

Brief Note in respect of working of ESI Scheme in.....Region as on 31.03.2024

A-Brief Write Up on ESI Scheme in the Region.

- Brief write up should summarize the details/information in the whole Brief Note.
- It should include **updated information** relating to Notification under Section 1(3) and Section 1(5); Statistical ESI Infrastructure status of Branch office availability; Primary, secondary and Tertiary Care and Medical care in the Region.
- Updated Status of the Formation of the State ESI Society.
- Pending issues with the State including planned projects
- Historical perspective should be restricted to only one para(if any).
- Coverage of districts under PMJAY

B-Establishment

Name & Address of Regional Office Telephone No. /Fax No. & VOIP No./ Mobile No./Official E-mail ID/Web site of RD	
Name(s) & Address(s) of Sub-Regional Office(s), if any. Telephone No. /Fax No. & VOIP No./ Mobile No./Official E-mail ID/Web site of JD(I/C), if any.	
Total number of Branch Office in the Region:	(Furnish the details in form of Annexure-2 , Region/SRO/Div.Office- wise separately.)

C- Updated Information regarding State Government.

1	Name, address & telephone, fax, Official E-mail ID and Mobile number of the Chairman, Regional Board.	
2	Name, address, Official E-mail ID & telephone including fax number of the, Principal Secretary/Addl. Chief Secretary, Labour /Health (In charge of ESI Scheme in the State).	
3	Name, address, Official E-mail ID & telephone including fax number of the, Director, Health / Insurance Medical Service, ESI scheme in the State.	
4	Name, address, Official E-mail ID and telephone including fax number of the Chairman, State ESI Society (i.e. the Chief Secretary of the State), if State has consented to form.	
5	Name, address, Official E-mail ID and telephone including fax number of the CEO, State ESI Society.	

D-General Information in respect of the Region

Sr. No.	Information	Year 2022-23	Year 2023-24
1	Total no. of districts in the State		
2	Total no. of fully notified districts		
3	Total no. of Partially notified districts		
4	Total no. of non-implemented districts		
5	Number of Insured Persons*		
6	Number of Insured Women*		

7	Number of Employees*		
8	Number of Beneficiaries*		
9	Number of registered Employers*		
10	Revenue Income of Region (in crores incl. Recovery)		
11	Amount of Revenue Recovery (in crores)		
12	Expenditure on Cash Benefits (in crores)		
13	Expenditure on Medical Benefits (in crores)		
14	Other Information, if any		

*As per data issued by Actuarial Branch, ESIC Hqrs. Office.

E-Information regarding Medical facilities.

A brief write up on the Medical Infrastructure/facility available in the State i.e. Primary, Secondary and Tertiary.

Sr.No.	Description	Remarks
1	Total Number of ESI Hospitals & Annexes run by the State Govts and ESIC Model Hospital in the State. (District wise) Hospitals = Annexes =	(Please furnish details of ESI Hospitals & Annexes run by State Govt alongwith Telephone, Fax, Mobile Numbers/Official E-mail ID/Website and addresses, if any of Medical Superintendents in Annexure-3A)
2	Total Number of ESI Hospitals Run by ESIC	(Please furnish details in Annexure-3B)
3	Total Number of ESI dispensaries in the State (Districts Wise)	(Kindly furnish complete addresses & details in Annexure-3C)
4.	Number of DCBO Sanctioned Number of DCBOs operationalised	(Kindly furnish complete addresses & details in Annexure-3D)
5.	Number of EUD/MEUD Sanctioned Number of EUD/MEUD operationalised	(Kindly furnish complete address & details in Annexure-3E)
6.	No. of IMP empaneled No of Modified IMP's empaneled	(Kindly furnish complete address & details in Annexure-3E)
7.	Numbers of Tie-up Hospitals	(Please furnish the list in Annexure-3F)

F-Functioning of various Bodies in the State

1.	Whether Regional Board is constituted. If Yes, date of meetings held along with total no. of meetings held so far.	Yes/No.
2.	Whether State Executive Committee has been formed. If Yes, date of meetings held along with total no. of meetings held so far.	Yes/No
3.	Whether State ESI Society has been formed in the State. If Yes, Details of notification & date from which it is effective, otherwise specify status as on date.	Yes/No
4.	Whether Local Committees are Constituted. If Yes, total no. of Local Committee in existence(with details Districts wise)	

G-Coverage of Establishment

Sr.N o	Coverage of Establishments	If Yes, date of Notification and from which it is effective; otherwise specify status as on date.
1.	Whether the threshold for coverage of establishments under section 1(5) of ESI Act in the State has been reduced to 10	
2.	Whether Educational Institutions are notified by the with State	
3.	Whether Medical Institutions are notified by the State	
4.	Whether Contract & Casual Workers of the Municipal Corporations Municipal Bodies are notified for coverage in the State.	
5.	a) Whether MoU, for medical benefit to IP and their families, between the State and ESIC has been signed. b) Status of applicability of State ESI Medical Benefit Rules.	

H – Information regarding Employees Insurance Court.

1	Total No. of E.I. Courts notified in the state along with address	
2.	Whether MAT is in existence in the state. If yes, details of the same and place of its location.	

I-Information regarding Projects under Construction in Region

Sr. No.	Name & description of Project in Brief	Estimated amount of Project	Estimated date of completion	Remarks, if any.
1				

J-Issues pending with the State Government, if any.

S.No.	Detail of action pending, if any, in brief.
	<ul style="list-style-type: none">• Medical Arrangements issues for notification u/s 1(3)• Formation of State ESI Society.• Pending construction projects.• Notification u/s 1(5) of ESI Acts.

K-Any suggestion/Issues that Regional Office would like to share with the Headquarters Office, if any.

Sr. No.	Detail of suggestion/issue, if any, in brief.

Encl: Annexures 1, 2, 3A, 3B, 3C, 3D, 3E, 3F, 4, 5 & 6

It is hereby declared that, I have verified the data and information provided in the Brief note. The details are consistent and true as per the records available.

Place:

Date:

(Regional Director)
ESIC Regional Office
Signatures of the Regional Director