Address:	<input type="text" value="ESIC Dispensary, Narela, U-103, Vijay Nagar, Delhi, 110040, Phone:011-27285840"/>

Dispensary Or Imp or mEUD for Family:**

State:	<input type="text" value="Delhi"/>	District:	<input type="text" value="New Delhi"/>
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	<input type="text" value="Azadpur, DL (ESIC Disp.)"/>	Address:	<input type="text"/>

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for change in 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. *

Select dispensary from
Drop down

Employee Edit Form _Dispensary details

Edit Name and Dispensary Details

* Required Fields

Insured Person's Number : 1115104395

Dispensary Or IMP or mEUD for IP:*

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> 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
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> 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. *

Update

Click here to select
Declaration

Click here to select
Update

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:	<input type="text" value="Delhi"/>	District:	<input type="text" value="New Delhi"/>
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	<input type="text" value="Narela, DL (ESIC Disp.)"/>	Address:	<input type="text" value="ESIC Dispensary, Narela, U-103, Vijay Nagar, Delhi, 110040, Phone:011-27285840"/>

Dispensary Or Imp or mEUD for Family:*

State:	<input type="text" value="Delhi"/>	District:	<input type="text" value="New Delhi"/>
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	<input type="text" value="Azadpur, DL (ESIC Disp.)"/>	Address:	<input type="text" value="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 pending for approval.

Close

Request reference number
generated

Employee Edit Form _Personal details

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M00yf9ywLUMK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&baseDb=JU...
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M00yf9ywLUMK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&b...

Edit Personal Details Of Insured Person * Required Fields

Insured Person's Number : 1115104395

1. IP Name :	<input type="text" value="Goutham Reddy B"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	---- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N...en"/> <input type="button" value="Upload"/>
3. Date of Birth :	<input type="text" value="30/09/1988"/>	4. Name of:	<input type="text" value="wrqwer"/>
5. Marital Status:	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
7. Date of Appointment:	<input type="text" value="25/08/2022"/>	6. Gender:	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
Type of Proof:	PAN Card	8. UAN Number:	<input type="text"/> <input type="button" value="Edit"/>
9. Proof of Evidence :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	Type of Proof:	---Please Select--- <input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I Hereby Declare that the Statement Given Above is True and Correct to the Best of My Knowledge and Belief. I Also Undertake to Report any Change.

Select file to choose

Select Proof type

Employee Edit Form _Personal details

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+BjskJ0mf0I8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&baseDb=JU...
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+BjskJ0mf0I8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&b...

Edit Personal Details Of Insured Person * Required Fields

Insured Person's Number : 1115104395

1. IP Name :	<input type="text" value="Goutham Reddy B"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	---- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N...en"/> <input type="button" value="Upload"/>
3. Date of Birth :	<input type="text" value="30/09/1988"/>	4. Name of:	<input type="text" value="Father"/>
5. Marital Status:*	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
7. Date of Appointment:*	<input type="text" value="25/08/2022"/>	6. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
Type of Proof:*	PAN Card	8. UAN Number:*	<input type="text"/> <input type="button" value="Edit"/>
	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> PAN CARD.pdf Remove	Type of Proof:*	---Please Select---
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> PAN CARD.pdf Remove <small>Note:Document type allowed pdf, jpeg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Click here to "Upload" file

Edit required field

Employee Edit Form _Personal details

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M00yf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&baseDb=JU...
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M00yf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&b... Required Fields

Edit Personal Details Of Insured Person

Insured Person's Number : 1115104395

1. IP Name :	<input type="text" value="Goutham Reddy B"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	---- Please Select ----	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N...en"/> <input type="button" value="Upload"/>
3. Date of Birth :	<input type="text" value="30/09/1988"/>	4. Name of :	<input type="text" value="Father"/>
5. Marital Status:	Married	6. Gender:	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
7. Date of Appointment:	<input type="text" value="25/08/2022"/>	8. UAN Number:	<input type="text"/> Edit
Type of Proof:	PAN Card	Type of Proof:	---Please Select---
9. Proof of Evidence :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> PAN CARD.pdf Remove <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Click here to select
Declaration

Click here to
Update

Employee Edit Form _Personal details

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&baseDb=JU...
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q%3d%3d&emprCode=hghEYsg+Bjsk0mf0l8v0M88udYT4o8w&flagDb=5vmQrXZYNN0%3d&b...

Edit Personal Details Of Insured Person * Required Fields

Insured Person's Number : 1115104395

1. IP Name : *	<input type="text" value="Goutham Reddy B"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	<input type="text" value="--- Please Select ---"/>	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N...en"/> <input type="button" value="Upload"/>
3. Date of Birth : *	<input type="text" value="30/09/1988"/>	4. Name of	<input type="text" value="Father"/>
5. Marital Status:*	<input type="text" value="Married"/>	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
7. Date of Appointment:*	<input type="text" value="25/08/2022"/>	6. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
Type of Proof:*	<input type="text" value="PAN Card"/>	8. UAN Number:*	<input type="text"/> <input type="button" value="Edit"/>
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> PAN CARD.pdf Remove <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

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.

Request reference number
generated

Employee Edit Form

User Login: 1100000000000002

Wednesday, September 07, 2022 4:58:16 PM

Employees Edit Form

Insured Person Number: 1115104395

Please select details type to be edited

Dispensary Details **Personal Details** Address Details Nominee Details Family Details Bank Details

Employee Details

Employee Name:	GOUTHAM RE...	UHID Number :	JK01.0000000231
Date of Birth :	30/09/1988	Registration Date :	25/08/2022
Dispensary Name :	Dispensary Azadpur	Validity Type :	
Current Date of Appointment :	25/08/2022	Date Of Appointment :	25/08/2022

Select Details type by clicking on Radio button

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	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 - 9873991919	Phone No.:	
Mobile No.:	91 - 9490989677	Mobile No.:	91 -
Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Employee Edit Form _Personal details

https://esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q==&emprCode=hghEYsg+BjskJ0mf0I8v0M88udYT4o8w&flagDb=5vmQrXZYNN0=&baseDb=JUGm1Rbj4...
esicstaging.esic.in/ESICInsurance1/Employee/EmpePersonalDetails.aspx?ipNumber=+M0Oyf9ywLUmK92JulvF+Q==&emprCode=hghEYsg+BjskJ0mf0I8v0M88udYT4o8w&flagDb=5vmQrXZYNN0=&baseDb=J...

Edit Personal Details Of Insured Person

* Required Fields

Insured Person's Number : 1115104395

1. IP Name :	<input type="text" value="Goutham Reddy B"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	---- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> N...en <input type="button" value="Upload"/>
3. Date of Birth :	<input type="text" value="30/09/1988"/>	4. Name of:	<input type="text" value="wrqwer"/>
5. Marital Status:	Married	6. Gender:	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
7. Date of Appointment:	<input type="text" value="25/08/2022"/>	8. UAN Number:	<input type="text"/> Edit
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
9. Proof of Evidence :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

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 **1122980004** has been generated successfully and pending for approval.

Employee Edit Form

User Login: 1100000000000002

Wednesday, September 07, 2022 4:58:16 PM

Employees Edit Form

Insured Person Number: 1115104395

Please select details type to be edited

Dispensary Details Personal Details Address Details Nominee Details Family Details Bank Details

Employee Details

Employee Name:	GOUTHAM REDDY B	UID Number:	JK01.0000000231
Date of Birth:	30/09/1988	Registration Date:	25/08/2022
Dispensary Name:	Dispensary Azadpur		
Current Date of Appointment:	25/08/2022		25/08/2022

Select Details type by clicking on Radio button

Details of the

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	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 - 9873991919	Phone No.:
Mobile No.: 91 9490989677	Mobile No.: 91 -
Have Previous Employer: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Employee Edit Form _ Address details

Edit Address Details Of Insured Person * Required Fields			
Insured Person's Number : 1115103996			
1. Present Address			
Address :*	<input type="text" value="TEST NAME"/>	Pin Code:	<input type="text"/>
	<input type="text" value="cvbc"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>
State:*	<input type="text" value="Delhi"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="9160387668"/> Edit
District:*	<input type="text" value="New Delhi"/>		
<input checked="" type="checkbox"/> Copy Present Address to Permanent Address			
2. Permanent Address			
Address :*	<input type="text" value="TEST NAME"/>	Pin Code:	<input type="text"/>
	<input type="text" value="cvbc"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="9160387668"/>
State:*	<input type="text" value="Delhi"/>	Email:	<input type="text"/>
District:*	<input type="text" value="New Delhi"/>		
Type of Proof:	<input type="text" value="Aadhaar"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.			
<input type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Update Changes.*			
<small>* The OTP will remain valid for 20 minutes. * You are allowed to generate OTP maximum 3 times. * After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours. * Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.</small>			
<input type="button" value="Update"/>		<input type="button" value="Close"/>	

After updating details,
Upload documents

Employee Edit Form _ Address details

Edit Address Details Of Insured Person				* Required Fields	
Insured Person's Number : 1115104395					
1. Present Address					
Address :*	TEST NAME	Pin Code:			
	cvbc	Phone No.:			
		Email:			
State:*	Delhi	Mobile No.:	91	9160387668	Edit
District:*	New Delhi				
<input checked="" type="checkbox"/> 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---		
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>		
	Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.		Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.		
<input checked="" type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*					
<small>* The OTP will remain valid for 20 minutes. * You are allowed to generate OTP maximum 3 times. * After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours. * Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.</small>					
<input type="button" value="Update"/> <input type="button" value="Close"/>					

Click here to select
Declaration

Click On Update

Employee Edit Form

User Login:

1100000000000002

Wednesday, September 07, 2022 4:58:16 PM

Employees Edit Form			
Insured Person Number: 1115104395			
Please select details type to be edited			
<input type="radio"/> Dispensary Details	<input type="radio"/> Personal Details	<input type="radio"/> Address Details	<input checked="" type="radio"/> Nominee Details
<input type="radio"/> Family Details	<input type="radio"/> Bank Details		
Employee Details			
Employee Name:	GOUTHAM REDDY B	UHID Number :	JK01.0000000231
Date of Birth :	30/09/1988	Registration Date :	25/08/2022
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.:	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	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 - 9873991919	Phone No.:	
Mobile No.:	91 - 9490989677	Mobile No.:	91 -
Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Select Details type by clicking on Radio button

Employee Edit Form _ Nominee details

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)

* Required Fields

Insured Person's Number : 3120841184

Name :*	TEST NOMINEE	Relationship with I.P. :*	Spouse
Address of Nominee		State:*	Andhra Pradesh
Address :*	TEST	District :*	East Godawari
		Pin Code:*	
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> Adhar.pdf <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>
<input type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
		<input type="button" value="Update"/>	<input type="button" value="Close"/>

After updating details,
Upload documents

Employee Edit Form _ Nominee details

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)

* Required Fields

Insured Person's Number : 1115104395

Name :*	TEST NOMINEE	Relationship with I.P. :*	Spouse
Address of Nominee		State :*	Andhra Pradesh
Address :*	TEST	District :*	East Godawari
		Pin Code :*	110040
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	Aadhaar	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>
<input checked="" type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			

Click here to select Declaration

Click On Update

Employee Edit Form _ Nominee details

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)

* Required Fields

Insured Person's Number : 3120841184

Name **	TEST NOMINEE	Relationship with I.P **	Spouse
Address of Nominee		State**	Andhra Pradesh
Address **	TEST	District **	East Godawari
		Pin Code**	110040
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	Aadhaar	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove <i>Note:Document type allowed pdf, jpg & jpeg.</i> <i>Note:Max size of the documents should be 200KB.</i>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg & jpeg.</i> <i>Note:Max size of the documents should be 200KB.</i>

I Herely 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 **312291300001** has been generated successfully and pending for approval

Close

Request reference number
generated

Employee Edit Form

User Login: 1100000000000002

Wednesday, September 07, 2022 4:58:18 PM

Employees Edit Form

Insured Person Number: 1115104395

Please select details type to be edited

Dispensary Details Personal Details Address Details Nominee Details Family Details Bank Details

Employee Details

Employee Name:	GOUTHAM REDDY B	UHID Number :	JK01.0000000231
Date of Birth :	30/09/1988	Registration :	25/08/2022
Dispensary Name :	Dispensary Azadpur	Registration Date :	
Current Date of Appointment :	25/08/2022	Registration Date :	25/08/2022

Select Details type by clicking on Radio button

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 Bollaram Alwal	Address :	
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 - 9873991919	Phone No.:	
Mobile No.:	91 - 9490989677	Mobile No.:	91 -
Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

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*	Whether Residing with Him / Her?	If No, State Place of Residence	Status
TEST FM 1	24/11/2016	Minor dependant son Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	---Please Select---	Active

Add

Type of Proof: ---Please Select---

Proof of Evidence1:

Choose File No file chosen

Upload

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof: ---Please Select---

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.*

Submit

Close

After entering family particulars
click on Add

Employee Edit Form _ Family details

Add Family Particulars Of Insured Person

*Required F

Insured Person's Number : 1115104395

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 dependant son	Yes	-	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Add

Type of Proof:	---Please Select---	Upload
Proof of Evidence1:	---Please Select---	Upload
Type of Proof:	Aadhaar	Upload
Proof of Evidence2 :	Driving License	Upload
	PAN Card	Upload
	Passport	Upload
	Ration Card	Upload
	Voter ID	Upload
	BPL Certificate	Upload
	Birth Certificate	Upload
	Death Certificate	Upload
	Passbook/Chequebook	Upload

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge.

Undertake to Intimate Changes.*

Submit Close

Select Proof Type

Employee Edit Form _ Nominee details

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)

* Required Fields

Insured Person's Number : 1115104395

Name :*	TEST NOMINEE	Relationship with I.P. :*	Spouse
Address of Nominee		State :*	Andhra Pradesh
Address :*	TEST	District :*	East Godawari
		Pin Code :*	110040
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	Aadhaar	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i>
<input checked="" type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			

Click here to select Declaration

Click On Update

Employee Edit Form _ Family details

Add Family Particulars Of Insured Person

*Required Fields

Insured Person's Number : 1115104395

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 dependant son	Yes	-	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	Active

Add

Type of Proof:	<input type="text" value="Aadhaar"/>
Proof of Evidence1:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> Adhar.pdf Remove <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>
Type of Proof:	<input type="text" value="---Please Select---"/>
Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Submit

Close

Click here to select
Declaration

Click 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*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Add

Type of Proof:*

Proof of Evidence1:* No file chosen Adhar.pdf [Remove](#)

Note:Document type allowed pdf, jpg & jpeg.
Note:Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 : No file chosen

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 **312291390002** has been generated successfully and pending for approval.

Close

Request reference number
generated

Employee Edit Form

User Login: 1100000000000002

Wednesday, September 07, 2022 4:58:18 PM

Employees Edit Form			
Insured Person Number: 1115104395			
Please select details type to be edited			
<input type="radio"/> Dispensary Details <input type="radio"/> Personal Details <input type="radio"/> Address Details <input type="radio"/> Nominee Details <input type="radio"/> Family Details <input checked="" type="radio"/> Bank Details			
Employee Details			
Employee Name:	GOUTHAM REDDY B	UHID Number :	JK01.0000000231
Date of Birth :	30/09/1988	Registration Date :	25/08/2022
Dispensary Name :	Dispensary Azadpur	Disability	
Current Date of Appointment :	25/08/2022	First Date	25/08/2022
Details of the Employer			
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	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 - 9873991919	Phone No.:	
Mobile No.:	91 9490989677	Mobile No.:	91 -
Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Select Details type by clicking on Radio button

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 Account Number.
Attested & Signed by Employer copy of the front page of checkbook or passbook issued 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 Details 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.

Type IFSC Code in Text Box click
on Search

Employee Edit Form _ Bank Details

Bank Details of Insured Person * Required Fields

IP Number: IP Name:

IFSC Code :

Bank Details of Insured Person			
Bank Name :*	<input type="text" value="INDIAN BANK"/>	Branch Name:*	<input type="text" value="J P NAGAR"/>
Account Number:*	<input type="text" value="76543456786"/>	IFSC :*	<input type="text" value="IDIB000J028"/>
MICR Code:	<input type="text" value="345"/>	Account Type:*	<input type="text" value="Savings"/>
Document:	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>		
<small>Note: Document type allowed pdf, jpg & jpeg. Maximum Size is 200 KB for uploading documents.</small>			
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Close"/>			

Every Insure Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued 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.

Click on Submit

Employee Edit Form _ Bank Details

Bank Details of Insured Person

* Required Fields

IP Number: 1115104396 IP Name: Nure Anja Reddy

IFSC Code : IDIB000J028 Search

Bank Name :- INDIAN BANK J P NAGAR

Account Number: 76543456786 IDIB000J028

MICR Code: 345

Document: Browse... No file selected. Upload

Note: Document type allowed pdf, jpg & jpeg.
Maximum Size is 200 KB for uploading documents.

esicstaging.esic.in
Bank details added successfully
OK

Submit Reset Close

Every Insure Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued 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

User Login through myesic.esic.in/gateway.esic.in



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information with confidentiality and integrity of data.

Enter user name
and Password

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In Button

ESIC IT Service Desk Helpline



For related Issues Please contact IT Service Desk by using below m

Web Portal- ithelpdesk

Send mail to Centralservicedeskin@esic.in with Subject Line (New Incident)

Call to VoIP Helpline : 7001

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Property Management Department

ContractManager
Primaveraweb
DSRPRO

© 2010 ESIC. All Rights Reserved.

All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Select Location & Facility



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation Welcome, SHAURYA KUMAR

English (United States) हिंदी (भारत)



Home	Applications	ERP Applications	Reports	Analytics	Change Password	LOGOUT
----------------------	------------------------------	----------------------------------	-------------------------	---------------------------	---------------------------------	--------

ESIC News

- Document Management System
- Health Information System
- Insurance**

» Role of ESIC

Circulars

» Circulars from HQRS. Office

Industry News

» ESIC's PG institute from next year

Announcements

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

Read More >>

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Click here

Site maintained by ESIC. Designed and Developed by CMS Computers LTD. Copyright © 2021, ESIC, India. All Rights Reserved.

Select Location & Role



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Location and Role Selection

User Location :

User Role :

Select Location

Select User Role

Click on Submit

Insurance Homepage _Registration



My Work

Registration

Benefits

Revenue

Recovery

Others

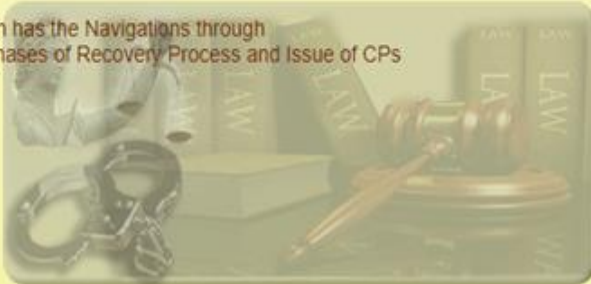
REGISTRATION

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 CPs



BENEFITS

This section has the Navigations through all Medical and Cash Benefits



REVENUE

This section has the Navigations through Different Phases in Revenue



- Edit Employee Details
- Edit Employee Details Workflow
- Raise a Request for Loss Of ID
- View Duplicate Card Status

Click here

Registration _ Edit Employee details workflow List



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee Task Details> List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1115104398	08/09/2022	Pending
2	1115104398	07/09/2022	Pending

Click on Task Id
Hyperlink

Registration _ Employee edit IP Approval

Employee > Employee IP Approval

Employees Edit IP Approval

* Required Fields

IP Number: 1115104395

Select Type:

IP Details
IP Details
Bank Details

Existing Particulars

New Particulars

Dispensary Details : Reference ID 112291200005

For IP: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	DiagnosisThree	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Narela, DL (ESIC Disp.)
For Family: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	DiagnosisThree	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Azadpur, DL (ESIC Disp.)
LDC/UDC Remarks: *	TEST		
BM Remarks:			

Select Details type

I have carefully examined the uploaded documents.

Forward to BM Close

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type:

Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details : Reference ID 11229800004			
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:	
<input type="checkbox"/> Dispensary Details : Reference ID 11229700003			
For Family:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD
	Bangarupalyam, AP (ESIS Disp.)		Undavalli, AP (ESIS Disp.)
LDC/UDC Remarks:	<input type="text" value="TEST DA"/>		
BM Remarks: -	<input type="text"/>		
<input type="checkbox"/> I have carefully examined the uploaded documents.			

Type remarks

Click here to view attached document

Click on Checkbox

Select Details type

Registration _ Employee edit IP Approval

Employees Edit IP Approval		* Required Fields	
Please select appropriate check box for approving the change			
IP Number: 1115104395			
Select Type:	IP Details		
Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details : Reference ID 11229800004			
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:	
<input checked="" type="checkbox"/> Dispensary Details : Reference ID 11229700003			
For Family:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD
	Bangarupalyam, AP (ESIS Disp.)		Undavalli, AP (ESIS Disp.)
LDC/UDC Remarks:	TEST DA		
BM Remarks: *	TEST BM		
<input checked="" type="checkbox"/> I have carefully examined the uploaded documents.			
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.			
2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.			

Forward/Approve Reject Close

Click here to form
request to BM

Registration _ Employee edit IP Approval

User Login: Superintendent Manian

Thursday, September 08, 2022 6:03:59 PM
0



My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

SubmissionSuccess

IP details change request successfully Submitted to BM.

Branch Manager Login

User Login through myesic.esic.in/gateway.esic.in



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information with confidentiality and integrity of data.

Enter user name
and Password

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In Button

ESIC IT Service Desk Helpline



For related Issues Please contact IT Service Desk by using below m

Web Portal- ithelpdesk

Send mail to Centralservicedeskin@esic.in with Subject Line (New Incident)

Call to VoIP Helpline : 7001

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Property Management Department

ContractManager
Primaveraweb
DSRPRO

© 2010 ESIC. All Rights Reserved.

All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Select Location & Facility



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation Welcome, SHAURYA KUMAR

English (United States) हिंदी (भारत)



Home	Applications	ERP Applications	Reports	Analytics	Change Password	LOGOUT
-------------	---------------------	-------------------------	----------------	------------------	------------------------	---------------

ESIC News

- Document Management System
- Health Information System
- Insurance**

» Role of ESIC

Circulars

» Circulars from HQRS. Office

Industry News

» ESIC's PG institute from next year

Announcements

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

Read More >>

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Click here

Site maintained by ESIC. Designed and Developed by CMS Computers LTD. Copyright © 2021, ESIC, India. All Rights Reserved.

Select Location & Role



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Location and Role Selection

User Location :

User Role :

Select Location

Select User Role

Click on Submit

Insurance Homepage _Registration

User Login: Superintendent Manian 0

My Work **Registration** **Benefits** **Revenue** **Recovery** **Others**

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

- Edit Employee Details Workflow
- e-Pehchan Card
- Health Passbook
- Update Mobile Number of the Insured Person
- Search IP by Account /Mobile/UAN Number
- Generate ABHA Number

BENEFITS
This section has the Navigations through all Medical and Cash Benefits

RECOVERY
This section has the Navigations through Different Phases of Recovery Process and Issue of CPs

REVENUE
This section has the Navigations through Different Phases in Revenue

Click here



Registration _ Edit Employee details workflow List

My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

Employee Task Details> List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1115104395	08/09/2022	Pending
2	1199900090	06/09/2022	Pending

Click on Task Id
Hyperlink

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type: IP Details ▼

- IP Details
- Bank Details

Existing Particulars **New Particulars**

Personal Details: Reference ID 11229800004

Is IP Disabled:	No	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:	wrqrw	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:	<input style="width: 100%;" type="text" value="TEST DA"/>		
BM Remarks: *	<input style="width: 100%;" type="text" value="TEST BM REMARKS"/>		

Select Details type

Type Remarks

I have carefully examined the uploaded documents.

Note:
1: The competent authority in ESIC office may use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.
2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Approve Reject Close

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type: IP Details ▼
IP Details
Bank Details

Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details: Reference ID 11229800004			
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:	wrqrw	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 documents.

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.
2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Approve Reject Close

Select declaration
checkbox

Click on Approve

BM will be given approval for First 2 request of specific details type ,
3rd time request will be forwarded to RO/SRO level to Benefit Branch
officer as shown in next slide

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type:

Existing Particulars	New Particulars
----------------------	-----------------

Personal Details: Reference ID **11229800004**

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: <input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Bangarupalyam, AP (ESIS Disp.)	<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Undavalli, AP (ESIS Disp.)
LDC/UDC Remarks:	<input type="text" value="TEST DA"/>		
BM Remarks: *	<input type="text" value="TEST BM"/>		

I have carefully examined the uploaded documents.

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.
2: Any subsequent change in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Select declaration checkbox

Click on Forward/Approve

Benefit Branch Officer Login at RO/SRO

User Login through myesic.esic.in/gateway.esic.in



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information with confidentiality and integrity of data.

Enter user name and Password

Login Instructions



Please use your user credentials to Sign In.
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In Button

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

ESIC IT Service Desk Helpline



For related Issues Please contact IT Service Desk by using below m

Property Management Department

ContractManager
Primaveraweb
DSRPRO

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

© 2010 ESIC. All Rights Reserved.
All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Select Location & Facility



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation Welcome, SHAURYA KUMAR

English (United States) हिंदी (भारत)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

ESIC News

- Document Management System
- Health Information System
- Insurance**

» Role of ESIC

Circulars

» Circulars from HQRS. Office

Industry News

» ESIC's PG institute from next year

Announcements

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

Read More >>

Click here

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Site maintained by ESIC. Designed and Developed by CMS Computers LTD. Copyright © 2021, ESIC, India. All Rights Reserved.

Select Location & Role



कर बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Location and Role Selection

User Location :

User Role :

Select Location

Select User Role

Click on Submit

Insurance Homepage _Registration

My Work

Registration

Benefits

Revenue

Recovery

Others

REGISTRATION

This section has the Navigations
Different Phases of Employee / E



- Register New Employees
- Update Employer Details
- Edit Employee Details
- Edit Employee Details Workflow**
- e-Pehchan Card
- Change IP Status on Death
- View Employer Master Register
- View Code Allotment Register
- View Watch Over Register
- View SubUnits
- Change Employer Status
- Submit ESIC-53
- Task Details
- List of Employers/Subunit/Form 3
- Employer Details Report
- View C11
- Generate Employer Details Report
- Pehchan Follow Up
- View Pehchan Status
- View Late Registered IP Details

Click here

BENEFITS

This section has the Navigations through all
Medical and Cash Benefits



RECOVERY

This section has the Navigations
Different Phases of Recovery Pro



REVENUE

This section has the Navigations through
Different Phases in Revenue



Registration _ Edit Employee details workflow List

User Login: Superintendent Manian

Thursday, September 08, 2022 7:45:32 PM
0



My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

[Employee Task Details](#)> List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1115104395	08/09/2022	Pending

Click on Task Id
Hyperlink

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type: IP Details ▼
IP Details
Bank Details

Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details: Reference ID 11229800004 Select Details type			
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:	
LDC/UDC Remarks:	<input type="text" value="TEST DA"/>		
BM Remarks: -	<input type="text" value="TEST Remarks"/>		
RO Remarks:-	<input type="text" value="TEST RO Approval"/>		

I have carefully examined the uploaded documents.

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.

Registration _ Employee edit IP Approval

Employees Edit IP Approval * Required Fields

Please select appropriate check box for approving the change

IP Number: 1115104395

Select Type: IP Details ▼
IP Details
Bank Details

Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details: Reference ID 11229800004			
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:	
LDC/UDC Remarks:	<input type="text" value="TEST DA"/>		
BM Remarks: -	<input type="text" value="TEST Remarks"/>		
RO Remarks:-	<input type="text" value="TEST RO Approval"/>		

I have carefully examined the uploaded documents.

Note:
1: The competent authority in the office of the user should have the authority to approve the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.

Select Details type

Click on Approve

Select declaration checkbox



Thank You