



## **STANDARD NOTE ON EMPLOYEES' STATE INSURANCE SCHEME (As on 01.01.2022)**



The Employees' State Insurance Act, 1948 is a social security legislation that provides for medical care and cash benefit in the contingencies of sickness, maternity, disablement and death due to employment injury to workers.

### **1) General aspect of ESI Scheme**

#### **a) Coverage under ESI Act, 1948**

The ESI Act, 1948 applies to factories employing 10 or more persons. The provisions of the Act are being brought into force in district area-wise in stages. The Act contains an enabling provision under which the "appropriate government" is empowered to extend the provisions of the Act to class of establishments, industrial, commercial, agricultural or otherwise. Under these provisions, the State Governments have extended the provisions of the Act to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings, newspaper establishments, educational, medical institutions employing 10 or more employees. The Central Govt. has extended the coverage under Section 1(5) to Shops, Hotels, Restaurants, Road Motor Transport establishments, Cinema including preview theatres, Newspaper establishments, establishment engaged in Insurance Business, Non-Banking Financial Companies, Port Trust, Airport Authorities, Warehousing establishments employing 20 or more Persons. Thirty-one State Governments/UTs have reduced the threshold for coverage of shops and establishments to 10 or more persons. The employees of registered factories and establishments drawing wages up to Rs. 21000/- per month (Rs. 25,000/- for Persons with Disability) are covered under the Act. The status of coverage under ESI Act, 1948 as on 01-01-2022 is as under:

<b>SI No</b>	<b>Particulars</b>	<b>Details</b>
1.	No. of Districts in which ESI Scheme has been notified.	592
2.	No. of Districts fully notified under ESI Act, 1948	439
3.	No. of Districts partially notified under ESI Act, 1948	153
4.	No. of employers registered under ESI Act, 1948	14.82 Lakh
5.	No. of employees registered under ESI Act, 1948	2.47 Crore
6.	No. of Insured Persons covered	3.39 Crore
7.	No. of beneficiaries	13.16 Crore

General information regarding implementation of ESI Scheme is placed at **Annexure-I**.

#### **(b) Provision of Social Security for workers in the organised sector.**

The ESI Act covers workers in the organized sector. As on 31.03.2021, 2.47 crores employees are covered under the Employees' State Insurance Act covering 3.39 crores insured persons family entities with total 13.16 crores beneficiaries. The remaining workers in the organized

sector to which the ESI Act does not apply remain outside the social security umbrella inter-alia, due to the following reasons: -

- i. Employees of Central and State Govts. who are provided social protection under the rules of the respective Governments;
- ii. Employees of factories/establishments employing less than 10 persons.
- iii. Employees of factories/establishments situated in the non-implemented areas/districts where the ESI Scheme has not been notified so far.
- iv. Employees of seasonal factories;
- v. Employees drawing wages exceeding Rs. 21,000/- per month.
- vi. Employees of those category of establishments, which have not been notified by appropriate Govt. under Section 1(5) of ESI Act, 1948.

The employees employed in the organized sector and working in the smaller factories and establishments can be brought under the ESI Scheme gradually by lowering the threshold limit for coverage under the ESI Act. Likewise, the workers who are drawing wages above the wage limit of Rs. 21,000/- per month can be brought under the ambit of the ESI Scheme by enhancing the wage ceiling limit. More categories of Establishments can also be notified by "appropriate Government" for bringing them under the coverage of ESI Act, 1948.

### **(c) The ESI Act under the Code on Social Security, 2020:**

The ESI Act, 1948 along with 8 other Central Labour enactments, have been subsumed in the Code on Social Security, 2020 (Act 36 of 2020). The Code on Social Security, 2020 has not yet been implemented. The Central Govt. has notified the draft rules namely the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13.11.2020 for stakeholder consultation.

Benefits available under the ESI Act have been retained in the Code. Any member or beneficiary of the Social Security Code including under ESI Scheme would be required to seed their Aadhaar for seeking benefits as per provisions of Section 142 of the Code on Social Security.

In the Code of Social Security 2020, the coverage of the ESI scheme shall be extended pan India to all establishments employing 10 or more employees, as against the notified district/areas. However, contribution from employers and employees will be collected from the notified date when the benefits are provided by ESIC.

As per section 1(7) of the Code on Social Security, 2020 read with its First Schedule, provision for voluntary coverage of establishment with less than 10 persons has been incorporated. Coverage for plantations as an establishment, on opting by the employer has been provisioned in the Code. A major change has been brought in the coverage under ESI whereby as per the proviso of First Schedule of the Code (ibid), establishments engaged in hazardous or life-threatening occupation will have to cover every employee employed by them. The Central Govt. by notification shall notify the hazardous industries and life-threatening occupation.

Provision for special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code.

## **2) BENEFITS PROVIDED UNDER ESI SCHEME**

The section 46 of the ESI Act, 1948 envisages following six social security benefits: -

- a) Medical benefit
- b) Sickness benefit
- c) Maternity benefit
- d) Disablement benefit
- e) Dependants benefit
- f) Other cash benefits (Funeral Expenses, Confinement Expenses)

In addition to the above mentioned benefits, the scheme also provides some other need-based reliefs to insured persons. The details of the various benefits are as under. The eligibility conditions for various cash benefits is given at **Annexure-II**.

### **(i) MEDICAL BENEFIT**

The Employees' State Insurance Scheme provides comprehensive medical care in the form of medical attendance, treatment, drugs and dressings, specialist consultation and hospitalization to Insured Persons and also to their family. An Insured Person and Members of his family are entitled to medical benefits from the day of entry into insurable employment. Apart from the above there are also provisions for medical care to the IPs who cease to be in insurable employment due to permanent disablement, retirement on superannuation, Voluntary retirement as under: -

#### **(a) Medical Benefit to insured persons who ceases to be in insurable employment on account of permanent disablement:**

The Medical Benefit has been extended to permanently disabled insured person who ceased to be in insurable employment due to employment injury and his/her spouse with effect from 01.02.1991. This benefit is provided on payment of contribution by the IP at the rate of Rs.10 per month in lump sum for one year in advance till the date on which IP/IW would have vacated the employment on attaining the age of superannuation, had he not sustained such permanent disablement. This benefit is also be made available to widows of Insured Person, who were in receipt of dependent benefit, on payment of contribution as prescribed under Rule 60 till the date on which IP/IW would have vacated the employment on attaining the age of superannuation.

#### **(b) Medical Benefit to retired insured persons:**

Medical Benefit has also been extended to the insured persons and his spouse who retires on attaining the age of superannuation or retires under VRS or retires prematurely and who was in insurable employment for at least 5 years. This benefit is provided on payment of contribution by him at the rate of Rs.10/- per month in lump sum for one year in advance.

**The details about administration of Medical Benefit is given below in succeeding paragraph.**

### **(ii) SICKNESS BENEFIT**

- (a) Sickness Benefit represents periodical payments made to an insured person during the

period of certified sickness. To qualify for this benefit, contribution should have been paid / payable for at least 78 days in the relevant contribution period. The maximum duration of Sickness benefit is 91 days in two consecutive benefit periods. Sickness Benefit for the first two days of sickness is not paid in case of a spell of sickness following at an interval of not more than 15 days, the spell of sickness for which Sickness Benefits were last paid. The Sickness Benefit rate is 70% of the average daily wages of an insured person w.e.f. 01.07.2011.

- (b) After exhausting the Sickness Benefit payable upto 91 days, an insured person, if suffering from Tuberculosis/Leprosy, mental and malignant diseases or any other specified long-term disease, is entitled to Extended Sickness Benefit at a higher rate of 80% of average daily wage for a period of two years, provided he has been in continuous service for a period of 2 years or more in a factory or establishment to which the provisions of the Act applies and fulfills the contributory conditions. The list of these long-term diseases is constantly reviewed and 34 diseases are included presently. The Director General/Medical Commissioner have also been authorized to extend the benefit to Insured Persons suffering from other rare diseases.
- (c) Enhanced Sickness benefit at the rate full average daily wage is also provided to insured person eligible to sickness benefit, for undergoing sterilization operations for family planning, for upto 7 days in case of vasectomy and upto 14 days for tubectomy, the period being extendable in cases of post-operative complications etc.

### **(iii) MATERNITY BENEFIT**

Maternity Benefit implies periodical payment to an insured woman in case of confinement or miscarriage or sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage. This benefit is provided to the 'Insured woman' which means a woman who is or was an employee in respect of whom contribution is or were payable under the Act and who is by reason thereof entitled to any of the benefits provided under the Act and extended to a 'commissioning mother' who as biological mother wishes to have a child and prefers to get embryo implanted in any other woman and a woman who legally adopts a child of up to three months of age.

For entitlement to Maternity Benefit, the insured woman should have contributed for not less than seventy days in the immediately preceding two consecutive contribution periods with reference to the benefits periods in which the confinement occurs or it is expected to occur. The daily rate of benefit is 100% of average daily wage.

Maternity Benefit is payable for a maximum period of 26 weeks upto 2 surviving children in case of confinement of which not more than 8 weeks shall precede the expected date of confinement. Further maternity benefit is payable for 6 weeks in case of miscarriage and additional one month in case of sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage or medical termination of pregnancy. Maternity Benefit continues to be payable for the whole of the period if she dies leaving behind the child but if the child also dies during the said period then for the days upto and including the day of the death of the child.

Further that the insured woman shall be entitled to twelve weeks of maternity benefit

from the date the child is handed over to the **commissioning mother** after birth or to **adopting mother** as the case may be.

Furthermore, also that the insured woman having two or more than two surviving children shall be entitled to receive maternity benefit during a period of twelve weeks of which not more than six weeks shall precede the expected date of confinement.

#### **(iv) DISABLEMENT BENEFIT**

In case of temporary disability arising out of employment injury, disablement benefit is admissible to an IP for the entire period, so certified by the Insurance Medical Officer/Insurance Medical Practitioner for which the insured person does not work for wages. The cash benefit is not subject to any contributory conditions and is payable at a rate of 90% of the average daily wage. The temporary disablement benefit is however, not payable for an employment injury resulting in incapacity for less than three days excluding the date of accident. Where the disablement due to an employment injury results in permanent, partial or total loss of earning capacity, the periodical cash payments are made to the insured persons for life depending on the loss of earning capacity, as may be certified by a duly constituted Medical Board. The cash benefit rate is revised periodically to protect against erosion in the value of benefit due to inflation etc. subject to availability of funds.

However, commutation of periodical payment is permissible where the permanent disablement stands assessed as final and the daily rate of benefit does not exceed Rs.10/- per day, and where Benefit rate exceeds Rs.10/- per day but commuted value does not exceed Rs. 60,000/- at the time of the commencement of final award of his permanent disability.

#### **(v) DEPENDANTS' BENEFIT**

Periodical payments are paid to dependents of an insured person who dies as a result of employment injury. The widow & widowed mother receives monthly pension for life or until re-marriage. An amount equivalent to 3/5 of dependent benefit rate is payable to the widow. Widowed mother and each child also share among themselves an amount equivalent to 2/5<sup>th</sup> of the disablement benefit. Son get benefit till 25 years of age, provided, in case of infirmity, the benefit continues to be paid, till the infirmity lasts. Daughters are entitled to share dependents benefit till marriage. However, it is subject to the condition that the total dependents benefit distributed does not exceed, at any time, the full rate of disablement benefit. In case it exceeds the above ceiling; the share of each of the dependents is, proportionately reduced. In case the insured person does not leave behind any widow or child or widowed mother, the benefit is payable to other dependents. The periodical increases in amount of pension linked with the cost of living index is sanctioned from time to time to compensate for loss of real value. The minimum amount of the periodical monthly payment of Dependent benefit payable to all eligible dependents shall not be less than Rs.1200/- (Rs. One thousand to hundred only) w.e.f. 01.03.2012

#### **(vi) FUNERAL EXPENSES**

Funeral expenses are paid towards the expenditure on the funeral of a deceased insured person are reimbursed. The amount is paid either to the eldest surviving member of the family or in his absence to the person who incurs the expenditure on the funeral of the

deceased insured person. The amount of funeral expenses is Rs. 15000/-.

**Other need-based benefits/ reliefs:**

**(a) CONFINEMENT EXPENSES**

The scheme of medical bonus was introduced on 16.11.96 under Rule 56-A of the ESI (Central) Rules 1950. According to this Rule an insured woman and an insured person in respect of his wife shall be paid medical bonus on account of confinement expenses as prescribed and approved by the ESI Corporation, provided the confinement occurs at a place where necessary medical facilities under the Employees State Insurance Scheme are not available. Confinement expense are payable for two confinements only. Amount of medical Bonus under confinement expense is Rs.7500/-.

**(b) REHABILITATION ALLOWANCE**

Rehabilitation allowance is paid to the insured persons for each day on which they remain admitted in an Artificial limb center at double the Standard Benefit rate.

**(c) Conveyance Allowance to PDB Beneficiaries**

Under this Scheme, PDB beneficiaries are paid Rs. 100/- as conveyance allowance on their personal visit to Branch Office for submission of life certificate once in a year.

**(d) Rajiv Gandhi Shramik Kalyan YOJANA (RGSKY)**

Under Rajiv Gandhi Shramik Kalyan Yojana, which was introduced w.e.f. 01.04.2005, unemployment allowance is paid to the insured person for a maximum period of twenty four months (w.e.f. 06.09.2016) who has been rendered unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, in case contribution in respect of him/her have been paid or payable for a minimum of two years prior to the loss of employment. The Insured Person and his/her family is also entitled to medical care during this period. This allowance shall cease to be payable in case the Insured Persons gets re-employment or attains the age of superannuation or 60 years, whichever is earlier. Daily rate of Unemployment Allowance is 50% of average daily wages drawn by the IP/IW during the last four completed contribution periods, immediately preceding the date of unemployment for first 12 months and 25% of average wages of IP/IW for last 12 months.

**(e) Atal Beemit Vyakti Kalyan Yojana (ABVKY)**

The Atal Beemit Vyakti Kalyan Yojana is a welfare scheme of the Employees State Insurance Corporation, under which unemployed insured persons are provided cash relief for a period of maximum 90 days. The rate of relief initially was twenty-five per cent (25%) of the average daily earning of the claimant. The scheme came into force on 01.07.2018. It was initially implemented on a pilot basis for a period of two years. The scheme has since been extended twice by one year each time. The rate of relief has been enhanced from 25% to 50% of average daily yearning of the IP and eligibility conditions have been relaxed. To be eligible for relief under the scheme, the insured person must be in insurable employment for a minimum period of 12 months immediately before his/ her unemployment and should have contributed for not less than 78 days in the one completed contribution period in 12 months immediately preceding to unemployment.

### **3. AMENDMENTS IN THE E.S.I. ACT, 1948**

#### **a) The ESI Act under the Code on Social Security, 2020:**

The ESI Act, 1948 along with 8 other Central Labour enactments, have been subsumed in the Code on Social Security, 2020 (Act 36 of 2020). The Code on Social Security, 2020 has not yet been implemented. The Central Govt. has notified the draft rules namely the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13.11.2020 for stakeholder consultation.

Benefits available under the ESI Act have been retained in the Code. Any member or beneficiary of the Social Security Code including under ESI Scheme would be required to seed their Aadhaar for seeking benefits as per provisions of Section 142 of the Code on Social Security.

In the Code of Social Security 2020, the coverage of the ESI scheme shall be extended pan India to all establishments employing 10 or more employees, as against the notified district/areas. However, contribution from employers and employees will be collected from the notified date when the benefits are provided by ESIC.

As per section 1(7) of the Code on Social Security, 2020 read with its First Schedule, provision for voluntary coverage of establishment with less than 10 persons has been incorporated. Coverage for plantations as an establishment, on opting by the employer has been provisioned in the Code. A major change has been brought in the coverage under ESI whereby as per the proviso of First Schedule of the Code (ibid), establishments engaged in hazardous or life-threatening occupation will have to cover every employee employed by them. The Central Govt. by notification shall notify the hazardous industries and life-threatening occupation.

Provision for special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code.

#### **b) Sickness Benefit to the Insured Women who do not fulfill the required contributory conditions as they were availing Maternity Benefit:**

Rule 55 of ESI (Central) Rules, 1950 has been amended to provide Sickness Benefit to those IWs who do not fulfill the required contributory conditions for Sickness benefit i.e. minimum 78 days contribution in the relevant contribution period, as they were availing Maternity Benefit.

Now, an insured woman who is in receipt of maternity benefit and due to reason of which a shorter contribution period is available to her in the contribution period in which the maternity benefit falls, shall be qualified to claim sickness benefit in the corresponding benefit period if the contribution in respect of her was payable for not less than half the number of days available for working in such contribution period. **The amendment is effective from 20.01.2017.**

#### **4. ADMINISTRATION**

The Headquarters of ESI Corporation is located at New Delhi having 24 Regional Offices, and 39 Sub-Regional Offices throughout the country. 599 Branch offices for administration of cash benefits to Insured Persons & 80 Dispensary Cum Branch Offices (DCBO) have been established for administration of both cash and primary medical care to Insured Persons as on 01.01.2022.

The updated total sanctioned strength of officers (including Director General, Finance Commissioner and Chief Vigilance Officer) and staff in the Corporation is 20473 as on 01.01.2022 and as of the latest status. It does not include medical and para-medical and nursing staff and employees under the direct control of the State Governments.

The details of RO/SRO and DCBO is given at **Annexure- III**.

#### **5. FINANCE**

##### **(i) GENERAL ASPECT:**

The ESI Scheme is financed by contribution received from employers and employees. In accordance with the decision taken by ESI Corporation in its 175th Meeting held on 18.09.2018, the Hon'ble Chairman, ESIC had approved the proposal of rationalization of contribution income by reducing the combined rate of contribution equal to 4 percent of the wages payable to an employee out of which 3.25 percent being the employers' share and 0.75 percent being the employees' share in place of the existing 4.75 percent and 1.75 percent respectively. In pursuance of the decision, Rule 51 of the ESI (Central), Rules, 1950 has been amended by issue of Notification by Ministry of Labour and Employment. The amended provisions have come into effect from 1st July, 2019.

The expenditure on provision of medical care (except in Delhi and dispensaries in Noida, U.P. where the Scheme is directly administered by the Corporation) is shared between the Corporation and the concerned State Governments in the prescribed ratio of 7:1. The ESI Corporation in its 185th meeting held on 10.09.2021 revised the entire policy on "on account payment to State Government" and fixed the per capita ceiling of sharing expenditure with State Govts. u/s 58 (3) of ESI Act, 1948 at Rs. 3,000/- per Insured Person with enhanced ceiling of Rs. 2600/- per IP per annum an entitlement for medical care with a sub-ceiling of Rs. 1300/- under "Administration" head, Rs. 200 per IP per annum for incurring expenditure under Project Implementation Plan (PIP) and Rs. 200 per IP per annum on pro-rate basis based on extent of implementation of ESIC Dhanwantari module in State ESI hospitals & dispensaries during previous financial year. Additionally, ESIC gives funds to all states for preventive & promotive health services to the beneficiaries @Rs. 20/- per IP per annum and Rs. 200/- per IP per annum as an incentive for bed occupancy over 70% or more during last financial year in that State over and above the ceiling.

The details of Revenue Income and Expenditure of ESI Corporation for the FY' 2021-22 is given at **Annexure- IV**.

##### **(ii) INVESTMENT OF ESIC FUND THROUGH PORTFOLIO MANAGERS**

Prior to April 2019, ESIC was investing its surplus fund in Fixed Deposits of Public Sector Banks under Rule 27 of ESI (Central) Rules, 1950. For diversification in investment of ESIC surplus



fund and better returns, Portfolio Managers have been appointed by the ESIC. Portfolio Managers have been investing ESIC surplus fund in Govt. securities, AAA rated PSU bonds etc. as per approved investment policy w.e.f. 01<sup>st</sup> April 2019. Apart from Portfolio Managers, Custodian and External Concurrent Auditor (ECA) have also been appointed. ESIC has been able to earn an interest of 6.78 percent in Financial Year 2020-2021.

**The broad break up of investments made by ESIC as on 31.12.2021.**

	<b>(Rs. In crore)</b>
Govt. Security/Bonds/State Development Loan	74,219
AAA PSU Bonds+FD	23,425
Tri-Party Repo (TREOS), Short Term FD etc.	5,118
Special Deposit Account (SDA) with Govt. of India	18,182
<b>Total</b>	<b>1,20,944</b>

Up-to November, 2021 (Unaudited figures) ESIC received contribution of 9,714 Crore and incurred total expenditure of 9,363 Crore out of which 74 percent is medical expenditure & 12 percent is for cash and other benefits.

**6. (a) EXTENSION OF ESI SCHEME TO NEW AREAS OF EMPLOYMENT**

(i) Extension of ESI scheme to the New areas and new sectors of employment is a continuous process for which medical arrangement by State Govt. is a pre-requisite. The Corporation extends the scheme in phased manner as follows: -

- a. Periodical survey is conducted by the ESIC Regional Offices/Sub Regional Offices in non-implemented area to identify the area where scheme can be extended/notified. Once the concerned state Govt. arranges the primary and secondary care medical facilities, or makes a request to ESIC to arrange the medical facilities in new areas, on completion of such medical facilities, a notification is issued by the Central Govt. for implementation of scheme.
- b. The threshold for coverage of factories is 10 or more persons and State Govts. have reduced the threshold limit of coverage of establishment from 20 to 10 persons or more under Sec. 1(5) of ESI Act.
- c. The scheme has also been extended to the new sectors of employment viz. educational institutions and private medical institutions. As on 01.01.2022, 28 States/UTs have notified educational institutions whereas 27 States/UTs have notified Medical institutions. Notifying Municipal Corporations & Municipal bodies have also been taken up with the States. Assam, Bihar, Delhi, Goa, Haryana, Jharkhand, Manipur, Mizoram, Meghalaya have already notified the contract & casual employees of Municipal Corporation/bodies for coverage under ESI Scheme. The Central Govt. has accorded its approval under section 1(5) to all States for coverage of contract and casual employees of Municipal Corporations/ Municipal Bodies vide letter no S-38025/07/2021-SS-I dt. 09.06.2021. Hence the States can issue notification without seeking individual approval of Central Govt. for coverage of such employees.
- d. Scheme is not applicable to Plantations and Mines etc. as they are separately covered under the respective Acts.

- (ii) The following States/UTs have not notified educational & medical institutions as establishments coverable under ESI Act, 1948:

<b>Sl. No.</b>	<b>Educational Institutions</b>	<b>Medical Institutions</b>
1	Arunachal Pradesh	Arunachal Pradesh
2	Gujarat	Gujarat
3	Maharashtra	Maharashtra
4	Meghalaya	Meghalaya
5	Andaman & Nicobar Island	Andaman & Nicobar Island
6	Dadar and Nagar Haveli	Puducherry
7	Daman & Diu	Dadar and Nagar Haveli
8	Lakshadweep	Daman & Diu
9		Lakshadweep

#### **6(b) Formation of State Autonomous Body/Society by States**

The ESI Corporation in its 167<sup>th</sup> meeting approved the broad structure of State Autonomous Body and subsequently in the 172<sup>nd</sup> meeting of the Corporation, new structure of the State ESI Society has been approved, to be formed under section 58 of ESI Act, 1948. The States shall register the body as a Society as well as a Trust and ESIC shall release the fund directly to the bank account to the society. As on date, 19 States/UTs have consented to form the State ESI Society. Central Government has accorded approval for formation of society to seven States viz, Tamil Nadu, Chhattisgarh, Maharashtra, Nagaland, Tripura, Punjab & Arunachal Pradesh. Presently, ESI Societies are in operation in the States of Maharashtra, Chhattisgarh, Tripura and Himachal Pradesh. Fund transfer to these States are being made directly to the Bank Account of the Society.

Formation of State ESI Society shall give flexibility for the states to improve the medical benefit service delivery to the Insured Persons and the beneficiaries of the ESI Scheme by way of better Primary & Secondary Care.

#### **7. MEDICAL BENEFITS PROVIDED UNDER ESI SCHEME: -**

##### **A) General aspect:**

The Employees' State Insurance Scheme provides comprehensive medical care in the form of medical attendance, treatment, drugs and dressings, specialist consultation and hospitalization to Insured Persons and also to their dependants.

An Insured Person and his dependants are entitled to medical benefits from the day of entry into insurable employment. Insured Persons and their families are being provided medical care which includes outpatient care/ inpatient care, specialized medical care and super specialty medical care as per requirement of the patients. Besides, medical facilities under AYUSH i.e. Ayurveda, Yoga, Unani, Siddha and Homeopathy are also provided.

Medical care to beneficiaries is provided through a large infrastructure comprising Hospitals, Service Dispensaries, Dispensary-cum-Branch Offices (DCBOs), IMP clinics and tie-up arrangements with other health institutions. The range of medical services provided covers preventive, promotive, curative and rehabilitative services. In-patient services are provided through ESI Hospitals and through empanelment with private and Govt. hospitals.

**MEDICAL INFRASTRUCTURES OF ESIC/ESIS AT A GLANCE**

Total No. of ESI Hospitals	160
Hospitals run by ESI Corporation	50
Hospitals run by State Government	110
Total number of Dispensaries	1527(31.03.22)
Total number of DCBOs	76
Total number of ISM unit	350
Total number of Sanctioned beds in ESIC/ESIS hospitals	25776
Total number of Commissioned beds in ESIC/ESIS hospitals	19836
Total number of Doctors	8626
Total number of IMPs	1003

The list of hospitals being run by ESIC on its own & by State Governments under ESI Scheme is as under:

**i) LIST OF HOSPITALS DIRECTLY RUN BY ESIC**

<b>S.No</b>	<b>STATE</b>	<b>NAME OF THE HOSPITAL</b>	<b>BED SANCTIONED</b>	<b>BED COMMISSIONED</b>
1	Assam	Beltola	50	50
2	Bihar	Phulwari sharif	100	50
3	Bihar	Bihta	330	330
4	Chandigarh (UT)	Chandigarh	100	70
5	Chattisgarh	Raipur	100	50
6	Chattisgarh	Korba	100	50
7	Delhi	Basaidarapur	1000	600
8	Delhi	Jhilmil	300	250
9	Delhi	Okhla	500	305
10	Delhi	Rohini	300	280
11	Gujarat	Bapu Nagar, Ahmedabad	300	264
12	Gujarat	Naroda	100	50
13	Gujarat	Vapi	100	75

14	Gujarat	Ankleshwar	100	100
15	Haryana	Gurgaon	200	150
16	Haryana	Manesar	100	100
17	Haryana(Med. Collage)	Faridabad	510	510
18	Himachal Pradesh	Baddi	100	100
19	Jammu	Bari Brahma	100	50
20	Jharkhand	Namkum, Ranchi	200	50
21	Jharkhand	Adityapur	100	50
22	Karnataka	Rajajinagar, Bangalore	750	500
23	Karnataka	Peenya	150	150
24	Karnataka	Gulbarga	470	470
25	Kerala	Asramam, Kollam	250	212
26	Kerala	Udyogmandal	100	80
27	Kerala	Ezhukone	150	150
28	Madhya Pradesh	Indore	300	300
29	Maharashtra	Andheri, Mumbai	500	220
30	Maharashtra	Kolhapur	100	30
31	Maharashtra	Bibvewadi	100	92
32	Odisha	Rourkela	75	50
33	Odisha	Angul	100	0
34	Punjab	Ludhiana	300	300
35	Rajasthan	Jaipur	300	300
36	Rajasthan	Bhiwadi	50	50
37	Rajasthan	Alwar	330	220
38	Rajasthan	Udaipur	100	50
39	Tamil Nadu	KK Nagar, Chennai	550	508
40	Tamil Nadu	Tirunelveli	100	100
41	Telangana	S.S. Sanath Nagar	150	150
42	Telangana	Santhnagar	1000	759
43	Uttar Pradesh	Noida	300	300
44	Uttar Pradesh	Jajmau	100	50
45	Uttar Pradesh	Sahibabad	200	129
46	Uttar Pradesh	Sarojini Nagar, Lucknow	150	75
47	Uttar Pradesh	Varanasi	150	150
48	Uttar Pradesh	Bareilly	100	50
49	Uttrakhand	Rudrapur	100	50
50	West Bengal	Joka	650	470
		<b>TOTAL</b>	<b>12465</b>	<b>9499</b>

**ii) LIST OF HOSPITALS RUN BY STATE GOVT. UNDER ESIS**

<b>S.N o.</b>	<b>STATE</b>	<b>NAME OF THE HOSPITAL</b>	<b>BED SANCTIONE D</b>	<b>BED COMMISSI ONED</b>
1	Andhra Pradesh	Tirupathi	50	50
2	Andhra Pradesh	Visakhapatnam	200	125
3	Andhra Pradesh	Rajamahendravaram	50	50
4	Andhra Pradesh	Vijayawada Gunadala	110	0
5	Assam	Tinsukia	100	0
6	Bihar	Dalmia Nagar	72	0
7	Bihar	Munger	30	0
8	Goa	Margao	100	100
9	Gujarat	Bhavnagar, Rajkot	30	30
10	Gujarat	Jamnagar, Rajkot	50	50
11	Gujarat	Kalol, Ahemdabad	50	40
12	Gujarat	Rajkot	50	50
13	Gujarat	Rajpur-Hirpur, Ahemdabad	50	50
14	Gujarat	Surat	100	22
15	Gujarat	Vadodara (General Hospital)	200	200
16	Gujarat	Vadodara (Chest Disease Hospital)	25	0
17	Haryana	Ballabgarh (Faridabad)	50	50
18	Haryana	Bhiwani	50	0
19	Haryana	Jagadhari	80	80
20	Haryana	Panipat	75	75
21	Himachal Pradesh	Parwanoo	50	50
22	Jharkhand	Maithan	110	110
23	Karnatak	Mangalore	100	100
24	Karnataka	Belgaum	50	50
25	Karnataka	Dandeli	25	25
26	Karnataka	Davanagere	100	50
27	Karnataka	Hubli	100	50
28	Karnataka	Indira Nagar	300	210
29	Karnataka	Mysore	100	65
30	Kerala	Ernakulam	65	65
31	Kerala	Feroke Kozhikode	100	90
32	Kerala	Vadavathur, Kottayam	65	65
33	Kerala	Thottada	50	50
34	Kerala	Alleppy	55	55
35	Kerala	Perookada	128	128
36	Kerala	Mulamkunnathukam	110	90
37	Kerala	Olarikara	102	102
38	Kerala	Palakkad	50	50
39	Madhya Pradesh	Bhopal	100	85

40	Madhya Pradesh	Dewas	50	50
41	Madhya Pradesh	Gwalior	100	100
42	Madhya Pradesh	Indore (T.B.)	75	75
43	Madhya Pradesh	Nagda	50	50
44	Madhya Pradesh	Ujjain	50	50
45	Maharashtra	Aurangabad	100	100
46	Maharashtra	Kandiwali	300	220
47	Maharashtra	Nagpur	200	130
48	Maharashtra	Nasik	100	100
49	Maharashtra	Parel, MGM	330	138
50	Maharashtra	Thane	100	30
51	Maharashtra	Ulhasnagar	100	0
52	Maharashtra	Vashi, Navimumbai	100	0
53	Maharashtra	Worli, Mumbai	300	80
54	Maharashtra	Chinchwad	100	100
55	Maharashtra	Sholapur	150	100
56	Maharashtra	Mulund	400	200
57	Odisha	Kansbahal	50	50
58	Odisha	Bhubaneshwar	100	31
59	Odisha	Choudwar	100	100
60	Odisha	Jaykapur	25	25
61	Odisha	Brajrajnagar	50	0
62	Odisha	Barbil	6	0
63	Puducherry	Gorimedu Hospital	75	75
64	Punjab	Hoshiarpur	50	50
65	Punjab	Jalandhar	100	100
66	Punjab	Mandi Gobindgar	30	30
67	Punjab	Mohali	30	30
68	Punjab	Phagwara	50	50
69	Punjab	Amritsar	125	65
70	Rajasthan	Bhilwara	50	30
71	Rajasthan	Jodhpur	50	33
72	Rajasthan	Kota	60	60
73	Rajasthan	Pali	50	20
74	Tamilnadu	Hosur	50	50
75	Tamilnadu	Madurai	209	185
76	Tamilnadu	Salem	50	50
77	Tamilnadu	Ayanavaram, Chennai	616	466
78	Tamilnadu	Sivakasi	100	100
79	Tamilnadu	Tirucharapally	50	50
80	Tamilnadu	Vellore	50	50
81	Tamilnadu	coimbatore	330	330
82	Telangana	Nacharam	450	272

83	Telangana	R.C. Puram	100	100
84	Telangana	Sirpurkagarnagar	62	62
85	Telangana	Warangal	50	50
86	Telangana	Jeedimetla (Diagnostic Centre)	50	10
87	Telangana	Nizamabad (Diagnostic Centre)	50	20
88	Uttar Pradesh	Sarvodaynagar	100	100
89	Uttar Pradesh	Pandunagar	130	130
90	Uttar Pradesh	Kidwainagar	100	100
91	Uttar Pradesh	Azadnagar	100	100
92	Uttar Pradesh	Agra	100	100
93	Uttar Pradesh	Prayagraj	100	100
94	Uttar Pradesh	Modinagar	124	124
95	Uttar Pradesh	Aligarh	60	60
96	Uttar Pradesh	Saharanpur	50	50
97	Uttar Pradesh	Pipri	60	60
98	West Bengal	Bandel	250	220
99	West Bengal	Asansol	150	100
100	West Bengal	Baltikuri	230	230
101	West Bengal	Sealdah	254	254
102	West Bengal	Bellur-Belly	200	200
103	West Bengal	Budge-Budge	300	244
104	West Bengal	Durgapur	150	150
105	West Bengal	Gourhati	216	100
106	West Bengal	Kalyani	250	250
107	West Bengal	Kamarhati	350	350
108	West Bengal	Manicktala	500	392
109	West Bengal	Serampur	216	216
110	West Bengal	Uluberia	216	178
		<b>Total</b>	<b>13311</b>	<b>10337</b>

## **B) Primary Care**

### **i) Service Dispensaries**

The out-patient medical care including essential lab investigations in relatively heavy dispensaries under the ESI Scheme is provided through the service system i.e. through dispensaries established under the Scheme for the exclusive use of the Insured Persons and their families, manned largely by full-time Medical Officers.

### **ii) Dispensary Cum Branch Office (DCBOs)**

ESI Corporation in its 174th Meeting, held on 29th May 2018, decided that a Dispensary cum Branch Office (DCBO) is to be opened in all notified districts which will be directly run by ESI Corporation. DCBOs are planned to supplement existing Primary Medical Care Services administered by State Govts. so as to add to the quality & quantity of such Primary Medical Care services. At present, DCBOs has been made functional in 76 districts. A DCBO Would

perform the functions of both dispensary and branch office. Besides providing medicines to patient attending DCBO, it would distribute medicines to IMP/EUD referred patients. It would also make referrals for secondary care, payment of bills of empaneled chemist/diagnostic center and would provide it help care services to IPs/employers.100% of the establishment and operational cost of DCBO would be borne by ESIC and the State concerned would not be bearing any expenditure under this head.

### iii) Hospital OPDs:

Outpatient services under various specialties and super specialties like Medicine, Surgery, Pediatrics, Gyne. & Obst., ENT, Eye, Cardiology, Nephrology, Neurology, Urology, CTVS etc. are being provided through network of ESI hospitals all over the country.

### iv) Additional Primary Care arrangements:

Usually, in newly implemented/ existing areas where ESIC does not have its own infrastructure, primary care medical services are being delivered through Empanelment of Insurance Medical Practitioners (IMPs) or Employer Utilization Dispensary (EUD).

**a) INSURANCE MEDICAL PRACTITIONERS (IMP):-**Private Medical Practitioners are appointed as panel doctors. A panel doctor is expected to have his own consulting room and dispensary. Each panel doctor is allowed to register up to **2000** IP family units. At present, the panel system is in operation in West Bengal, Maharashtra, Andhra Pradesh, Goa, Gujarat, M.P, Telangana, Bihar, Assam, Odisha, Rajasthan and Jharkhand etc. The IMPs under the panel system are paid capitation fee (Rs.500/- per IP per year) w.e.f. 8<sup>th</sup> September, 2016 for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine. Further in order to make IMP scheme more attractive, modified IMP (mIMP) has recently been launched.

The state-wise details of Insurance Medical Practitioners (IMPs) are as under: -

Sl. No.	State	State-wise No. of IMPs
1.	Andhra Pradesh	0
2.	Arunachal Pradesh	0
3.	Assam	30
4.	Bihar	07
5.	Chandigarh (Adm.)	0
6.	Chhattisgarh	0
7.	Delhi	0
8.	Goa	4
9.	Gujarat	1
10.	Haryana	1
11.	Himachal Pradesh	0
12.	Jammu & Kashmir (UT)	0
13.	Jharkhand	10
14.	Karnataka	1
15.	Kerala	0
16.	Madhya Pradesh	3



17.	Maharashtra	611
18.	Manipur	0
19.	Meghalaya	0
20.	Mizoram	0
21.	Nagaland	0
22.	Odisha	01
23.	Puducherry (UT)	0
24.	Punjab	0
25.	Rajasthan	51
26.	Sikkim	0
27.	Tamil Nadu	0
28.	Telangana	40
29.	Tripura	0
30.	Uttar Pradesh	0
31.	Uttarakhand	0
32.	West Bengal	243
	<b>Total</b>	<b>1003</b>

**b) EMPLOYER UTILIZATION DISPENSARY (EUD):** In the areas where employer has its own set up or agrees to have its own set up in the form of Employer Utilization Dispensary (EUD), ESIC pays capitation fees to the employer based on per IP family unit per annum. In this scheme employer opens up the dispensary in his premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum. Further in order to make EUD scheme more attractive, modified EUD (mEUD) has also been operationalized.

### **C) Secondary Medical Care**

In-patient services are being provided through a chain of **160** ESI hospitals spread across the country which includes **50** directly run ESIC hospitals & **110** State ESI hospitals with a total bed strength of 21072. The services which are not available in ESIC/ESIS hospitals are provided through cashless tie-up arrangements with reputed private hospitals.

### **D) Tertiary Medical Care**

In addition to facilities available in ESIC / ESIS hospitals comprehensive tie-up arrangement for all super specialty treatment has been made with more than 1000 public/private hospitals across India.

### **E) FACILITY OF MEDICAL TREATMENT THROUGH AYUSHMAN BHARAT-PM-JAY**

ESIC in its 178<sup>th</sup> meeting held on 13.09.2019 has given approval for collaboration with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme for providing in-house secondary and tertiary medical care services to ESI beneficiaries in newly implemented area of 102 designated districts/locations through PMJAY empaneled hospitals. To scale up partnership, the mutually agreed 55 districts in the state of Maharashtra, Madhya Pradesh and Chhattisgarh in addition to 102 districts have also been implemented for which addendum with the terms and conditions of earlier executed MOU dated 30.09.2019 was signed on 01-01-2021 between NHA and ESIC.

At present, the convergence between ESIC and Ayushman Bharat-PMJAY scheme has been implemented in a total of 157 districts, through PMJAY empaneled hospitals. The state-wise details of the districts covered under **Pradhan Mantri Jan Arogya Yojana (PMJAY)** are as under: -

<b>Sr. No.</b>	<b>State</b>	<b>Districts covered (157)</b>
1.	Assam	Biswanath, Chirang, Lakhimpur, Majuli, Sibsagar, and Udalguri (06)
2.	Chhattisgarh	Balod, Baloda Bazar, Balrampur, Bastar, Bemetara, Bijapur, Bilaspur, Dantewada, Dhamtari, Durg, Gariaband, Janjgir-Champa, Jashpur, Kabirdham, Kanker, Kondagaon, Koriya, Mahasamund, Mungeli, Narayanpur, Raigarh, Rajnandgaon, Sukma, Surajpur, Gaurella-Pendra-Marwahi, and Surguja (26)
3.	Jammu & Kashmir	Anantnag, Bandipore, Baramula, Doda, Ganderbal, Kishtwar, Kulgam, Kupwara, Poonch, Rajauri, Ramban, and Shopian (12)
4.	Ladakh	Kargil, and Leh (02)
5.	Jharkhand	Chatra, Dumka, Garhwa, Godda, Gumla, Jamtara, Khunti, Latehar, Lohardaga, Pakaur, Palamu, Pashchimi, Singhbhum, and Simdega (13)
6.	Karnataka	Bidar, Chickmagloor, Chikballapur, and Kodagu (04)
7.	Madhya Pradesh	Agar, Alirajpur, Anuppur, Ashok Nagar, Balaghat, Barwani, Betul, Bhind, Bhopal, Burhanpur, Chhatarpur, Chhindwara, Damoh, Datia, Dewas, Dhar, Dindori, Guna, Gwalior, Harda, Hoshangabad, Jabalpur, Jhabua, Katni, Khandwa (East Nimar), Khargone (West Nimar), Mandla, Mandsaur, Morena, Narsinghpur, Neemuch, Panna, Raisen, Rajgarh, Ratlam, Rewa, Sagar, Satna, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Shivpuri, Sidhi, Singrauli, Tikamgarh, Ujjain, Umaria, and Vidisha (50)
8.	Maharashtra	Ahmednagar, Akola, Amrawati, Aurangabad, Beed, Bhandara, Buldhana, Chandrapur, Dhule, Gondia, Hingoli, Jalgaon, Jalna, Latur, Mumbai Suburban, Nagpur, Nanded, Nandurbar, Nashik, Osmanabad, Palghar, Parbhani, Raigad, Ratnagiri, Sangli, Satara, Sindhudurg, Solapur, Thane, Wardha, Washim, Yavatmal, and Gadchiroli (33)
9.	Manipur	Imphal East (01)
10.	Nagaland	Mokokchung (01)
11.	Rajasthan	Baran, Churu, Jalore, Karauli, and Pratapgarh (05)
12.	Tripura	Dhalai, Gomati, North Tripura, and Sipahijala (04)

## **F) AYUSH MEDICAL SERVICES**

ESI Corporation has enhanced provision of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) medical facilities in ESI hospitals and dispensaries.

## **G) OPENING OF ESIC HOSPITALS TO NON-INSURED PERSONS**

ESI Corporation, in recent years, has taken initiatives to provide health services to people other than its insured persons by granting approval to open its underutilized hospitals (less than 60% bed occupancy) for general public on user charge basis. At present, seven ESIC Hospitals are providing medical services to general public which are as under:

- i)** ESIC Hospital, Gulbarga, Karnatak
- ii)** ESIC Hospital, Bihta, Bihar
- iii)** ESIC Hospital, Alwar
- iv)** ESIC Hospital, Bareilly, UP
- v)** ESIC Hospital, Varanasi, UP
- vi)** ESIC Hospital, Jajmau, UP
- vii)** ESIC Hospital, Sarojani Nagar, UP

Further ESIC has also entered MOU with NHA to provide medical services to PMJAY beneficiaries through its underutilized Hospitals and following 15 ESIC Hospitals for such purpose have been identified and are providing treatment to PMJAY beneficiaries. MoU for above mentioned services have already been signed by ESIC with PMJAY.

- i)** ESIC Hospital, Bihta, Bihar
- ii)** ESIC Hospital, Naroda Gujarat
- iii)** ESIC Hospital, Ankleshwar, Gujarat
- iv)** ESIC Hospital, Gulbarga, Karanataka
- v)** ESIC Hospital, Andheri, Maharashtra
- vi)** ESIC Hospital, Kolhapur, Maharashtra
- vii)** ESIC Hospital, Bibvewadi, Pune, Maharashtra
- viii)** ESIC Hospital, Bhiwadi, Rajasthan
- ix)** ESIC Hospital, Jaipur, Rajasthan
- x)** ESIC Hospital, Alwar, Rajasthan
- xi)** ESIC Hospital, Lucknow, U.P.
- xii)** ESIC Hospital, Kanpur, U.P.
- xiii)** ESIC Hospital, Varanasi, U.P.
- xiv)** ESIC Hospital, Bareilly, U.P.
- xv)** ESIC Hospital, Rudrapur, Uttarakhand

## **8. SETTING UP OF ESIC HOSPITAL & ESI DISPENSARIES**

### **i) GENERAL POLICY**

The ESI Corporation in its 167<sup>th</sup> meeting held on 18.12.2015 had approved the setting up of two ESIC Hospitals and one Super Speciality Hospital in each State. These numbers may be more considering the futuristic IP population and geographical necessity. The entire expenditure on these hospitals is being borne by the ESI Corporation outside the ceiling limit.

### **ii) NORMS FOR SETTING UP OF NEW HOSPITALS BY ESI CORPORATION**

As approved by ESI Corporation, new norms for setting up of ESI Hospitals based on minimum no. of IPs is as under: -

<b>Sl. No.</b>	<b>No. of beds</b>	<b>Min. No. of IPs</b>
1.	30 bedded hospital	20,000
2.	100 bedded hospital	50,000
3.	150 bedded hospital	1,00,000
4.	200 bedded hospital	1,50,000
5.	250 bedded hospital	2,00,000
6.	300 bedded hospital	2,50,000
7.	350 bedded hospital	3,00,000
8.	400 bedded hospital	3,50,000
9.	500 bedded hospital	4,00,000
10.	600 bedded hospital	5,00,000

The IP population should be taken in a radius of 25 Km and there should not be any other ESI Hospital within a radius of 50 Km. If there is another ESI Hospital within 50 Km, then each ESI Hospital should fulfill these norms in the respective catchment areas (for example, if the two ESI Hospitals are at a distance of 40 Km, then each hospital should satisfy these norms within a radius of 20 Km).

Further, the ESI Corporation in its 167<sup>th</sup> meeting held on 18<sup>th</sup> December, 2015 has approved that the health facilities should be created not based on the present IP population but on the basis of projected population of the IP after a period of three years for dispensaries and five years for hospitals and also the geographical necessity.

**iii) NORMS FOR SETTING UP 2 DOCTOR / 3 DOCTOR / 5 DOCTOR DISPENSARIES:**

The norms for setting up 2 Doctor / 3 Doctor / 5 Doctor dispensaries is as under

Sl.No.	IP family units	Category of Dispensary
1.	3000-5000	2 Doctor Dispensary
2.	5000-10000	3 Doctor Dispensary
3.	10000- & above	5 Doctor Dispensary

**iv) REVISION OF NORMS FOR CREATING MEDICAL INFRASTRUCTURE IN NORTH EAST STATES & HILLY AREAS.**

ESI Corporation during its 155<sup>th</sup> meeting held on 18.01.2012 has approved adoption of following norms for the North Eastern States & other Hilly Areas of the Country for creating infrastructure for augmenting the implementation of ESI Scheme in these areas as under: -

Sl. No.	Facilities/Infrastructure	No. of IPs required
1.	Setting up of one Doctor Dispensary	1000 or more
2.	Setting up of Two Doctors Dispensary	2000 or more
3.	Setting up of diagnostic centers	5000 or more
4.	Setting up of 100 bedded hospital	15000 or more

**v) The Corporation has also decided to set up following new hospitals: -**

Sl. No.	State	Location	Sanctioned Beds	Status
<b>Newly Approved Hospitals in Construction stage</b>				
1.	Andhra Pradesh	Kakinada	100	Under construction
2.	Chhattisgarh	Bhillai	200	Under construction
3.	Chhattisgarh	Raigarh	100	Under construction
4.	Delhi	Narela	80	Under construction
5.	Haryana	Bawal	100	Under construction
6.	Karnataka	Dodaballapur	100	Under construction
7.	Karnataka	Shivamoga	100	Under construction

8.	Rajasthan	Bikaner	30	Under construction
9.	West Bengal	Siliguri	100	Under construction
10.	West Bengal	Haldia	100	Under construction
11.	J&K (UT)	Ompura, Srinagar	100	Under construction
12.	Tamil Nadu	Tirupur	100	Under construction
13.	Uttarakhand	Sidkul, Haridwar	300	Under construction
<b>Newly approved Hospitals where construction has not started</b>				
1.	Andhra Pradesh	Vizianagaram	100	Approval of Building plans awaited
2.	Andhra Pradesh	Vishakhapatnam	400	Approval of Building plans awaited
3.	Himachal Pradesh	Kala Amb	30	Approval of Building plans awaited
4.	Maharashtra	Butibori, Nagpur	200	Approval of Building plans awaited
5.	Haryana	Bahadurgarh	100	Approval of Building plans awaited
<b>Newly approved Hospitals in pre-construction stage</b>				
1.	Haryana	Manesar	500	Concept plan stage
2.	Karnataka	Bommsandra	200	Cost Estimation stage
3.	Madhya Pradesh	Pithampur	100	Concept plan stage
4.	Odisha	Bhubaneswar	150	Concept plan stage
5.	Tamil Nadu	Sriperumbudur	100	Concept plan stage
6.	Tamil Nadu	Tuticorin	100	Cost Estimation stage
7.	Uttar Pradesh	Shahjahanpur	30	Concept plan stage
8.	West Bengal	Garshyamnagar	100	Concept plan stage
<b>Newly approved Hospitals in allotment/possession of land stage</b>				
1.	Andhra Pradesh	Atchyutapuram	30	Possession of land stage
2.	Karnataka	Narsapura	100	Possession of land stage
3.	Karnataka	Haroholli	100	Possession of land stage
4.	Odisha	Duburi	100	Possession of land stage
5.	Uttar Pradesh	Meerut	100	Possession of land stage

6.	Andhra Pradesh	Penukonda	100	Allotment of land stage
7.	Andhra Pradesh	Sri City, Nellore	100	Allotment of land stage
8.	Andhra Pradesh	Guntur	100	Allotment of land stage
9.	Bihar	Muzzafarpur	100	Allotment of land stage
10.	Goa	North Goa	100	Allotment of land stage
11.	Gujarat	Alang	50	Allotment of land stage
12.	Jharkhand	Deoghar	100	Allotment of land stage
13.	Jharkhand	Bokaro	100	Allotment of land stage
14.	Karnataka	Bellary	100	Allotment of land stage
15.	Kerala	Perambavoor	100	Allotment of land stage
16.	Leh ( UT)	Leh	30	Allotment of land stage
17.	Odisha	Paradeep	30	Allotment of land stage
18.	Punjab	SAS Nagar, Lalru	50 (upgradable to 100 beds)	Allotment of land stage
19.	Rajasthan	Chittorgarh	30	Allotment of land stage
20.	Sikkim	Rangpo	30	Allotment of land stage
21.	Tamil Nadu	Kanyakumari	100	Allotment of land stage
22.	Tamil Nadu	Dindigul	100	Allotment of land stage
23.	Tamil Nadu	Vaniyamvadi	100	Allotment of land stage
24.	Telangana	Ramagundam	100	Allotment of land stage
25.	Uttar Pradesh	Firozabad	30	Allotment of land stage
26.	Uttar Pradesh	Gajraula	30	Allotment of land stage
27.	Uttarakhand	Dehradun	100	Allotment of land stage
28.	Uttarakhand	Kashipur	100	Allotment of land stage
	<b>TOTAL</b>	<b>54</b>	<b>5830</b>	

**vi) STATUS OF MEDICAL INFRASTRUCTURE UNDER ESI SCHEME IN NORTH EAST REGION**

Sl. No.	State	Date of implementation of ESI Scheme	Nos. of Insured Persons	No. of		
				Hospitals	Dispensaries	IMP
1	Arunachal Pradesh	01.11.2020	58	-	1(DCBO)	-
2	Assam	28.09.1958	2,82,492	1	26+1(DCBO)	30
3	Manipur	01.06.2018	1,970	-	1(DCBO)	-
4	Meghalaya	28.09.1980	15,404	-	2	-
5	Mizoram	01.12.2015	1,410	-	1	-
6	Nagaland	01.03.2008	3,332	-	3	-
8	Tripura	01.01.2009	16,224	-	5	-
9	Sikkim	01.12.2012	28,110	-	3	

**9. OCCUPATIONAL DISEASE CENTRES (ODCs)**

As per policy decisions of the Corporation taken on 8.12.88 and 24.2.93, the ESI Corporation has set up five Zonal Occupational Diseases Centres with a view to providing facilities for early detection and diagnosis of Occupational Diseases among ESI beneficiaries. These Zonal Occupational Diseases Centres cater to the needs of ESI beneficiaries of the neighbouring States also. The suspected cases of Occupational Diseases are referred to these Centers by the States concerned.

ESI Corporation has set up one IOHER Centre at Basaidarapur & four Zonal Occupational Disease centers for providing early detection & prompt treatment, apart from taking steps for preventive & promotive aspect pertaining to occupational health. These institutions are as under: -

1	North Zone	ESIC Hospital Basaidarapur, New Delhi (IOHER)
2	South Zone	K.K. Nagar, Chennai
3	East Zone	Joka, Kolkata
4	West Zone	Andheri, Mumbai
5	Central Zone	Nandanagar, Indore

Institute of Occupational Health, Environment & Research (IOHER) has been established to act as a nodal Institute for improving occupational health.

A large number of Medical Professionals, Paramedical, Nursing Staff and other Health Care Workers needs to be sensitized and trained in Occupational Health.

The occupational health services basically aim at safeguarding the health of the workers. This is possible by conducting environmental surveillance along with the other clinical measures (preventive, promotive, curative, rehabilitation, compensation).



## **10. EXPENDITURE ON MEDICAL CARE**

State Governments are being reimbursed at a ceiling rate of ₹3,000/- per Insured Person per annum. Various sub-ceilings under this broader ceiling of ₹3000/- are as under:

- a) Annual ceiling on entitlement for medical care expenditure has been enhanced to ₹2,600 per IP per annum from existing ceiling of ₹2150/- with maximum sub ceiling of ₹1,300 for expenditure under "Administration" head.
- b) Entitlement of ₹200 per IP per annum for incurring expenditure under Project Implementation Plan (PIP).
- c) Entitlement of 200 per IP per annum on pro-rata basis based on extent of implementation of ESIC Dhanwantri module in State ESI hospitals & dispensaries during previous financial year.

Besides, Additional Entitlement of ₹200 per IP per annum as incentive where bed occupancy in all the State ESI Hospitals is more than 70% during the concluded financial year and ₹20 per IP per annum for expenditure under preventive and promotive health services, are being reimbursed over and above the ceiling of ₹3,000/-.

Additionally, the expenditure on super specialty treatment is being totally borne by ESIC. Further, ESI Corporation has decided to bear entire expenditure (within the ceiling) on medical care incurred by the State Government for a period of 3 (Three) years w.e.f. 2019-20.

## **11. MEASURES TAKEN BY ESI CORPORATION DURING COVID-19 PANDEMIC**

To deal with very challenging situation due to COVID-19 Pandemic, Employees' State Insurance Corporation (ESIC) has taken many decisions/steps so as to make provisions for providing medical services to IPs, beneficiaries and Staff including general public at large, as under:

- a) 33 ESIC Hospitals with around 4000 dedicated Covid beds having 400 ventilators provided exclusive COVID medical services to the IPs and general public of the area as either dedicated COVID Hospital or as Hospital with dedicated Covid beds, as per requirement of local administration.
- b) During Covid pandemic starting from April, 2020 till date, more than 50000 Covid patients have been provided IPD treatment services through ESIC Hospitals across the country.
- c) Alternate provisions were made for providing routine medical services to ESI Beneficiaries through Tie-up Hospitals, in case an ESIC Hospital was declared as a dedicated Covid Hospital to cater exclusively to Corona suspected/confirmed cases. In such cases, ESI beneficiaries could be referred to tie-up Hospitals for providing prescribed secondary/SST consultation/admission/investigation during the period for which concerned ESIC Hospital functions as dedicated Covid-19 Hospital. ESI Beneficiaries were also allowed to seek Emergency/non-Emergency medical treatment from tie-up hospital directly without referral letter, in accordance with his/her entitlement.

- d) ESIC Hospitals are continuously adopting all updated guidelines being issued by MoH&FW, Govt. of India, on regular basis for delivering better and prompt medical services. Implementation of all such measures is being regularly monitored at ESIC Hqrs. Office through regular Video Conference meetings with ESIC hospitals across the country.
- e) Instruction was issued to each ESIC hospital to function with a minimum of 20% of its bed capacity as dedicated Covid beds for ESI IPs, beneficiaries, staff & pensioners.
- f) In order to ease out the hardship of ESI Beneficiaries in this tough time, ESIC has allowed purchase of medicines by beneficiaries from private chemists and its subsequent reimbursement by ESIC.
- g) Proposal for requirement/allocation of PSA Oxygen plant at 37 ESIC hospital locations across the country have been shared with MoL&E and the process is on for installation of the same. At present, 23 PSA plants in 19 ESIC hospitals have been installed.
- h) Steps are constantly being taken to make available various Covid treatment related medicines viz. Remdesivir, Tocilizumab, Amphotericin B etc. to various ESIC Hospitals as per requirement.
- i) Instructions have been issued for Incentivizing doctors (Faculty/SRs) to join at various ESIC Hospitals.
- j) Consolidated Remuneration package to retired Army Medical Teacher (Broad Speciality) as per SRESTA Scheme for joining on contract basis at ESIC Medical Education Institution have been provisioned.
- k) Ventilators, BIPAP machines are being made available to various ESIC Hospitals including those received as donation through Ministry of health and Family welfare, Govt of India/ other State govt/Private bodies.
- l) Upward revision of Special Delegation of Power to Purchase Committee in respect of procurement for Covid supplies from Rs 2.5 lacs to Rs 10 Lacs for ESIC Hospital for a period of around 02 months (starting from 07.05.2021) was approved.
- m) Employers were allowed to file return of contribution for period April, 2019 to September, 2019 and October, 2019 to March, 2020 upto 15/5/2020 & 15/06/2020 respectively.
- n) ESI beneficiaries who are unable to deposit the advance lump sum contribution under Rule - 60 & 61 @ Rs.10/- Per month due to lockdown. Relaxation has been granted to such beneficiary to avail medical benefit till 30-06-2020.
- o) Considering the difficulty being faced in availing medical benefit to migrant worker (ESI beneficiary) across the country, relaxation was granted to seek medical care services from ESIC hospital nearest to their home town, in case of emergency.
- p) In view of the challenging situations due to lockdown ESIC has also allowed one-time relaxation in contributory condition for entitlement to receive medical benefit including Super Specialty Treatment.

## **12. Annual Preventive Health Check-up Programme and onsite Mobile health check-up recently launched by ESIC.**

A dedicated programme focusing on preventive health check-up of ESI Insured Persons/ Insured Women (IPs/IW) was launched on pilot basis during its 186<sup>th</sup> meeting held on 4th December, 2021 as Annual Preventive Health Check-up Programme for (IPs/IW) aged 40 years and above. The programme was launched from 4 locations through:

- i. ESIC Medical College Faridabad (Haryana),
- ii. Joka (West Bengal),
- iii. Hyderabad (Telangana); and
- iv. ESIC hospital Bapu Nagar (Gujrat).

Later, during the ongoing pilot, **ESIC Hospital, Varanasi (UP) and 4 ESIC Medical Colleges at Bihta (Bihar), Alwar (Rajasthan), Rajajinagar (Karnataka) and KK Nagar (Tamilnadu)** have also been roped in for conduction of this programme.

The objective of this programme is to regularly conduct health check-up of targeted IPs/IWs at ESI hospitals through appointment system and to also equip ESI hospitals with all required lab services and other related facilities for beneficiaries who are referred through screening camps for further investigations/management.

The RDs have been entrusted with the responsibility to identify the factory/establishment locations prioritizing hazardous industries and channelize the requisite number from identified IP clusters to attend the hospital for preventive health check-up. The employers have been asked to motivate the targeted beneficiaries for enrolment under the programme.

Daily updates from all 9-center running the pilot on the annual health check-up are being collated at ESIC. As on date 31st March, 2022 a total of 10313 IPs/IWs have undergone preventive health check-up.

Further, ESIC has also decided to conduct onsite preventive health check-up of Insured Persons (IPs) at the industrial clusters in following 15 cities:

1. Faridabad (Haryana)
2. Kolkata (West Bengal)
3. Hyderabad (Telangana)
4. Bihta, Patna (Bihar)
5. Alwar (Rajasthan)
6. Jaipur (Rajasthan)
7. Bangalore (Karnataka)
8. Chennai (Tamil Nadu)
9. Ahmedabad (Gujarat)
10. Varanasi (Uttar Pradesh)
11. Indore (Madhya Pradesh)

12. Kollam (Kerala)
13. Pune (Maharashtra)
14. Delhi
15. Guwahati (Assam)

As on date 31<sup>st</sup> March, 2022 a total of 18440 IPs/IWs have undergone preventive health check-up at Industrial clusters.

### **13.On-boarding of ESIC hospitals at E-sanjeevani portal.**

E-Sanjeevani is a national tele-consultation service of Ministry of Health & Family Welfare to provide online OPD services to all citizens of the country. To overcome the challenges faced by Insured Persons / family units in availing services at ESIC / ESIS Hospitals due to ongoing COVID pandemic, especially for consultation and prescriptions, ESI has decided to go on-board with all its hospitals on the e-Sanjeevani portal.

The services are being provided on pattern of 'Hub and Spoke Model services' at three levels.

**Level-I:** HUB is created at ESIC Medical College Hospital and ESIC Super Specialty Hospital for providing consultation to Doctors of ESI dispensaries & Model hospitals.

**Level-II:** ESI hospital will take Tele-Medicine services calls from Level III and can seek Tele-Medicine services from Level I.

**Level-III:** ESI dispensaries will take Telemedicine calls from Insured Persons and can seek Tele-Medicine services from Level II.

Key features of the latest version of e-Sanjeevani application are as follows:

- a. Centrally hosted
- b. Web Based application compatible with mobile phone
- c. Enables doctor to doctor consultation
- d. Supports in-built videoconferencing & text chatting
- e. Supports viewing for X-RAY/CT-Scan/MRI
- f. Integrated e-Prescription feature
- g. Hosts a comprehensive dashboard (with useful information / indicators) for users
- h. Integrated with MoHFW's My Health Record (Personal Health Record Management System-PHRMS) to enable lifetime archival of health records in patient's PHR profile
- i. Updates users through SMS notifications and alert
- j. Being planned for integration with ESIC Dhanwantri

ESI is getting support of MoH&FW and CDAC Mohali on the following aspects for on-boarding:

<b>MoHFW</b>	<ul style="list-style-type: none"> <li>• Financially supporting</li> <li>• Providing guidelines for preparation of proposals</li> <li>• Necessary Technical support</li> </ul>
<b>CDAC-Mohali</b>	<ul style="list-style-type: none"> <li>• Hosting of standardized Tele-medicine application</li> <li>• Support for integration with equipment already available at Health &amp; wellness centers (HWCs)</li> <li>• Training</li> <li>• Providing necessary handholding and support during operations of the project</li> </ul>

	<ul style="list-style-type: none"> <li>Regular updating of e-Sanjeevani Application with necessary patches/updates.</li> </ul>
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The Regional directors and nodal officers at Level 1 have been assigned the following roles:

<b>Regional Offices of ESIC</b>	<ul style="list-style-type: none"> <li>Ensuring required bandwidth at HUB and Spokes</li> </ul>
<b>Level I (ESIC)</b>	<ul style="list-style-type: none"> <li>Training and regular reviews to ensure that required Tele-consultations are taking place.</li> </ul>

The virtual training is also being provided by CDAC Mohali to prepare the e-Training modules in e-Sanjeevani application for staff at HUBs.

As on date 31<sup>st</sup> March, 2022, all ESIC Hospitals/locations and 1950 doctors are on-board on e-Sanjeevani. A total of 17243 e-consultations have been provided by various on-board ESI Health centers.

#### **14. MEDICAL EDUCATION: -**

The Corporation has decided to establish Medical Colleges, Nursing Colleges and training Institutes for its para-medical staff and other employees with a view to improve the quality of services provided under the ESI Scheme. Accordingly, Medical Education Project have been set-up at various location. The projects set-up and being run by ESIC are: -

##### **1) PG Institutes:**

PG courses are running at 06 Postgraduate Institutes of Medical Sciences & Research (PGIMSRs) at Rajajinagar, Bengaluru (Karnataka); K.K. Nagar, Chennai (TN); Joka, Kolkata (WB); Manicktala, Kolkata (WB); Basaidarapur, New Delhi & Andheri (E), Mumbai (MH).

Admission in PG Institute at Manicktala (WB) has been discontinued from A.Y. 2020-21 in pursuance of decision of 178<sup>th</sup> Meeting of ESI Corporation. Admission in PG Institute at Andheri(E), Mumbai has been stopped from A.Y 2019-20 due to fire incident happened on 17.12.2018 and will continue after re-commissioning the Hospital.

##### **2) Medical Colleges:**

ESIC has established and is running 06 ESIC Medical Colleges at Rajaji Nagar, Bengaluru (Karnataka); K. K. Nagar, Chennai (TN); Joka, Kolkata (WB); Gulbarga (Karnataka); Faridabad (Haryana) and Sanathnagar, Hyderabad (Telangana). Recognition has been granted by MCI for all these ESIC Medical Colleges.

Further, Letter of Permission has been received from National Medical Commission (NMC) to start ESIC Medical College at Alwar (Rajasthan) and Bihta, Patna (Bihar) from Academic Year 2021-22.

##### **3) Dental Colleges:**

ESIC is running 02 Dental Colleges at Rohini, Delhi [recognition granted by DCI] and Gulbarga, Karnataka [5<sup>th</sup> batch BDS students (2021-22) is to be admitted].

**4) Nursing College:** ESIC is running 02 Nursing Colleges at Indiranagar, Bengaluru, Karnataka and Gulbarga, Karnataka. ESIC Nursing College, Indiranagar, Bengaluru has been started in 2013-14 and ESIC Nursing College, Gulbarga, Karnataka has been started in 2015-16.

### **5) Para Medical Institute:**

ESIC is running 01 Para Medical Institute at Gulbarga, Karnataka. Two Courses i.e. Diploma in OT & Anaesthesia Technology; and Diploma in Medical Records Technology, have been started in 2019-20 at ESIC Para-medical Institute, Gulbarga, Karnataka.

Presently, the institute is running Para Medical Courses in 08 disciplines.

### **6) Start of DNB Courses:**

ESIC has started DNB courses in 09 hospitals not associated with Medical Colleges/ PG Institutes so that there is no conflict with courses run under MCI. However, DNB courses have also been started at ESIC Medical College, Sanathnagar from 2019-20.

### **7) Proposed ESIC Medical Colleges - Transfer of existing infrastructure to State Governments / Starting MBBS course in existing infrastructure**

Due to review of decision by the Corporation regarding Medical Education, the proposed ESIC Medical Colleges at (i) Coimbatore, Tamilnadu (ii) Paripally, Kerala and (iii) Mandi, Himachal Pradesh were transferred to respective State Governments who have started MBBS courses at these locations.

## **15. PROPERTY MANAGEMENT DIVISION**

The Project Management Division of ESIC is responsible for construction of building of ESIC/ESIS institution and upkeep thereof. It also formulates policies relating to Annual Repair & Maintenance and Special Repair & Maintenance of ESIC/ESIS buildings.

### **(i) General Policy: -**

The Corporation had decided to run all the ESI Hospitals/Dispensaries/Regional Offices/Branch Offices in its own buildings as far as feasible. Construction of other buildings such as Specialist Centers, Offices of the Directorate Medical of ESI Scheme in the State, Central Medical Stores etc. are sanctioned on merits in each case. ESI Corporation has built the following building for various purpose.

### **List of major projects(Capital works) under execution during 01.07.2021 to 31.12.2021**

<b>Sl.No.</b>	<b>Hospitals/Dispensaries</b>
1	Construction of 100 bedded Hospital at Adityapur, Jharkhand
2	Construction of 100 bedded Hospital at Haldia, W.B.
3	Construction of 100 bedded Hospital at Ranchi, Jharkahand (expandable to 200 beds)
4	Construction of 50 Bedded ESI Hospital at Phulwarisharif, Patna, Bihar(Expandable to 100 Bedded)
5	Construction of 100 bedded Hospital at Raipur, Chhattisgarh.
6	Construction of 50 bedded Hospital at Asansol, W.B.
7	Construction of 100 bedded Hospital at Siliguri, W.B.
8	Construction of 100 bedded Hospital at Raigarh, Chhattisgarh

9	Construction of 30 bedded ESI Hospital (Upgradable to 100 beds) at Bikaner, Rajasthan
10	Construction of Dispensary at Neemrana, Rajasthan
11	Construction of Dispensary at Sitapura, Rajasthan
12	Construction of 100 bedded Hospital at Bhilai, Chhattisgarh.
13	Construction of DIMS Building, Haryana
14	Construction of Model Dispensary, Pydibhimavaram, Andhra Pradesh
15	Construction of 200 bedded Hospital(upgradable to 300 beds) at Surat, Gujarat.
16	Construction of 100 bedded Hospital at Doddabalapur, Karnataka.
17	Construction of 100 Bedded ESI Hospital at Kakinada Andhra Pradesh
18	Construction of 100 Bedded ESI Hospital at Rajamahendravaram, Andhra Pradesh
19	Construction of 100 Bedded ESI Hospital at Shivamogga, Karnataka.
20	Construction of Dispensary at Gorakhpur, Uttar Pradesh
21	Construction of 200 bedded ESI Hospital at Beltola, Assam
22	Construction of 100 bedded ESI Hospital at Tirupur, T.N.
23	Construction of 300 bedded(including 50 beds SST) Hospital at Haridwar, Uttarakhand.
24	Construction of 100 bedded ESI Hospital at Ompura, J&K
25	Construction of Dispensary cum Diagnostic Centre and office for ESIC at Mayur Vihar, Phase-I, Delhi
26	Construction of 4 Dr. ESIC Dispensary cum Branch Office at Gaya Bihar
27	Construction of 3 Dr. Dispensary at Behror, Rajasthan
28	Construction of 300 bedded(upgradable to 500 bedded) hospital at Indore, M.P.
29	Construction of 100 bedded ESI Hospital at Bareilly to replace old hospital, U.P.
30	Construction of 2 Dr. Dispensary, Branch office & Staff Quarter at Abu Road, Rajasthan
31	Construction of 100 bedded Hospital at Bawal, Haryana
32.	Construction of 05 Dr. ESIC Dispensary cum Branch Office & TOR at Selaqui, Uttarakhand
33	Construction of 02 Dr. ESIC Dispensary at Nunhai, Agra, U.P.
34	Construction of new OPD Block Sanathnagar with 200 beds, Telangana
35	Construction of 100 bedded ESI Hospital, Ulhasnagar, Maharashtra.

<b>SI.No.</b>	<b>FOUNDATION STONE LAYING(01.01.2021 TO 31.12.2021)</b>
1	Foundation Stone for 100 bedded ESI Hospital at Shahjahanpur, U.P.

<b>SI.No.</b>	<b>INAUGURATIONS</b>
1	Construction of ESI Dispensary cum Branch Office, Panki, U.P.
2.	Construction of ESI Dispensary cum Branch Office, Raibareilly, U.P.

### **Capital Construction outlay**

Sanctioned cost for Construction of Hospitals, Annexes, Dispensaries and other offices is as follows: -

<b>Sl.No.</b>	<b>Name of the Project</b>	<b>Amount sanctioned (Rs. In Crores)</b>
1.	Medical Institute	--
2.	ESI Hospitals/Dispensaries/Offices of Directorate of ESI Scheme/Central Medical Stores etc.	2900.07
3.	Regional Offices/Branch Offices/Staff Quarters	*
	<b>Total</b>	<b>2900.07</b>

**\*The sanctioned cost of DCBO is included in Sl.No.2.**

### **16. INDIAN SYSTEMS OF MEDICINE**

E.S.I. Corporation is committed to promote AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) facilities along with Allopathy System of Medicine in all ESIC and ESIS Hospitals and Dispensaries across the country. Accordingly, AYUSH facilities have been developed in phased manner.

ESI Corporation has taken various steps for strengthening of AYUSH and bringing those services for the benefit of insured persons and their families. The details are as under: -

1. In order to encourage the State Government to run the AYUSH units, the ESI Corporation in its 134<sup>th</sup> meeting held on 21.12.2005 has decided to bear the entire expenditure for the first five years on setting up of new AYUSH units in the States.
2. ESI Corporation further decided in its 185<sup>th</sup> meeting to Revised ESI policy on AYUSH and Yoga facilities in ESI hospitals and dispensaries issued on 16/10/2021 for establishment of AYUSH facilities in ESI hospitals and dispensaries across the country.
3. ESI Corporation formulating Central Ayurvedic Rate Contract for supply of good quality Ayurvedic drugs for procurement in all its hospitals and dispensaries in order to ensure the quality.
4. ESI Corporation formulating Central Homeopathic Rate Contract for procurement of Homeopathic drugs in all ESIC/ESIS Hospitals and Dispensaries.
5. ESIC has been participating in International Arogya fair, Ayurveda Parv, exhibitions and health melas displaying the progress of AYUSH and popularizing AYUSH services available across the country.
6. AYUSH division of ESIC Head Quarters office conducting CMEs under AYUSH UPASANA webinar series time to time for promoting AYUSH in ESI hospitals and dispensaries all over the country.
7. AYUSH facilities available in ESIC and ESIS Hospitals and Dispensaries as on 01.01.2022 is at **Annexure V**.



## 17. RECOVERY OF CONTRIBUTION AND DETAILS OF PROSECUTION CASES

### i) Recovery of contribution

A total contribution of Rs. 13086.73 Crores was collected during the year 2020-2021 as against the target of Rs. 12500 Crores. The contribution income received from April 2021 to Nov. 2021 is Rs 9719.68 Crores. Target for the Financial Year 2021-22 is Rs.14500 Crores. The contribution income also includes the contribution income recovered from the defaulting employers by the Recovery Officers.

Arrear of contribution amounting of Rs.4459.69 Crores is outstanding as on 31.03.2021. An amount of Rs. 2163.49 crores (1943.22+220.27) is not immediately recoverable dues at present due to various reasons which are furnished as under: -

#### A. Arrears of not immediately recoverable dues as on 31/03/21.

Amount in Crores

a) Amount of dues disputed in courts	1477.35
b) Amount under liquidation	274.00
c) Amount pending with Claim Commissioner	5.67
d) Amount due from factories/Establishment closed or whereabouts of employers not known.	184.81
f) Amount for which decree obtained but not executed	1.39
Total	<b>1943.22</b>

#### B. Dues from sick industries

Cases in respect of Factories/Estts. registered with BIFR/NCLT but rehabilitation scheme yet to be sanctioned	129.64
Factories/Establishments which have been declared sick but rehabilitation scheme has been sanctioned.	90.63
Total	<b>220.27</b>

#### C. Immediately Recoverable dues

Employers whereabouts known but unit is closed	143.47
Immediately Recoverable dues pending for recovery action with Recovery Officer	2152.73
Total	<b>2296.20</b>
Grand Total (A+B+C)	<b>4459.69</b>

### ii) PROSECUTION CASES: -

Prosecution cases were filed against defaulting employers under section 85 of the ESI Act and under section 406/409 of the Indian Penal Code. The details of cases pending at the beginning of the financial year, filed and decided during the year 2020-2021 under the above provisions is as under:

S.No	Particulars	Sec. 85 (a to g) of ESI Act 1948	Sec.406 & 409 of IPC	Total
1	No. of Prosecution cases pending as on 01/04/20	11748	926	12674
2	No. of prosecution cases filed during the year 2020-21	428	0	428
3	Total (1+2) above	12176	926	13102
4	Cases withdrawn	2	0	2
5	Total No. of prosecution cases decided during the period	448	11	459
a)	Convicted with imprisonment	13	0	13
b)	Convicted with fine	187	0	187
c)	Acquitted	35	1	36
d)	Closed/Dismissed	213	10	223
6	Total (4+5) above	450	11	461
7	Number of prosecution cases pending as on 31.03.21 (3-6)	<b>11726</b>	<b>915</b>	<b>12641</b>

### iii) **RECOVERY OF DUES:-**

The total dues outstanding as on 31.03.2021 were Rs. 4459.69 crores, out of which Rs.2296.20 crores fall under the category of immediately recoverable dues and an amount of Rs. 2163.49 crores under the category of not immediately recoverable dues due to claims disputed in the Courts, factories having gone into liquidation, factories registered with BIFR, amount pending with Claims Commissioner, closure of the factories and whereabouts of the defaulting employers in certain cases not known. The Recovery Officers of the Corporation had recovered Rs.305.81 crores from the defaulting employers in 2020-21 against the target of Rs. 533.07 crores. A target of Rs. 580.07 crores towards recovery of dues has been fixed for the year 2021-22. The Recovery Officers have since recovered the dues of Rs. 231.75 crores during the period from April-2021 to November 2021.

### **18. Conduct of inspection through Central Analysis and Intelligence Unit (CAIU):**

With an aim to achieve the objective of simplifying business regulations, a transparent inspection policy, with system driven triggers equipped with relevant norms and criteria, has been framed by ESIC, with due approval of Ministry of Labour and Employment, Govt. of India. The scheme envisages objective criteria for selection of the units for inspections and in cases of complaints, to ensure more accountability, transparency and to minimize frequent

inspection of the same unit. It also emphasizes the objective of conducting inspections/investigations, only on the basis of evidence-based inputs after analyzing the field level data. To deal with complaint cases and in pursuance of the Govt. of India policy for making transparent and accountable Labour Inspection system, Central Analysis and Intelligence Unit (CAIU), has been setup by ESIC at headquarters. The mandate is, to analyze the available data of compliance/to call for additional information if required from the field offices with reference to the complaint and decide the necessity of the investigation/inspection of records against such complaint. A detailed methodology for selection criteria of the cases by the CAIU has been worked out accordingly. Field offices have been directed to forward all such complaints to CAIU that cannot be redressed without investigation/inspection of records relating to default in compliance by factories/establishment, along with the feedback/recommendation in the matter.

Besides, field offices have also been advised to review the cases identified under System Driven Inspection Criteria as per provisions made in Inspection Policy of ESIC and the Guidelines/Instruction issued by headquarters on functioning of CAIU and send such cases to CAIU for inspection approval with full justification. During the year 2021, total 2227 complaints/references received in CAIU, in which 17 received from PMOPG Portal, 32 received from RTI and 43 received from Ministry. Out of which 1357 cases have been approved from inspection/Investigation/Surprises Physical Verification, after analysis of data of compliance. Remaining cases are examined and actions deemed fit are taken and intimated to respective field offices.

## **19. PUBLIC GRIEVANCES REDRESSAL MACHINERY SET-UP IN ESIC**

- The ESI Corporation being a premier social security Organisation is catering to the needs of more than 13.50 crores of ESI Beneficiaries i.e. about 10% of the population of the country. Being a service Organisation ESIC is handling numerous Public grievances/queries from its stake-holders throughout the year.
- In pursuance of the instructions issued by the Directorate of Public Grievances, Govt. of India, the Corporation is making all out efforts for qualitative and speedy redressal of all the Public Grievances received.
- Public Grievances are received through various channels like Telephone, Postal, Email, CPGRAMS, Social Media etc.
- The Corporation monitors Public Grievances through a vast network of designated Public Grievance Officers posted in all the field offices/ESIC hospitals.
- To provide guidance/information to the stake holders/beneficiaries and making the grievance filing easy and convenient, the Corporation has set up a 24-hour Toll-Free helpline number 1800-11-2526 through which Stakeholders & public can register their grievances telephonically and get a grievance registration number for the same. They can also seek status of their grievance from this helpline by providing such grievance registration number. This facility has helped those IPs/IWs who are either illiterate or lacking writing/computer skills.

- All out efforts are made to redress all grievances at the earliest and within the maximum time limit of 30 days. As a result, the Corporation has been able to settle following number of grievances received on CPGRAMS portal satisfactorily during the period 01-01-2021 to 31-12-2021.

<b>Year</b>	<b>Brought forwarded</b>	<b>Received</b>	<b>Settled</b>	<b>Average Disposal Time (Days)</b>	<b>Pending as On 31/12/2021</b>
<b>01.01.2021 to 31.12.2021</b>	<b>218</b>	<b>12364</b>	<b>12220</b>	<b>9</b>	<b>362*</b>

\*

<b>Pending as On 31.12.2021</b>	<b>Pending 0-15 Days</b>	<b>Pending 16-30 Days</b>	<b>Pending 31-45 Days</b>	<b>Pending 46-60 Days</b>
<b>362</b>	<b>265</b>	<b>75</b>	<b>19</b>	<b>3</b>

- For quick and on the spot redressal of Grievances of beneficiaries Suvidha Samagams are also periodically arranged at Regional Offices/Sub-Regional Offices/Divisional Offices on second Wednesday(AN) (If holiday, then next working day) of each month and at Branch offices on 2<sup>nd</sup> Friday of each month regularly. Medical Superintendent of the ESIC/ESIS Hospitals, where the ESIC and ESIS Hospitals are located in the same town/city are also part of these Suvidha Samagam organized by the Regional Offices/Sub-Regional Offices/Divisional offices and on the spot medical related grievances are settled through them.
- In many cases where telephone numbers are available, feedback/Satisfaction level are also obtained from the complainant and in case of any dissatisfaction remedial measures are taken promptly.
- The Director General, ESIC himself/herself takes efforts on his/her part by reviewing at least 20 grievances every week to check qualitative and speedy redressal of grievances.
- A detailed standard operating procedure (SOP) for timely redressal of public grievances at each level with timelines has also been issued directing all offices to redress all the public grievances following the procedure.
- Video conferences are also arranged periodically to monitor speedy and appropriate disposal of grievances received at various ESIC offices/Hospitals.

## **20. PUBLIC RELATIONS: -**

The ESI Corporation has a setup of Public Relations Branch with Insurance Commissioner (PR) as the Divisional Head consisting of full-fledged P.R. Branch at Hqrs. Office, New Delhi assisted by one Nodal Officer each at the Regional, Sub-Regional & Hospital level. The major activities of Public Relations Branch in ESIC are: -

- Publicity and interacting with media for dissemination of information on new initiatives through Advts., Press Releases etc.
- Organizing meetings, seminars, outreach programmes, exhibitions, health check-up camps, health melas, awareness camps, foundation stone laying/inaugural ceremonies etc.
- Publication of brochures/pamphlets/booklets/Annual Report and other literature for the Corporation.
- Monitoring & updating of ESIC Information Website- `www.esic.nic.in`.
- Managing & handling of all the official Social Media Handles of ESIC.

## **21. COMPLIANCE UNDER RTI ACT, 2005**

1. The Right to Information Act 2005 has been implemented in all offices in ESI Corporation including ESI Hospitals and Dispensaries directly run by the Corporation.
2. Central Public Information Officer (CPIO) have been designated in all Regional/Sub-Regional/Divisional Offices/Hospitals, Dispensaries, Branch offices Directorate (Medical) Delhi, Directorate (Medical) Noida/NTA and Hqrs. Office. Appellate Authority has also been designated for each office.
3. The applicant may give the application for information under RTI Act 2005 along with payment of Rs.10/-by way of depositing in cash or challan or banker's cheque or Indian Postal Order or DD drawn in favour of ESIC fund Account Number 1. Payment can also be made by the applicant online through the payment link of RTI Portal.
4. The information to the applicant is ordinarily provided in the form in which it is sought.
5. Manual of the Right to Information has been published as per provisions of RTI Act, 2005, 11866 requests for information were received during the period 01.01.2021 to 31.12.2021 out of which information was provided in 10505 cases, 107 cases transferred to CPIOs of other Public Authorities and 102 cases were rejected.
6. 951 Appeals were also received during this period out of which 827 Appeals decided.
7. The name and the address of the Appellate Authority is mentioned in the reply/decisions communicated to the applicant.

## **22. TRAINING: -**

### **i) Details of Training Academy**

In the year 2005, National Training Academy of ESIC was set up to impart training to all group 'A' and 'B' officers of ESIC with the Additional Commissioner as its head and it started functioning from ESIC Regional Office, Mumbai Building. The National Training Academy is the apex training centre of the ESIC under Training Division with the Insurance Commissioner as head of NTA. Its job is to impart training to all group 'A' and 'B' (including medical and non-medical) officers of ESIC. Presently the NTA is situated at Dwarka, Delhi.

In addition, following Zonal Training Institutes (ZTIs) were also set up to impart training to group 'C' & 'D' staff of ESIC headed by ZTI in-charge of the level of Director/Joint Director.

1. ZTI (North Zone) at R.O. Delhi.
2. ZTI (South Zone) at ESIC Medical College Gulbarga.

3. ZTI (West Zone) at R.O. Mumbai.
4. ZTI (East Zone) at R.O. Kolkata.

## **ii) Training Programme**

In the calendar year 2020 a total number of 76 training programme of 108 days were conducted by NTA and Two ZTIs (South & West Zone), where 13969 participants were trained.

## **iii) Keeping pace with the times**

With the advent of new technologies and need of the hour, NTA has also geared up its mechanism of imparting trainings. In the changed times, NTA is devising and imparting e-trainings by Video Conference tools and other suitable online applications, cutting costs on one hand and ensuring maximum participation on the other.

During the period January 2021 to December 2021 online training for 200 days has been imparted to 15890 participants.

## **23. FUNCTION OF PROCUREMENT CELL & RATE CONTRACT CELL**

### **(a) The functions of Procurement Cell is as under:**

- Policy matters related to equipment procurement
- Sanction / Approval of equipment proposals received from ESIC Institutions outside ESIC Norms and/or beyond DOP of Deans/Medical Superintendents for procurement by user units.
- Issue of instructions and monitoring statutory adherence of all Public Procurement guidelines including Make in India guidelines.
- Augmenting and strengthening of equipment capacity for ESI Institutions requiring equipment for delivery of Super Speciality services.
- Ensuring optimum utilisation of equipment.
- GeM coordination and follow up for incorporation for procurement modalities and issue of instructions in respect of updated decisions on procurement of equipment related to GeM (Demonstration of equipment, freezing of cost for procurement of accessories, consumables, AMC/CMC inter alia etc.) for ease of procurement by ESIC Institutions.
- Enhancement of Delegation of powers of Deans/Medical Superintendents of ESI institutions in respect of procurement of equipment.
- Updation/ Revision of medical equipment norms for ESI Institutions.
- Standardisation of high-end equipment specification for uniformity across ESI Institutions eg. Cathlab, Ophthalmic Operating Microscope, Radiation Oncology and Nuclear medicine (under process of evaluation at Hqrs' office).
- Coordination with concerned authorities (GeM, Ministry of Health & Family Welfare, DPIIT, Deptt of Pharmaceuticals etc.) for resolution of issues/ complaints of ESI Institutions in procurement of equipment.

- Enhancing the financial DOP for purchase committee, facilitating optimum time period for procurement /receiving donations of equipment/consumables for management of COVID.
- Coordination with GeM for creation of online category in respect of new equipment.
- Release/Return of EMD and PBG in coordination with user units.

**(b) RATE CONTRACT CELL:-**

ESI Corporation established under the ESI Act, 1948, provides comprehensive Medical Care Services through a large network of Health Institutions. ESI Corporation provides Drugs & Dressings material through Running DGESIC Rate contracts formulated at ESIC Hqrs. office. These are used by ESI Institutions, all over the country to ensure uniform supply of quality generic drugs to the end users at competitive rates. As on date the following Rate Contracts are valid. The process of formulation of Rate Contract is given at **Annexure-VI**.

S. No.	DG ESIC Rate Contract	Validity of RC	No. of items approved
1	DG ESIC RC No. 142B to 146B	Valid upto 29.03.2022, Extended upto 30.09.2022	177 items
	DG ESIC RC No. 147A	Valid upto 29.03.2022	9 items
2	DG ESIC RC No. 142C to 146C & 147B	Valid upto 31.10.2023	569 items

**24. SUPER SPECIALTY TREATMENT CELL: -**

ESI Corporation in its 143<sup>rd</sup> Meeting has approved Super Specialty Treatment (SST) services on cashless basis to its beneficiaries w.e.f. 01.08.2008 which is provided through the tie-up arrangement with Corporate/Trust/ Private Hospitals at CGHS rates. The expenditure on SST is borne by the ESI Corporation only over and above the ceiling prescribed for expenditure on medical care from time to time.

Accordingly, Hospitals are empaneled and ESI beneficiaries are referred so as to avail cashless **Super Specialty Services** (Specialty therapeutic and diagnostic services).

The SST Cell, Hqrs Office facilitate and ensure smooth and seamless delivery of this cashless medical treatment services via empaneled hospitals.

**Major Initiatives taken during 2021-22:**

- I.** In order to deal with rare diseases, ESIC on 15.03.21 has framed "Operational Guidelines on Rare Diseases" along with teaching and training module for health workers and IEC material for general public which has been circulated to all the filed locations.
- II.** All ESI Empanelled Hospitals to mandatorily update the address fields (Location) on the UTI module so as to enable geo tagging to UMANG APP for the ease of ESI Beneficiaries.

In addition to above, Ministry of Health & Family Welfare, Directorate of CGHS had issued various rate updations & advisories which have been duly adopted and circulated by ESIC for all its empaneled hospitals and stakeholders so as to provide upmost medical facilities to its

beneficiaries. During the period 21-22, the following initiatives have been undertaken by SST Cell Hqrs. Office which have been duly intimated to all stake holders through web site upload.

<b>Sl. No.</b>	<b>Web site uploaded letter No.</b>	<b>Subject</b>
1	F. No: U-16/30/632/2017- SST/ERT	ESIC guidelines on Rare Diseases
2.	F. No: U-16/30/534/2017- (UTI. Integ.)/SST	Provision of rare disease marking alert in the HIS application.
3.	F. No: U-16/30/68-V.Shanvika/2021/SST/HCT Cases/WUL.	High Cost Treatment cases.
<b>CGHS Initiatives</b>		
4.	F. No.: U-16/30/580/2017- SST/CGHS	Adoption of CGHS rates for 21 treatment procedures/investigations in continuation of CGHS rates 2014.
5.	F. No.: U-16/30/580/2017- SST/CGHS	Adoption of CGHS O.M. on guidelines and ceiling rates for permission/reimbursement for Bariatric Surgery procedures under CGHS/CS (MA) rules 1944.
6.	F. No.: U-16/30/580/2016- SST/CGHS	Updating codes for CGHS package rates for code no. 1781 to 1853.

## **25. RECRUITMENT DIVISION**

The activities of Recruitment Division in ESIC mainly involve around conduct of recruitment and selection for vacancies in Teaching, Medical, Paramedical & Nursing, Administrative and Technical cadres for which consultation of UPSC is not necessary. The Recruitment Division publishes advertisements, holds Examinations and Interviews, compile, declare and publishes the results.

During the year 2021, the Recruitment Division notified multiple recruitment notifications to fill up huge number of vacancies in various cadres as detailed hereunder:

### **Medical Posts:**

<b>Sl. No.</b>	<b>Post</b>	<b>No. of vacancies</b>	<b>Present Status</b>
1.	Recruitment of IMO Gr. II	1120	Advertisement released on 14.12.2021. Receipt of Online Applications from 31.12.2021 to 31.01.2022. Written Examinations held on 30th March, 2022.
2.	Recruitment of Specialist Grade-II (Jr. Scale) for Chhattisgarh region.	15	Advertisement released on 19 <sup>th</sup> November, 2020. Interviews conducted from 13-15, September, 2021. Result declared on 29 <sup>th</sup> September, 2021.
3.	Recruitment of Specialist Grade-II (Jr. Scale) for Uttarakhand regions.	07	Advertisement released on 23 <sup>rd</sup> December, 2020 and applications received. Interviews to be conducted shortly.
4.	Recruitment of Specialist Grade-	47	Advertisement released on 29 <sup>th</sup>



	II (Sr. Scale & Jr. Scale) for Himachal Pradesh, Odisha, Assam and Tamilnadu regions.		September, 2021 and applications received. Interviews to be conducted shortly.
5.	Recruitment of Specialist Grade-II (Sr. Scale & Jr. Scale) for Haryana, Punjab and Bihar regions.	44	Advertisement released in 22 <sup>nd</sup> December, 2022 and applications are being received. Interviews to be conducted after receipt of closing date of application i.e. 31.01.2022.
6.	Recruitment of Specialist Grade-II (Sr. Scale & Jr. Scale) for UP, Gujarat, Rajasthan and Maharashtra regions.	157	Advertisement released in 29 <sup>th</sup> December, 2022 and applications are being received. Interviews to be conducted after receipt of closing date of application i.e. 14 <sup>th</sup> February, 2022.
7.	Recruitment of Dean for 11 ESIC Medical/Dental teaching institutions.	11	Advertisement released in 16 <sup>th</sup> December, 2022 and applications are being received. Interviews held in April, 2022.

### **Administrative Posts**

<b>Sl. No.</b>	<b>Post</b>	<b>No. Of vacancies</b>	<b>Details of Recruitment</b>	<b>Present Status</b>
1	Recruitment to the post of UDC, Steno. & MTS	UDC-1769 Steno. -165 MTS-1948	Advertisement released on 27.12.2021	Advertisement released for 26 ESIC Regions/Offices on 27.12.2021. Receipt of Online Applications from 15.01.2022 to 15.02.2022. Written Examinations scheduled from March to June, 2022.

### **Limited Departmental Competitive Examination**

<b>Sl. No.</b>	<b>Recruitment Activity</b>	<b>Details of Recruitment</b>	<b>Present Status</b>
1.	Advance Increment Test for existing Stenographers.	Advance Increment Test was conducted 08.11.2021.	Result of successful candidates was declared on 10.12.2021.
2.	Half Yearly Computer Skill Test for Employees appointed to the post of UDC on the Compassionate Ground/under Sports Quota	Half Yearly Computer Skill Test scheduled for 25.2.2022.	Notification issued on 12.01.2022.

Recruitment process for filling up vacancies in rest of the Medical, Paramedical & Nursing and Administrative Cadre is under initiation and recruitment notifications for the same are proposed to be issued in the year 2022.

## **26. INFORMATION COMMUNICATION TECHNOLOGY DIVISION**

### **PREAMBLE:**

#### **1. PANCHDEEP 1.0: ESIC'S E-GOVERNANCE PROJECT (09 – 21)**

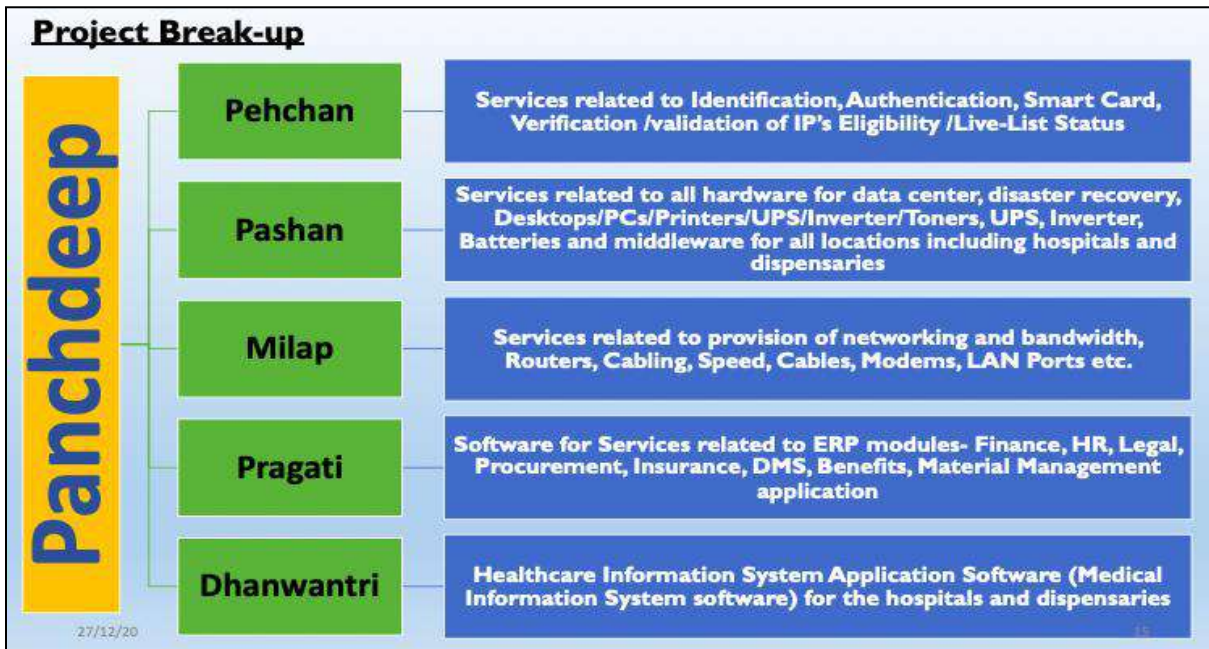
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In order to provide hassle-free health and social security services to the stakeholders as well as for transforming its business into total e-governance, ESIC rolled out a very ambitious project "Panchdeep" through a national digital network, on a big bang approach, in all the 2300+ locations. Project Panchdeep is one of the largest e-governance programs of the country to provide online facilities to the Employers, Insured Persons, ESI Staff, Third party & government agencies, Suppliers and other stake holders. It provides registration of employers & beneficiaries, deposition of contribution, disbursement of cash benefits and documentation of medical services for all insured people. The task for conceiving, integrating, capacity building, application development & implementing the project was assigned in 2009 to a System Integrator on a BOOT model (live in 2011) and included on-premise Data Centre, Recovery Centre, procurement, provisioning & management of Infrastructure, MPLS connectivity, Facility management and IT Infrastructure procurement in all 2300 locations, for 5 years. Presently it is being maintained (O & M) on best efforts basis through a System Integrator.

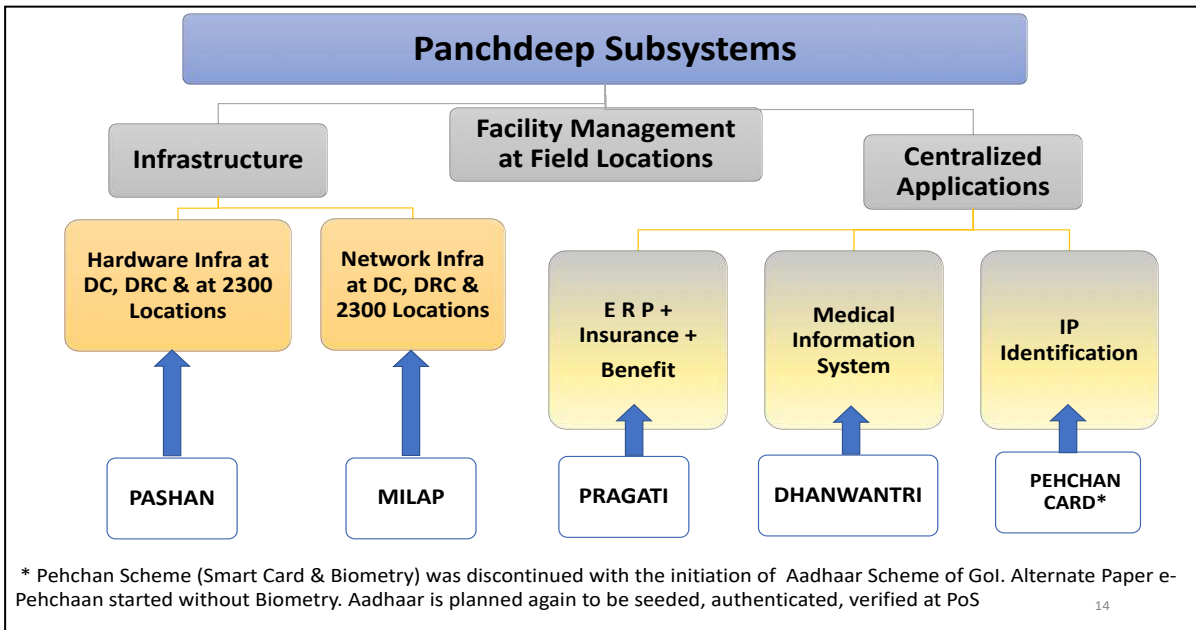
#### **2. PANCHDEEP PROJECT 1.0 BREAK-UP**

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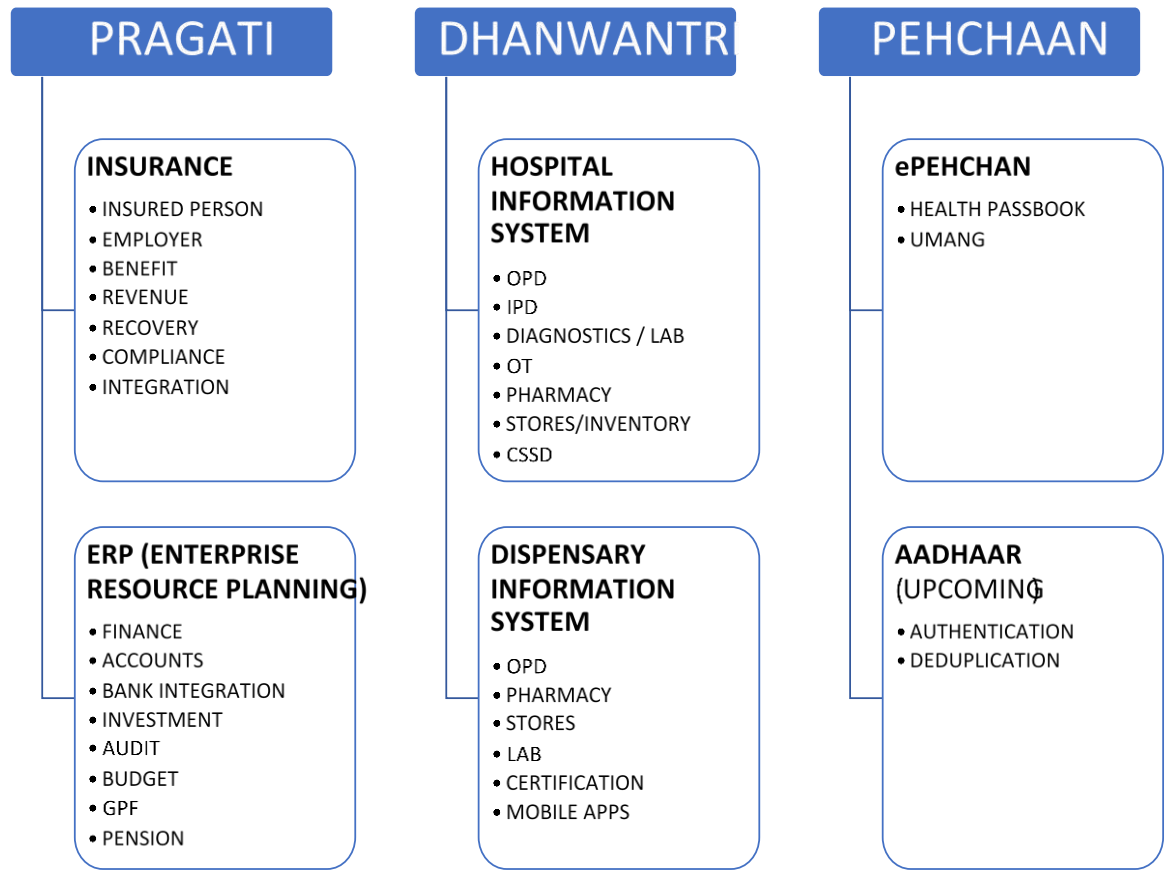
The project has five components, namely, **Pehchan** which includes all services related to identification, authentication and verification of Insured Persons (IPs). It initially included capturing of biometry of the beneficiaries (for deduplication) and work related to issuance of two Smart Identity Cards (one for IP and one for his family) for availing Benefit from any ESI institution, anywhere in the country, anytime. Later, with inclusion of the e-Pehchan, these were discontinued. Aadhaar is yet to be implemented; **Milap** comprises of all services related to provisioning network and bandwidth; **Pashaan** consists of services related to hardware for Data Centre, Disaster Recovery, desktops /PCs and Middleware; **Dhanwantri** includes all services related to Hospitals, Dispensaries, OPD, IPD, Laboratories, Imaging Services and **Pragati** for all services related to ERP, Insurance, Benefit, HRMS, Material Management and Finance.



### 3. PANCHDEEP 1.0 SUB-SYSTEMS



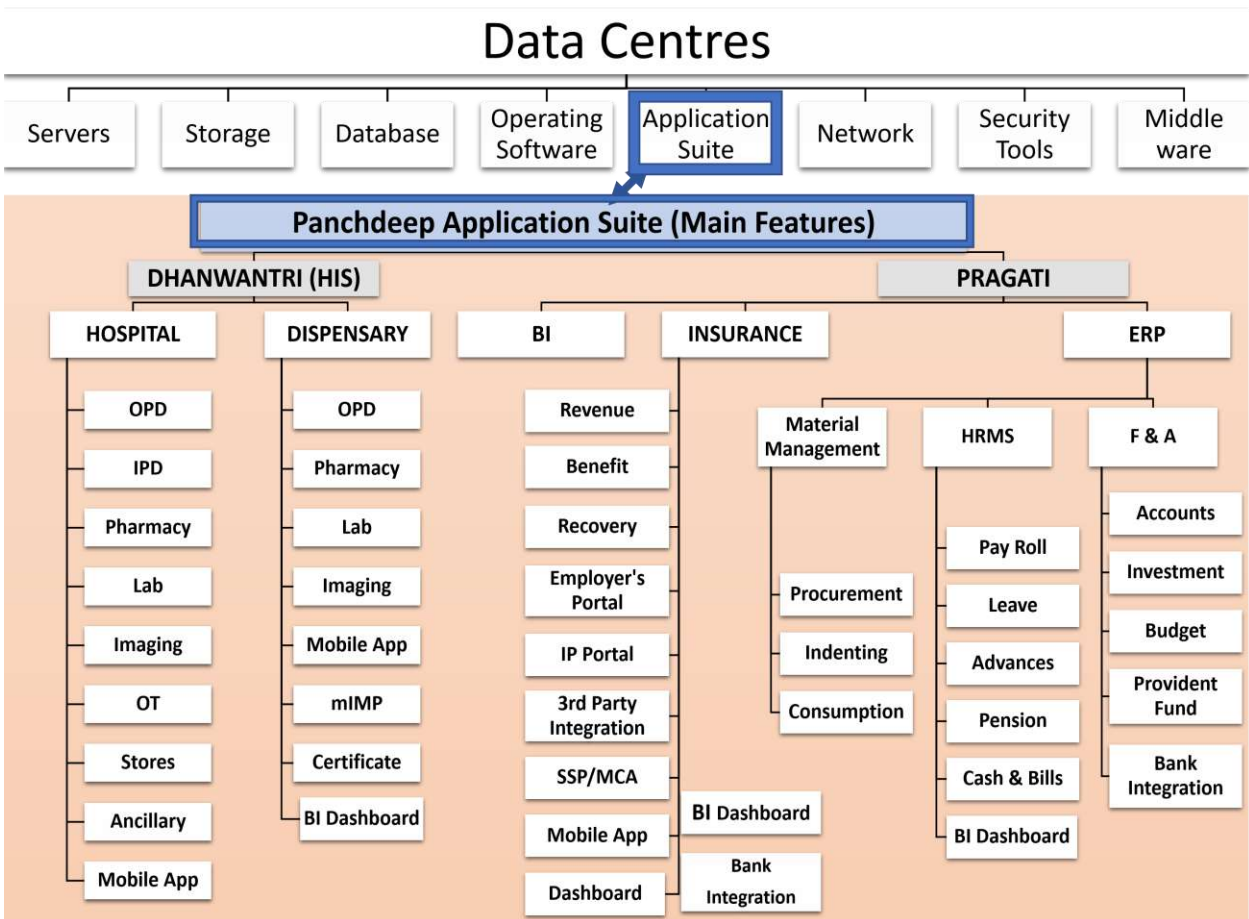
#### 4. PANCHDEEP APPLICATION SUITE



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#### 5. PANCHDEEP APPLICATION SUITE (SALIENT FEATURES)

The suite of applications is a centralized web-based solution that enables users of various ESI offices to access the applications from web browsers in addition to through the dedicated LAN/WAN. The solution is driven by a flexible & configurable workflow engine to ensure it meets all workflow requirements of ESI scheme such as administration, requirement of medical facilities, contribution made by employers and administration of ESIC employees. The solution also consists of a self-service portal for the employees covered under the scheme. The key application system is captured in the diagram below:



Presently, while running status quo, the Operation & Maintenance Support for Data Centre & Disaster Recovery Centre is outsourced to a Service Provider. O & M also includes support for all Panchdeep Applications and 3<sup>rd</sup> party Integration and consultancy support to ESIC for taking AMC, ATS for Middleware and Hardware at DC /DRC as & when required at an additional cost to ESIC. However, Field locations Hardware, Network, Bandwidth (Including DC & DRC), Facility Management are out of scope of the service provider and are to be done by ESIC. Similarly ESIC has taken over the job of procurement of IT assets and renewal of AMC, ATS, License subscription of these assets of DC & DRC ESIC. The connectivity solution through SDWAN in all the locations is done by another third-party vendor.

As on 01.02.2022, following new value-added provisions have been made for ease of doing business by the stakeholders:

### **Beneficiary-centric value-added initiatives**

- 1) The **Atal Bimit Vyakti Kalyan Yojana (ABVKY)** scheme has been made simpler & easier. The beneficiaries need not visit their ex-employers for validation of their Claim applications, nor they are required to visit any of the ESIC offices, in person, to submit claim documents. They have also been empowered with the tools of 'self-declaration', 'self-attestation', 'online-uploading' thus abolishing the earlier requirement of Non-Judicial Stamp Papers, certification by a Notary and physical presence, in line with the

vision of the Prime Minister. These small changes in the process not only saved the beneficiaries of monetary expenses, but also prevented them of unwarranted hassles in the current situation of Covid-19 Pandemic. The eligibility conditions have been drastically relaxed so that more and more of the beneficiaries take relief under the scheme to mitigate the hardship during these difficult days of national disaster. The relief amount has been doubled and incorporated for auto-calculation by the system defined logic. The ease of making an online claim and getting relief thereafter has been grossly simplified. Necessary validations and system defined verifications have been implemented for lesser human intervention and instantaneous relief amount calculation as well as direct transfer of relief money to the beneficiary's bank account.

- 2) Integration of **Panchdeep Module with PMJAY** for real-time eligibility check before availing services through 'Ayushman Bharat' in specified districts for the benefit of the Insured Persons.
- 3) A **Performance Dashboard** is published in [www.esic.in](http://www.esic.in) depicting status on various Key Performance Indicators, adding value to the organization's credibility and deliverables.
- 4) A management Dashboard comprising of construction dashboard & Hospital dashboard has been developed & deployed for the top management.
- 5) Unified Account Number (UAN) Seeding: About 70 Lakh UAN have been seeded against the Insured persons by the Employers in the Panchdeep Application (Insurance Module). The target of 75 Lakh UAN seeding, shall be met by 15<sup>th</sup> Feb, 2022 celebrate Azadi ka Amrit Mahotsav.
- 6) An API is also under making for integration with EPFO Database for authentication deduplication of seeded UAN by the Employers.
- 7) For the target delivery of benefits to the bonafide Beneficiaries and for dissemination of information from time to time, the **Mobile number seeding** of the newly registered employees were made mandatory in ESIC database. The authentication of Mobile Numbers is done through a mechanism of validation through the OTPs, up till now about 2.61 Crore mobile numbers have been seeded.
- 8) The **seeding of Bank Account** details of the newly registered employees was made mandatory in ESIC database. The system automatically validates the IFS Codes and fetches credentials of the bank for uniform data seeding. System prevents duplication of bank account credentials and thus ensures target delivery of cash benefits by removing bogus data.
- 9) Online **verification of bank Account** credentials of beneficiaries through NPCI is being planned to be integrated. Uptill now about 2.67 Crore of Bank accounts have been seeded in database.
- 10) The provisioning of Bulk uploading and seeding of Bank account details of existing IPs/Employees made in Panchdeep application facilitated employers to quickly update data of the existing beneficiaries.
- 11) **E-Payment facility** has been provisioned for direct disbursing of benefits to the bank accounts of beneficiaries through SBI gateway.
- 12) For the convenience of the Employers / establishments, ESIC has integrated with different Banks (SBI, BoB, ICICI, IDBI, Axis, Canara, HDFC, etc.) for online payment of contribution by the employers using Internet Banking (Corporate and Retail) for Real

- time remittance. Integration with other Banks is in the process for enabling employers to make contribution payment through bank of their choice.
- 13) UTI-ITSL has been a partner of ESIC as 3<sup>rd</sup> party **Bill Processing Agency** for processing and scrutinizing online claims and bills of private hospitals from where ESI procures medical services in special cases mainly for tertiary care services. The software module of UTI-ITSL has been successfully integrated with various modules of Panchdeep. This has facilitated online referral to processing to scrutinizing and clearing of payment against the bills raised, resulting in transparency, promptness and efficiency of providing cashless medical services of ESIC, in case ESIC desires to procure a service for the beneficiary that is not-available inhouse.
  - 14) **The 'Ask An Appointment' Mobile App** has been fortified with provisions for seeking appointment in Hospitals. A beneficiary, who has been referred to a hospital online by a dispensary doctor, can seek an appointment for registration in OPD of a referred department of a referred hospital, on a particular day. Furthermore, if a doctor in a hospital has advised a beneficiary for a review visit (follow up) online, the patient can seek an appointment to prevent waste of time in queues. Appointment facility through a mobile app was earlier available for seeking appointment in dispensaries only. Presently, Delhi State (DMD) has implemented this facility in dispensaries. Hospitals are being trained to adopt the provisions .The States of Telangana and Goa are also being trained to adopt the Appointment module. These hospitals/states are about to make necessary configurations in the holiday master for the state/hospital /dispensary, defining time slots based on resource availability in each of the departments/ hospitals/ dispensaries, and the days when these departments function /operate. The one-time configuration for each dispensary / hospital is resource intensive and is dependent on the adoption / ownership of the controlling office. However, the module is Nation-Ready.
  - 15) ESIC has given an option to Employers to create their account on **National Career Services (NCS)** Portal on single click through Employer portal in [www.esic.in](http://www.esic.in). This integration of ESIC with NCS helps Employers to further post the vacancies in their industries on NCS portal resulting in value addition proposition to the beneficiaries.
  - 16) The [www.esic.in](http://www.esic.in) portal has been revamped for a new look and ease of accessing. Security compliances of [www.esic.in](http://www.esic.in), as mandated by GIGW and VAPT, have already been made.
  - 17) The [www.esic.in](http://www.esic.in) is being gradually made **multilingual**. To start with provision for selection of Marathi, Punjabi, Telugu, Tamil, Malayalam, Gujarati & Kannada languages have been made in the IP Portal in addition to Hindi and English.
  - 18) **The UMANG Mobile App:** Many Panchdeep value-added information and functionalities are provided to the beneficiaries through the Unified Mobile Application platform for New-age Governance (UMANG) of Government of India. The facilities of the UMANG App has been successfully enhanced (May-June 2021) with added features. Any ESI centre or a tie-up hospital (PMJAY or UTI-ITSL) can be searched in the app, based on distance and /or services available therein. This data-intensive enhancement is an important **achievement** considering the intricacies & complexities, which has become possible due to inter-departmental coordinated efforts of the ESIC ICT Team with the

ESI field locations, Tie-up hospitals, Ayushman Bharat, UTI-ITSL and NeGD and their respective IT Service Providers, Business Analysts, etc.

It is a matter of pride that recently, ESIC bagged "**Award of Excellence 2020**" and was selected as UMANG Silver Partner for achieving 5 – 10 lakh average transactions per month for the services being offered through UMANG ESIC Chinta Se Mukti App.

- 19) **DHANWANTRI Mobile App:** The Dhanwantri Mobile App is an extension of the Dhanwantri Web App and is meant for ESIC & ESIS Doctors, modified Insurance Medical Practitioners (mIMPs), Chemists/ Diagnostic Centres of mIMP scheme. It has been enhanced (May-June 2021) further successfully to help Doctors prescribe pre-defined terms of drugs, diagnosis and tests. mIMPs can capture clinical data through hand-held devices. The App has now features as per the expected outcome. International Classification of Disease ver-10 (ICD 10) and the Systemic Nomenclature of Medical and Clinical Terminology (SNOMED-CT) as available in the Dhanwantri web module, are also linked to this Mobile App for capturing of standardised terms of diagnosis/ disease, without requiring extended typing by the physicians.
- 20) **Changing Dispensary by IP at ease:** New Facility has been provisioned for the Insured Persons to generate request online, at his comfort to Change Dispensary / IMP Clinic of his choice, subject to the permissible limit and conditions. This shall empower the beneficiary to access services at ease and prevent his unnecessary travels to the offices/ employer.
- 21) **Multilingual SMSs to the IPs:** The Beneficiaries are being facilitated for opting language in which value-addition SMSs may be sent to them. **Now IP can choose or change Language of his choice** for receiving SMSs. He shall have any one of the 12 different languages to choose, in addition to the National Language. By default, it shall be in Hindi for North India and in English for South India. The module is made ready and deployed. However, translation of SMSs in regional languages are in progress and shall be implemented soon.
- 22) **COVID-19 Dashboard in [www.esic.in](http://www.esic.in):** A new value-added feature has been implemented for the benefit of the citizen of the Nation to help during these difficult periods of the COVID-19 Pandemic. An information Dashboard has been developed which depicts the near-Realtime status of the availability of vacant beds, oxygen and ICU facilities. RT-PCR testing capability, availability and Vaccination programme related information. Even though, it is a small step, but it has earned wide appreciation from the patients and attendants requiring such information.
- 23) **Engagement of a professional IT Consulting Entity:** ESIC is in the process of **engaging a professional IT Consulting Entity** of repute for revamping of 12 years old IT system of ESIC 'Panchdeep 1.0' to 'Panchdeep 2.0'. The engaged professional body shall not only examine and recommend on the quantum and nature of the resource requirements in ESIC IT set up, but also be responsible for advising on commissioning & operationalization of critical technical modernization processes and activities of 'Project Panchdeep'. The actionable deliverables shall include suggesting appropriate technology solutions and hiring of managed services, infrastructural and connectivity solution and other technological upgradation in line with the vision of ESIC, as well as identify the requirement for technical manpower at Hqrs Office, DC/DR and field units for building an



inhouse IT team. The entity may be engaged through the Government agencies such as NICSI, C-DAC, etc., or from the open market. The proposal was approved by the Standing Committee in its 220<sup>th</sup> Meeting, held on 26.11.2020.

- 24) ESIC has been permitted by UIDAI to become sub-AUA of Ministry of Labour & Employment for performing online authentication of Aadhar in addition to storing the complete eKYC, as per Regulation 16(2) of the Aadhaar ( Authentication & Offline verification) Regulation, 2021, in the Aadhaar Data Vault to be procured by ESIC. UIDAI has provided approval for registration of un-organised worker or any other person, as mandated in The Code of Social Security, 2020.
- 25) ESIC has on boarded in "PRAYAS"(prayas.nic.in) and is sharing 2 Keys Performance Indicators(KPIs) on the outpatient services of the ESI health Centres and showcasing information in the PRAYAS Dashboard.

## **27. e - Procurement/Government at e-Market Places/ Swachhta Action Plan (SAP)** **e-Procurement:**

### **e-PROCUREMENT**

ESIC has undertaken e-Tender through NIC/NICSI from 01-02-2019 and onward on Central Public Procurement Portal (CPPP). Thus, ESIC has complied the directive of Govt. of India issued vide circular No. D-11/12/Hqrs.Misc/2015-Genl. Dated 14-03-2019 for making it compulsory that e-Procurement of all tenders should be done through on CPPP.

### **GOVERNMENT e-Market Place**

As per direction of Govt. of India Circular No. F-13/4/2017-PPD (PT) dated 3<sup>rd</sup> May, 2016, all procurements have to be made through GeM. Accordingly, ESIC issued a Circular No. D-13/11/All India Circular/2016-Genl. Dated 25.072017 for making it compulsory for all Ros/SROs/Hospitals to procure all goods & services available on portal through GeM. Accordingly, ESIC is complying the directives of Govt. of India.

### **SWACHHTA ACTION PLAN (SAP)**

As per direction of Ministry of Labour & Employment, Govt. of India vide their letter No. D-Adm-II dated 25/06/2018, ESIC has undertaken activities fo-2014/3/31016r cleanliness/Awareness drive during Swachhta Action Plan commencing fromThe .2018/04/01 directives circulated to all theRegional Office/Sub-Regionaloffices/ESIC Hospital & Medical/Dental Colleges across the country for compliance.

## **28. Management Services Unit:**

**ISO Certificate in ESIC:** - All Regional/Sub Regional Offices, D(M)D, ESIC Model Hospital were expected to get themselves audited for quality Services and get certified under the latest QMS. As on 01.01.2022, Total 79 field units have been awarded ISO Certificate.

**VIP/MP reference:** - Coordination in respect of 236 No. MP/VIP reference received during the year has been done with respective branches of Hqrs. Office.

**Productivity Linked Bonus:** - On the basis of calculation done by MSU payment of Productivity Linked Bonus (PLB) has been made to employees of the Corporation for the year 2020-21.

**Review of Citizen/Clients Charter:-** Citizen's / Clients Charter of Employees' State Insurance Corporation for the year 2020-21 has been prepared/ finalised after getting relevant data from respective branches of Hqrs. Office.

**29. GENERAL INFORMATION AND STATISTICAL DATA REGARDING THE EMPLOYEES' STATE INSURANCE SCHEME**

General information regarding benefits, coverage etc. under the ESI Scheme and the latest statistical data regarding the scheme are summarized at Annexures given below.

1.	General Information regarding ESI Scheme	<b>Annexure – I</b>	<b>52-57</b>
2.	Benefits & Contributory conditions	<b>Annexure - II</b>	<b>58-62</b>
3.	List of Regional Office/Sub-Regional Office/Dispensary-cum-Branch Office	<b>Annexure – III</b>	<b>63-67</b>
4.	Revenue & Expenditure of Corporation	<b>Annexure – IV</b>	<b>68</b>
5.	Progress made under ISM/AYUSH as on 01.01.2022	<b>Annexure – V</b>	<b>69-75</b>
6.	Process of formulation of Rate Contract	<b>Annexure – VI</b>	<b>76-77</b>

**29(I)(a) GENERAL INFORMATION REGARDING EMPLOYEES' STATE INSURANCE SCHEME**

**1. COVERAGE UNDER THE ESI ACT, 1948:**

- i. The Act is applicable to factories employing 10 or more persons.
- ii. Under Section 1(5) of the Act, the Scheme has been extended to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings and newspaper establishments employing 10 or more coverable employees in 31 States/UTs. (Except – Arunachal Pradesh, Manipur, Andaman & Nicobar Island, Dadar & Nagar Haveli Daman & Diu and Lakshadweep)
- iii. The Scheme has further been extended under Section 1(5) of the Act to Educational Institutions in 28 States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Andaman & Nicobar Island, Chandigarh, Dadar and Nagar Haveli Daman & Diu and Lakshadweep) and to Private Medical Institutions in 27 the States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Andaman & Nicobar Island, Dadar and Nagar Haveli Daman & Diu, Lakshadweep and Puducherry)
- iv. The scheme is also being extended to contract & casual employees of Municipal Corporation & Municipal bodies
- v. The existing wage-limit for coverage under the Act, is Rs. 21,000/- per month w.e.f. 01.01.2017(Rs. 25000/- per month in case of persons with disability)

**2. AREAS COVERED.**

The ESI Scheme is being implemented District wise in stages. The Scheme has already been implemented in different areas in the following States/Union Territories: -

- I. **States:** All the States.
- II. **Union Territories:** Notified in all union territories except Lakshadweep.

Out of the 35 notified States & UT's, entire area in 13 states/UT's are notified for coverage under ESI Scheme.

**3. EXPANSION OF ESI SCHEME (Vision 2022)**

In furtherance of second generation reforms ESIC 2.0, ESIC has worked out an action plan for All India coverage of ESI scheme with the following targets as per Vision – 2022.

S. No.	Subject	Target Year
1	To fully implement the Scheme in 153 Districts where it is partially notified and 148 Districts where scheme is non-notified.	31 <sup>st</sup> March, 2022

Simultaneous with expansion of ESI Scheme to a vast geographical area of the country, ESIC shall make the benefits of social security available to all eligible employees and their family members under ESI Scheme.

Code on Social security, 2020 (Act 36 of 2020) has been notified for information. The effective date of implementation is also expected to be notified shortly. The code subsumes ESI Act, 1948 along with eight other central enactments in the field of Social Security. Once notified, the entire area of the country shall be implemented for the purposes of ESI Scheme under Section 1(3) of the Code.

Medical arrangement through State Govt. is being expedited by respective Regional Directors for extending the coverage of ESI Scheme. In cases where NOC is given by the State Govt., ESIC is directly making the medical arrangement in the non-implemented area. For this ESIC has framed following policy for setting up of new DCBOs/operationalisation of earlier approved DCBOs in consultation with Ministry of Labour & Employment, Govt. of India: -

1. DCBOs would be established/ operationalized in only such districts which have no ESI Dispensary and have IP Population of 3000 or more within a radius of 10 Km. In case a Branch office is already there in such district, then the branch office may be converted into DCBO.
2. In districts having less than 3000 IPs with 10 Km, medical facilities may be provided through IMP Clinic / private empanelled hospitals.
3. There shall be minimum two (2) doctors in each DCBO.
4. There should be no IMP within a radius of 10 Km of DCBO, and if so, the same shall be dis-empanelled.
5. DCBO should be located at such place which is easily accessible by public transport from every corner of the district and have the maximum IP population.

The revised policy has been reviewed and accepted by 185<sup>th</sup> meeting of ESI corporation held on 07.09.2021.

#### **RECENT INITIATIVES FOR EXPANDING COVERAGE UNDER THE SCHEME.**

Under Vision 2022, the scheme is being notified in entire area of the Districts where the scheme is either partially notified in centers or non-notified. The Scheme has been extended to 439 Complete Districts & in 153 districts where it is partially implemented in Districts Hqrs. Area & prominent industrial centers.

Vision 2022 proposes to expand the coverage of ESIC to the entire nation covering all Districts by the year 2022.

**Annexure-I(B)****STATISTICAL DATA REGARDING ESI SCHEME (ALL INDIA)**

<b>S. No.</b>	<b>Heads</b>	<b>ALL INDIA</b>	
		As on 31.03.2020	As on 31.03.2021
1	No. of Employees covered	30966930	24672150
2	No. of I.P's Covered	34144140	33919370
3	No. of Beneficiaries	132479263	131607156
4	No. of Insured Women	6265035	6163406
5	No. of Emolyers' registered	1236565	1482125
6	No. of Contributing Employer	603300	597479

The RO/SRO wise bifurcation of the data is given below:

<b>RO/SRO-WISE NO. OF EMPLOYERS, CONTRIBUTING EMPLOYERS EMPLOYEES, INSURED PERSONS &amp; INSURED WOMEN AS ON 31.3.2020</b>						
<b>Sl. No</b>	<b>State/ Region/ Area</b>	<b>Total Employers</b>	<b>Contributing Employers</b>	<b>No. of Employees</b>	<b>No. of Insured Persons</b>	<b>No. of Insured Women</b>
1	2	3	4	5	6	7
	ANDHRA PRADESH					
1	i)VIJAYAWADA	23858	11758	585820	632300	169788
2	ii)TIRUPATHI	9684	3867	243100	268360	80328
3	iii)VISAKHAPATNAM	12121	5753	367650	404930	87013
4	ASSAM, MEGHALYA, NAGALAND, TRIPURA MIZORAM & MANIPUR	16897	6823	296740	318050	49651
5	BIHAR	16453	6182	314600	339530	27843
6	CHANDIGARH(UT)	5921	3069	153510	167850	25268
7	CHATTISGARH	18748	9159	454510	502700	54549
	DELHI					
8	i) RAJENDER PLACE	23707	10722	397070	432500	53915
9	ii)NAND NAGARI	16109	6035	162570	180360	19656
10	iii) ROHINI	20061	11645	230330	253120	30014

11	iv) OKHLA	23559	11598	654990	730370	72665
12	GOA	7496	4111	186460	209270	37279
	GUJARAT					
13	i) AHMEDABAD	32980	17630	769220	847240	95995
14	ii) ALKAPURI BARODA	13676	8498	405090	458440	40313
15	iii) SURAT	12844	6446	381150	416610	38252
	HARYANA					
16	i) FARIDABAD	30039	16504	751690	863960	96444
17	ii)GURGOAN	24568	10906	1089230	1269080	125460
18	iii)AMBALA	17641	7786	247790	273060	30513
19	H.P.	9413	4999	310200	348140	46747
20	J & K	5808	2594	121980	133440	16501
21	JHARKHAND	22252	9194	414550	446260	53482
	KARNATAKA					
22	i) BINNY PETH	33853	15104	1024980	1144200	311573
23	ii) HUBLI	14210	7922	328320	351580	82956
24	iii)PEENYA	16119	8007	479880	538170	185360
25	iv)BOMASUNDRA	16951	7591	728830	818540	230711
26	v) GULBARGA	8299	3772	161200	175680	25680
27	vi) MYSORE	7194	3782	234120	256820	93966
28	vii) MANGALORE	6586	4473	189680	200880	80806
	KERALA & MAHE					
29	i)THRISSUR	7081	4960	151890	162850	74273
30	ii)ERNAKULAM	16390	9733	402950	437870	156566
31	iii)KOLLAM	8571	4133	137350	155810	97205
32	iv) KOZHIKODE	10320	5392	160380	171050	74791
33	v) THIRUNANTHANPURAM	6575	3078	136720	147430	64872
	M. P.					
34	i) INDORE	24215	10912	628560	693540	96200

35	ii)BHOPAL	13180	5950	325050	350900	46676
	MAHARASHTRA					
36	i) LOWER PAREL	30932	11707	534300	583040	85176
37	ii) MAROL	32189	14727	811110	876870	143457
38	iii) THANE	29968	15562	763880	830820	108613
39	iv) NAGPUR	14795	7292	334620	357570	31955
40	v) AURANGABAD	10900	5600	271740	302830	30517
41	vi) PUNE	50768	24248	1393050	1530890	218209
42	vii) NASIK	8140	4791	196960	216600	22008
43	ODISHA	27855	11938	685850	741390	73544
44	PUDUCHERRY & AN Islands	4708	2224	106460	117690	37575
	PUNJAB					
45	i)CHANDIGARH (PUNJAB)	15937	8430	420520	466900	78606
46	ii)JALANDHAR	11388	6984	274230	295520	60124
47	iii)LUDHIANA	17082	10208	379320	420470	60392
	RAJASTHAN					
48	i)JAIPUR	38888	20727	898030	1002260	109789
49	ii)UDAIPUR	7951	4502	204640	226500	28267
50	iii)JODHPUR	11669	6587	176920	196220	24650
51	SIKKIM	668	368	25760	27980	7727
	TAMIL NADU					
52	i) CHENNAI	62420	27140	1827520	2040390	605999
53	ii) TIRUNELVELI	9916	5118	179120	191840	78651
54	iii) SALEM	15308	7934	374910	415530	111966
55	iv) COIMBATORE	26163	14427	778640	874830	309661
56	v) MADURAI	16388	8968	415990	447100	185460
57	TELANGANA	63510	28946	1665170	1835360	427980
	UTTAR PRADESH					
58	i)KANPUR	25301	10967	461300	496080	44192



59	ii) VARANASI	5401	2584	121620	129490	11039
60	iii) NOIDA	36971	18227	1151620	1307670	153818
61	iv) LUCKNOW	17427	7190	476250	515080	46614
62	UTTRAKHAND	15611	7518	558640	644060	86035
	WEST BENGAL					
63	i) KOLKATA	52577	27007	1312490	1387180	157262
64	ii) BARRACKPORE	10242	5595	308970	323190	37323
65	iii) DURGAPUR	12113	5696	229140	241900	15115
	<b>ALL INDIA</b>	<b>1236565</b>	<b>603300</b>	<b>30966930</b>	<b>34144140</b>	<b>6265035</b>

**29(II). BENEFITS & CONTRIBUTORY CONDITIONS**

<b>Sl. No.</b>	<b>Name of the benefit (s)</b>	<b>Contributory conditions</b>	<b>Duration of Benefit</b>	<b>Quantum of Benefit</b>
<b>(i) (a)</b>	<b>SICKNESS BENEFIT</b>	Payment for at least 78 days in the relevant contribution period	91 days in any two consecutive benefit periods.	(70% of daily average wages)
<b>(b)</b>	<b>EXTENDED SICKNESS BENEFIT</b> (for 34 specified long-term diseases)	Continuous employment for a period of two years and contribution for 156 days in four consecutive contribution periods.	Two years (Maximum)	80% of daily average wages
<b>(c)</b>	<b>ENHANCED SICKNESS BENEFIT</b> (for undergoing sterilization operation for family welfare.)	Same as for Sickness Benefit.	7 days for vasectomy and 14 days for tubectomy; extendable in cases in post-operative complication etc.	100% of daily average wages
<b>(ii)</b>	<b>DISABLEMENT BENEFIT ( EMPLOYMENT INJURY)</b>	There are two types of benefits comes under Disablement Benefit which are as under:-		
<b>(a)</b>	<b>TEMPORARY DISABLEMENT BENEFIT</b>	He/She should be an employee on the date of employment injury.	Till the incapacity lasts.	90% of the daily average wages
<b>(b)</b>	<b>PERMANENT DISABLEMENT BENEFIT</b>	-do-	For life	Depends upon the loss of earning capacity of the workers which is determined by a Medical Board.
<b>(iii)</b>	<b>DEPENDANTS BENEFIT (Rule 58)</b>	The deceased should be an employee on the date of fatal accident.	1. To widow/widows for life or until remarriage 2. To widowed mother during life. 3. to legitimate or adopted son until he attains the age of twenty five	90% of the daily average wages to be divided amongst the dependents in the prescribed ratio.

			<p>years.</p> <p>4. To legitimate or adopted daughter till marriage.</p> <p>5. To legitimate or adopted son or daughter wholly dependent on the earning of the insured person at the time of his/her death, who have attained the age of twenty-five years and are infirm, till infirmity lasts.</p> <p>6. To other dependents for life or till marriage or upto the age of 18 years, as the case may be</p>	
<b>(iv)</b>	<b>MATERNITY BENEFIT</b>	<p>Payment of contribution for 70 days in immediately preceding two consecutive contribution periods.</p>	<p>An Insured Woman shall be entitled to maternity benefit for 26 weeks of which not more than 8 weeks can precede the expected date of confinement. A commissioning mother and an adopting mother are eligible for maternity benefit for 12 weeks. Maternity benefit for 6 weeks for miscarriage and additional one month for sickness arising out of pregnancy/confinement/ premature birth of child/ miscarriage is also provided. Insured woman</p>	<p>100% of daily average wages.</p>

			having two or more than two surviving children shall be entitled to receive maternity benefit during a period of twelve weeks of which not more than six weeks shall precede the expected date of confinement.	
<b>(v)</b>	<b>FUNERAL EXPENSES</b>	He should be an insured person on the date of death.		Rs. 15,000/-.
<b>(vi)</b>	<b>REHABILITATION ALLOWANCE</b>	Entitlement to medical benefit or if disabled due to employment injury.	For each day on which insured person remains admitted in Artificial Limb-Centre for fixation/repair or replacement of artificial limb.	At 100% of daily average wages.
<b>(vii)</b>	<b>MEDICAL BENEFIT TO RETIRED/DISABLED INSURED PERSONS AND HIS/HER SPOUSE</b>	On payment of Rs.10/- p.m. in lump-sum for one year in advance (I) by insured persons who retire from insurable employment on attaining the age of superannuation or under VRS or prematurely after being in insurable employment for not less than five years (ii) by insured persons who cease to be in insurable employment on account of permanent disablement due to an employment injury. (iii) This benefit is	Period for which contribution is paid.  IPs are entitled for full medical care for self and spouse only, Period for which contribution is paid, till attaining the age of superannuation.	Full Medical care.

		also be made available to widows of Insured Person, who are in receipt of dependent benefit, on payment of contribution as prescribed under Rule 60 till the date on which IP/IW would have vacated the employment on attaining the age of superannuation,						
(viii)	<b>CONFINEMENT EXPENSES</b>	To an Insured Woman or an I.P. in respect of his wife incase facilities for confinement are not available in ESI Institutions.	Up to two confinements only w.e.f. 27.10.2020	Rs. 7500/- per case.				
(ix)	<b>VOCATIONAL REHABILITATION ALLOWANCE SKILL DEVELOPMENT SCHEME UNDER R.G.S.K.Y.</b>	Not more than 45 years of age and disability not less than 40% due to Employment Injury	All the days of training in Vocational Rehabilitation Centre	Rs. 123/- per day or the actual amount charged by Vocational Rehabilitation Centre, whichever is higher.				
(x)	<b>UNEMPLOYMENT ALLOWANCE</b>	An I.P. who has lost employment due to closure of factory, retrenchment or permanent disablement of at least 40% arising out of non-employment injury and the contribution in respect of him have been paid/payable for a minimum of two years prior to the loss of employment	Maximum period of two year during life time w.e.f. 06.09.2016	IP/IW would get the benefit as per the following slab: <table border="1" data-bbox="1133 1310 1403 1583"> <tr> <td>0 to 12 months</td> <td>13 to 24 months</td> </tr> <tr> <td>50% pf the last Av. Daily wages</td> <td>25% of the last Av. Daily wages</td> </tr> </table>	0 to 12 months	13 to 24 months	50% pf the last Av. Daily wages	25% of the last Av. Daily wages
0 to 12 months	13 to 24 months							
50% pf the last Av. Daily wages	25% of the last Av. Daily wages							

(xi)	<b>VOCATIONAL REHABILITATION SKILL DEVELOPMENT SCHEME (UNDER RAJIV GANDHI SHRAMIK KALYAN YOJANA)</b>	IP/IW should be in receipt of Unemployment Allowance under Rajiv Gandhi Shramik Kalyan Yojana	Short duration of ten weeks or other longer duration courses of upto six months at Advance Vocational Training Institutions.	Entire fee charged by the Institutions is to be paid by the Corporation. To and for Rail/Bus fare to IP/IW who has to travel to attend the training programme at AVTIs as charged, is reimbursed.
(xii)	<b>NEW ADDITION</b>	Conveyance Allowance	10.Conveyance Allowance to Permanent Disablement Benefit (PDB) beneficiaries-regarding	Under this Scheme, PDB beneficiaries are paid Rs. 100/- as conveyance allowance on their personal visit to Branch Office for submission of life certificate once in a year.
(xiii)	<b>ATAL BIMIT VYAKTI KALYAN YOJANA (ABVKY)</b>	Atal Beemit Vyakti Kalya Yojana provides relief to Insured person who become unemployed in the form of cash compensation up to Ninety (90) days @ 50% average daily earning; Provided the employee have completed one year of insurable employment and have contributed not less than Seventy-eight (78) days in one periods immediately preceding to the claim of relief.	Cash compensation upto Ninety (90) days, once in a lifetime, to be claimed in one or more spells.	Per day Rate of relief under ATAL Bimit Vyakti Kalyan Yojan is 50% of average earning per day.

**ANNEXURE – III****29(III) List of Regional Office/Sub-Regional Office/Dispensary-cum-Branch Office****(a) List of Regional Office/Sub-Regional Office:**

<b>SL. NO.</b>	<b>NAME OF STATE/ UT</b>	<b>DISTRICT/ LOCATION</b>	<b>REGIONAL OFFICE (RO)/ SUB-REGIONAL OFFICE (SRO)</b>
1	ANDHRA PRADESH	VIJAYWADA	RO
2		VISHAKHAPATNAM	SRO
3		TIRUPATHI	SRO
4	ASSAM	GUWAHATI	RO
5	BIHAR	PATNA	RO
6	CHATTISGARH	RAIPUR	RO
7	DELHI	DELHI	RO
8		ROHINI	SRO
9		NAND NAGRI	SRO
10		OKHLA	SRO
11	GOA	PANAJI	RO
12	GUJARAT	AHMEDABAD	RO
13		SURAT	SRO
14		VADODARA	SRO
15	HARYANA	FARIDABAD	RO
16		GURGAON	SRO
17		AMBALA (to be shifted to KARNAL)	SRO
18	HIMACHAL PRADESH	BADDI	RO
19	J&K	JAMMU	RO
20	JHARKHAND	RANCHI	RO
21	KARNATAKA	BANGALORE	RO
22		BOMMASANDRA	SRO
23		PEENYA	SRO

24		MANGALORE	SRO
25		HUBLI	SRO
26		GULBARGA	SRO
27		MYSORE	SRO
28		THRISSUR	RO
29	KERALA	THIRUVANANTHA PURAM	SRO
30		KOLLAM	SRO
31		ERNAKULAM	SRO
32		KOZHIKODE	SRO
33	MADHYA PRADESH	INDORE	RO
34		BHOPAL	SRO
35	MAHARASHTRA	MUMBAI	RO
36		MAROL	SRO
37		THANE	SRO
38		PUNE	SRO
39		NAGPUR	SRO
40		AURANGABAD	SRO
41		NASIK	SRO
42	ODISHA	BHUBANESHWAR	RO
43		JHARSUGUDA	SRO
44	PUDUCHERRY	PUDUCHERRY	RO
45	PUNJAB	CHANDIGARH	RO
46		JALANDHAR	SRO
47		LUDHIANA	SRO
48	RAJASTHAN	JAIPUR	RO
49		JODHPUR	SRO
50		UDAIPUR	SRO
51	TAMILNADU	CHENNAI	RO
52		COIMBATORE	SRO
53		MADURAI	SRO



54		TIRUNELVELI	SRO
55		SALEM	SRO
56	TELANGANA	HYDERABAD	RO
57	UTTAR PRADESH	NOIDA	SRO
58		KANPUR	RO
59		LUCKNOW	SRO
60		VARANASI	SRO
61	UTTARAKHAND	DEHRADUN	RO
62	WEST BENGAL	KOLKATA	RO
63		BARRACKPORE	SRO
64		DURGAPUR	SRO

**(b) District wise functional DCBOs**

<b>S.No.</b>	<b>State/UT</b>	<b>NAME OF THE DISTRICT</b>	<b>LOCATION</b>
1	Assam	DARRANG	1. MANGALDOI
2	Andhra Pradesh	GUNTUR	2. GUNTUR
		CHITTOOR	3. TIRUPATI
		SRIKAKULAM	4. SRIKAKULAM
		ANAKAPALLE	5. ANAKAPALLE
3	Arunachal Pradesh	ITANAGAR	6. PAPUMPARE
4	Andaman & Nicobar Island	PORT BLAIR	7. PORT BLAIR
5	Bihar	BHAGALPUR	8. BHAGALPUR
		BEGUSARAI	9. BEGUSARAI
		BHOJPUR	10. ARA
6	Gujarat	BHAVNAGAR	11. BHAVNAGAR
		BHARUCH	12. ANKELSHWAR
		VALSAD	13. VAPI
7	Haryana	FARIDABAD	14. FARIDABAD

		BAHADURGARH	15. JHAJJAR
8	Himachal Pradesh	MANDI	16. MANDI
9	J&K	SRINAGAR	17. SRINAGAR
		UDHAMPUR	18. UDHAMPUR
		REASI	19. KATRA
		KATHUA	20. KATHUA
		SAMBA	21. BARIBRAHMA
10	Jharkhand	EAST SINGHBHUM	22. GHATSHILA
11	Karnataka	CHIKKABALLAPURA	23. CHIKKABALLAPURA
		CHAMRAJNAGAR	24. CHAMRAJNAGAR
		KODAGU	25. KODAGU
		UTTARA KANNADA	26. UTTARA KANNADA
			27. CHIKKAMAGLURU
12	Kerala	IDDUKKI	28. MUNNAR
13	Madhya Pradesh	KHARGONE	29. SANAWAD
		NEEMUCH	30. KHOR
		SAGAR	31. BINA
14	Maharashtra	MUMBAI	32. COLABA
		AURANGABAD	33. WALUJ
		BULDHANA	34. KHAMGAON
		GONDIA	35. GONDIA
		SANGLI	36. SANGLI
		RAIGARH	37. PANVEL
		CHANDRAPUR	38. KORPANA
		WARDHA	39. WARDHA
		YAVATMAL	40. YAVATMAL
		PALGHAR	41. PALGHAR
		THANE	42. MURBAD
	NASIK	43. SINNAR	
15	Manipur	WEST IMPHAL	44. WEST IMPHAL
16	Orissa	SUNDERGARH	45. VEDVYAS

17	Punjab	BARNALA	46. BARNALA
		PATIALA	47. RAJPURA
18	Rajasthan	JHUNJHUNU	48. JHUNJHUNU
		CHITTORGARH	49. CHITTORGARH
		AJMER	50. AJMER
		PALI	51. PALI
		JODHPUR	52. JODHPUR
		UDAIPUR	53. UDAIPUR
19	Tamilnadu	CHENNAI	54. Ambattur Industrial Estate
20	Telangana	HYDERABAD	55. SANATHNAGAR
		KUMARAMBHEEM ASIFABAD	56. SIRPUR KAGHAZNAGAR
		MAHABUBNAGAR	57. MAHABUBNAGAR
		NIZAMABAD	58. NIZAMABAD
		PEDDAPALLI	59. RAMAGUNDAM
		SANGAREDDY	60. SADASIVPET
		WARANGAL URBAN	61. WARANGAL
		YADADRI BHUVANAGIRI	62. BIBINAGAR
		RANGAREDDY	63. L.B. Nagar
21	Uttar Pradesh	KANPUR DEHAT	64. KANPUR DEHAT
		HAPUR	65. HAPUR
22	West Bengal	MALDA	66. MALDA
		24 SOUTH PARGANAS	67. FALTA
		BANKURA	68. BANKURA
	<b>TOTAL FUNCTIONAL DCBO</b>	<b>68</b>	

**29(IV) REVENUE & EXPENDITURE OF CORPORATION**

<b>S.No.</b>	<b>Particulars</b>	<b>Amount (Rs. In Crore)</b>
<b>1.</b>	<b>Revenue of ESI Corporation</b>	
	Actual from 1.4.2021 to 30.11.2021 (Unaudited):-	<b>14,189</b>
	i. Contribution Income Rs. : 9,714	
	ii. Interest and Other Income Rs. : 4,475	
<b>2.</b>	<b>Total Expenditure</b>	
	Actual from 1.4.2021 to 30.11.2021 (Unaudited):-	<b>9,363</b>
	i. Medical Expenditure Rs. : 6,896	
	ii. Cash & Other benefits Rs. : 1,103	
	iii. Administrative Expenditure Rs. : 1,001	
	iv. Capital Expenditure Rs. : 363	

**ANNEXURE-V****29(V) PROGRESS MADE UNDER AYUSH AS ON 01.01.2022****Statement Showing facilities provided in AYUSH(Ayurvedic, Yoga, Unani, Siddha, & Homeopathy) in various State of the country as on 01/01/2022 in ESIC/ESIS****AYUSH Units in ESIC Hospitals:**

Sl. No.	Name of the State	Location of the Hospital	Ayurveda	Yoga	Homeopathy	Total
1.	Assam	Beltola, Guwahati	1	1	1	3
2.	Bihar	Phulwarishariff, Patna	1	-	-	1
3.	Delhi	Basaidarapur	1	-	1	2
4.	Delhi	Jhilmil	1	-	1	2
5.	Delhi	Okhla	1	1	1	3
6.	Delhi	Narela	1	-	1	2
7.	Delhi	Rohini	1	1	1	3
8.	Gujarat	Ankleshwar	1	-	-	1
9.	Gujarat	Bapunagar, Ahmedabad	1	1	-	2
10.	Gujarat	Naroda	1	-	-	1
11.	Gujarat	Vapi	1	1	-	2
12.	Haryana	Faridabad	1	1	1	3
13.	Haryana	Gurgoan	1	-	1	2
14.	Haryana	Manesar	1	1	1	3
15.	Himachal Pradesh	Baddi	1	1	1	3
16.	Jammu & Kashmir	Bari Brahmna	1	-	-	1
17.	Jharkhand	Adityapur	1	-	-	1
18.	Jharkhand	Namkum, Ranchi	1	1	1	3
19.	Karnataka	Rajaji Nagar, Bengalore	1	-	1	2
20.	Karnataka	Peenya, Bengalore	1	-	1	2
21.	Kerala	Ashramam, Kollam	1	-	1	2
22.	Kerala	Ezhukone	1	-	1	2
23.	Kerala	Udyogmandal	1	-	1	2
24.	Madhya Pradesh	Nanda nagar, Indore	1	1	1	3
25.	Maharashtra	Andheri, Mumbai	1	-	-	1
26.	Maharashtra	Bibvewadi	1	-	-	1
27.	Orissa	Rourkela	1	1	-	2
28.	Punjab	Chandigarh	1	-	-	1
29.	Punjab	Ludhiana	1	-	1	2
30.	Rajasthan	Bhiwadi	1	-	1	2
31.	Rajasthan	Jaipur	1	1	1	3

32.	Tamil Nadu	K.K. nagar, Chennai	1	1	1	3
33.	Tamil Nadu	Tirunelveli	1	1	1	3
34.	Telangana	Sanathnagar, Hyderabad	1	1	-	2
35.	Uttar Pradesh	Bareilly	1	-	1	2
36.	Uttar Pradesh	Noida Sector -24	1	1	1	3
37.	Uttar Pradesh	Lucknow	1	1	1	3
38.	Uttar Pradesh	Sahibabad	1	-	-	1
39.	Uttar Pradesh	Varanasi	1	-	-	1
40.	Uttar Pradesh	Jajmau, Kanpur	1	-	-	1
41.	West Bengal	Joka	1	1	1	3
		Total	41	18	26	85

### **AYUSH Units in ESIC Dispensaries**

<b>Sl. No.</b>	<b>Location of Dispensary</b>	<b>Ayurveda</b>	<b>Homeopathy</b>	<b>Total</b>
1.	Azadpur	1	-	1
2.	Dwaraka Sec-7	1	1	2
3.	Kalkaji	1	-	1
4.	Mangol puri	1	1	2
5.	Maya puri	1	-	1
6.	Mayur Vihar	1	-	1
7.	Modi mill	1	1	2
8.	Najafgarh	1	-	1
9.	Nand Nagri	1	1	2
10.	NIA 1	1	1	2
11.	Paharganj	1	-	1
12.	Rohini Sec.5	1	-	1
13.	Sarojini Nagar	1	1	2
14.	Seelampur	1	-	1
15.	Tilak Vihar	1	-	1
16.	Wazirpur	1	-	1
17.	Noida Sec-12	1	1	2
18.	Inderlok	-	1	1
19.	Jwalapuri	-	1	1
20.	Sabzi Mandi	1	-	1
21.	Shastri Nagar	-	1	1
	Total	18	10	28

### AYUSH UNITS IN ESIS HOSPITALS

Sl. No.	Name of the State	Location of the hospital	Ayur veda	Yog a	Unani	Siddha	Homeo pathy	Total
1.	Andhra Pradesh	Adoni	-	-	-	-	1	1
2.	Andhra Pradesh	Rajahmundry	1	-	-	-	1	2
3.	Andhra Pradesh	Tirupati	1	-	-	-	1	2
4.	Andhra Pradesh	Visakhapatnam	1	-	-	-	1	2
5.	Andhra Pradesh	Vijayawada	1	-	-	-	1	2
6.	Goa	Margao	1	-	-	-	1	2
7.	Gujarat	GH Rh, Ahmedabad	1	1	-	-	-	2
8.	Gujarat	Gh Kalol	1	1	-	-	-	2
9.	Gujarat	Gh Rajkot	1	1	-	-	-	2
10.	Gujarat	Gh Jamnagar	1	1	-	-	-	2
11.	Gujarat	Gh Bhavnagar	1	1	-	-	-	2
12.	Gujarat	Gh Vadodara	1	1	-	-	-	2
13.	Gujarat	Gh Surat	1	1	-	-	-	2
14.	Haryana	Jagadhari	1	-	-	-	-	1
15.	Haryana	Panipat	1	-	-	-	-	1
16.	Himachal Pradesh	Parwanoo	1	-	-	-	-	1
17.	Karnataka	Indranagar, Bangalore	1	-	-	-	1	2
18.	Kerala	Mulamkunnathukavu, Thrissur	1	-	-	-	-	1
19.	Maharashtra	Mulund	1	-	1	-	1	3
20.	Maharashtra	Nashik	1	1	1	-	1	4
21.	Maharashtra	Nagpur	1	1	1	-	1	4
22.	Maharashtra	Aurangabad	1	-	-	-	-	1
23.	Maharashtra	Solapur	1	-	-	-	1	2
24.	Maharashtra	Pune	1	1	-	-	1	3
25.	Orissa	ESISH Choudwar	1	-	-	-	-	1
26.	Punjab	Mohali	1	-	-	-	-	1
27.	Punjab	Phagwara	1	-	-	-	-	1
28.	Punjab	Mandigobindgarh	1	-	-	-	-	1
29.	Punjab	Hoshiarpur	1	-	-	-	-	1
30.	Rajasthan	Jodhpur	-	-	-	-	1	1
31.	Tamil Nadu	Ayanavaram	1	-	1	1	1	4
32.	Tamil Nadu	Hosur	1	1	-	1	-	3
33.	Tamil Nadu	Madurai	1	1	1	1	1	5
34.	Tamil Nadu	Salem	1	1	-	1	-	3
35.	Tamil Nadu	Sivakasi	1	-	-	1	-	2
36.	Tamil Nadu	Trichy	1	1	-	1	-	3
37.	Tamil Nadu	Vellore	1	-	-	1	-	2
38.	Tamil Nadu	Coimbatore	1	1	1	1	1	5
39.	Telangana	Nacharam	1	-	-	-	1	2
40.	Uttar Pradesh	Pandunagar, Kanpur	1	-	-	-	1	2
41.	Uttar Pradesh	Kidwai Nagar,	1	-	-	-	1	2

		Kanpur						
42.	Uttar Pradesh	Saharanpur	1	-	-	-	1	2
43.	Uttar Pradesh	Nani, Prayagraj	1	-	-	-	1	2
44.	Uttar Pradesh	Agra	1	-	-	-	1	2
45.	Uttar Pradesh	Modi Nagar, Ghaziabad	1	-	-	-	1	2
46.	Uttar Pradesh	Sarvodiya nagar, Kanpur	-	-	-	-	1	1
47.	West Bengal	Bandel	1	-	-	-	1	2
48.	West Bengal	Budge Budge	1	-	-	-	1	2
49.	West Bengal	Kamarhati	1	-	-	-	1	2
50.	West Bengal	Sealdah	1	-	-	-	1	2
51.	West Bengal	Uluberia	-	-	-	-	1	1
52.	West Bengal	Gaurhati	-	-	-	-	1	1
	Total Units		47	15	6	8	30	106

### AYUSH UNITS IN ESIS DISPENSARIES

Sl. No.	Name of the State	Location of the Dispensary	Ayur veda	Yoga	Unani	Siddha	Homeo pathy	Total
1.	Bihar	Hathidah	1	-	-	-	-	1
2.	Bihar	Jamal Road	1	-	-	-	-	1
3.	Bihar	Samastipur	-	-	1	-	-	1
4.	Gujarat	AHD D-1	1	-	-	-	-	1
5.	Gujarat	AHD D-2	1	-	-	-	-	1
6.	Gujarat	AHD D-3/5/8	1	-	-	-	-	1
7.	Gujarat	AHD D-10	1	-	-	-	-	1
8.	Gujarat	AHD D-12	1	-	-	-	-	1
9.	Gujarat	AHD D-13/14	1	-	-	-	-	1
10.	Gujarat	AHD D-15	1	-	-	-	-	1
11.	Gujarat	AHD D-19	1	-	-	-	-	1
12.	Gujarat	AHD D-20	1	-	-	-	-	1
13.	Gujarat	AHD D-22	1	-	-	-	-	1
14.	Gujarat	AHD D-32	1	-	-	-	-	1
15.	Gujarat	AHD D-34	1	-	-	-	-	1
16.	Gujarat	AHD D-35	1	-	-	-	-	1
17.	Gujarat	AHD D-36	1	-	-	-	-	1
18.	Gujarat	AHD D-37/40	1	-	-	-	-	1
19.	Gujarat	AHD D-42	1	-	-	-	-	1
20.	Gujarat	AHD D-44	1	-	-	-	-	1
21.	Gujarat	AHD D-45	1	-	-	-	-	1
22.	Gujarat	AHD D-47	1	-	-	-	-	1
23.	Gujarat	AHD D-49	1	-	-	-	-	1
24.	Gujarat	NANDIAD D-1/2	1	-	-	-	-	1
25.	Gujarat	KADI-D-1	1	-	-	-	-	1
26.	Gujarat	BARODA D-6/15	1	-	-	-	-	1
27.	Gujarat	BARODA D-10/11	1	-	-	-	-	1
28.	Gujarat	NAVSARI D-1	1	-	-	-	-	1
29.	Gujarat	BHARUCH D-1	1	-	-	-	-	1
30.	Gujarat	BARODA D-2	1	-	-	-	-	1



31.	Gujarat	BARODA D-8/17	1	-	-	-	-	1
32.	Gujarat	SURAT D-1	1	-	-	-	-	1
33.	Gujarat	SURAT D-6/8/9	1	-	-	-	-	1
34.	Gujarat	Morbi D-1/2	1	-	-	-	-	1
35.	Gujarat	Rajkot D-1	1	-	-	-	-	1
36.	Gujarat	Rajkot D-2	1	-	-	-	-	1
37.	Haryana	Udyog Vihar, Gurgaon	1	-	-	-	-	1
38.	Kerala	Pattathanam, Kollam	1	-	-	-	-	1
39.	Kerala	Kottarakkara, Kollam	1	-	-	-	-	1
40.	Kerala	Kottayam	1	-	-	-	-	1
41.	Kerala	Alappuzha	1	-	-	-	-	1
42.	Kerala	Ernakulam	1	-	-	-	1	2
43.	Kerala	Plakkad	1	-	-	-	-	1
44.	Kerala	Poonkunnam Thrissur	1	-	-	-	-	1
45.	Kerala	Eranjipalam, Kozhikode	1	-	-	-	-	1
46.	Kerala	Kannur	1	-	-	-	1	2
47.	Kerala	Karamana, Thiruvananthapuram	1	-	-	-	1	2
48.	Kerala	Pathirappally Alappuzha	-	-	-	-	1	1
49.	Kerala	Alagappanagar, Thrissur	-	-	-	-	1	1
50.	Kerala	Mulavana, Kollam	-	-	-	-	1	1
51.	Kerala	Kadampanadu, Pathanamthitta	-	-	-	-	1	1
52.	Kerala	Vadavathoor, Kottayam	-	-	-	-	1	1
53.	Kerala	Velloor, Kottayam	-	-	-	-	1	1
54.	Kerala	Kottayam, Kollam	-	-	-	-	1	1
55.	Kerala	Kalamassery, Ernakulam	-	-	-	-	1	1
56.	Kerala	Aluva, Ernakulam	-	-	-	-	1	1
57.	Kerala	Chalappuram, Kozhikode	-	-	-	-	1	1
58.	Maharashtra	Somwaripeth, Nagpur	1	-	-	-	-	1
59.	Maharashtra	Wadi, Nagpur	1	-	-	-	-	1
60.	Maharashtra	Ichalkarnji, (under AMO Pune)	1	-	-	-	-	1
61.	Maharashtra	Nanded(under AMO Aurangabad)	1	-	-	-	-	1
62.	Punjab	Chandigarh	1	-	-	-	-	1
63.	Tamil Nadu	Tambaram, Chennai	1	-	-	1	-	2
64.	Tamil Nadu	Tiruvotriyur, Chennai	-	-	-	1	-	1
65.	Tamil Nadu	Triplicane, Chennai	-	-	-	1	-	1

66.	Tamil Nadu	Avadi, Chennai	1	-	-	1	1	3
67.	Tamil Nadu	Koratur, Chennai	-	-	-	1	-	1
68.	Tamil Nadu	Sriperumpthur, Chennai	-	-	-	1	-	1
69.	Tamil Nadu	Rajapalayam, Madurai	1	-	-	1	-	2
70.	Tamil Nadu	Kovilpatti, Madurai	-	-	-	1	1	2
71.	Tamil Nadu	Thoothukudi, Madurai	1	-	1	1	1	4
72.	Tamil Nadu	Dindigul, Madurai	-	-	-	1	-	1
73.	Tamil Nadu	Thirunagar, Madurai	1	-	-	1	-	2
74.	Tamil Nadu	Pollachi, Coimbatore	-	-	-	1	-	1
75.	Tamil Nadu	Thudialur, Coimbatore	1	-	-	1	-	2
76.	Tamil Nadu	Tiruppur I, Coimbatore	1	-	-	1	-	2
77.	Tamil Nadu	Udumalaipet, Coimbatore	1	-	-	1	-	2
78.	Tamil Nadu	Kattur I, Coimbatore	-	-	-	1	-	1
79.	Tamil Nadu	Kumbakonam, Salem	1	-	-	1	-	2
80.	Tamil Nadu	Ambur, Salem	-	-	1	1	-	2
81.	Tamil Nadu	Ranipet, Salem	-	-	1	1	-	2
82.	Tamil Nadu	Pallipalayam, Salem	1	-	-	1	-	2
83.	Tamil Nadu	Perianaickenpalayam	-	-	-	1	-	1
84.	Tamil Nadu	Peelamedu	-	-	-	1	-	1
85.	Tamil Nadu	Singanallur (St)	-	-	-	1	-	1
86.	Tamil Nadu	Nagaercoil	-	-	-	1	-	1
87.	Tamil Nadu	Munichalai	-	-	-	1	-	1
88.	Tamil Nadu	Palanganatham	-	-	-	1	-	1
89.	Tamil Nadu	Thirunelveli	-	-	-	1	-	1
90.	Tamil Nadu	Sivakasi	-	-	-	1	-	1
91.	Tamil Nadu	Vickramasingapuram	-	-	-	1	-	1
92.	Tamil Nadu	Ponnagaram	-	-	-	1	-	1
93.	Tamil Nadu	136, Nedunsalai Nagar, Salem (Static)	-	-	-	1	-	1
94.	Tamil Nadu	Trichy (Static)	-	-	-	1	-	1
95.	Tamil Nadu	Sipcot colony, Hosur	-	-	-	1	-	1
96.	Tamil Nadu	Thuvakudi	-	-	-	1	-	1
97.	Tamil Nadu	Nandambakkam	1	-	-	1	-	2
98.	Tamil Nadu	Adyar, Chennai	-	-	-	1	-	1
99.	Tamil Nadu	Pallavaram	1	-	-	1	-	2
100.	Tamil Nadu	Kodambakkam, Chennai	-	-	-	1	-	1
101.	Tamil Nadu	Saidapet-I, Chennai	-	-	-	1	-	1

102.	Tamil Nadu	Tondiarpet, Chennai	-	-	-	1	-	1
103.	Tamil Nadu	Ambattur, Chennai	1	-	-	1	-	2
104.	Tamil Nadu	Poonamallee, Chennai	-	-	-	1	-	1
105.	Tamil Nadu	Red Hills, Chennai	-	-	-	1	-	1
106.	Uttar Pradesh	Kabari Market, Kanpur	1	-	-	-	-	1
107.	Uttar Pradesh	Govind Nagar, Kanpur	-	-	-	-	1	1
108.	Uttar Pradesh	Kiran colony nagar, Ghaziabad	-	-	-	-	1	1
108.	Uttar Pradesh	Sarojini Nagar, Lucknow	1	-	-	-	-	<b>1</b>
	Total		66	-	4	43	18	131

### **AYUSH Units at a Glance**

S. No	Type of location	Ayurveda	Yoga	Unani	Siddha	Homeopathy	Total
1	ESIC Hospitals	41	18	-	-	26	85
2	ESIC Dispensaries	18	-	-	-	10	28
3	ESIS Hospitals	47	15	06	08	30	106
4	ESIS Dispensaries	66	-	04	43	18	131
	Total	172	33	10	51	84	350

**29(VI) PROCESS OF FORMULATION OF RATE CONTRACT**

Rate Contract Cell, ESIC Hqrs. office finalizes DG ESIC Rate Contracts through open e-tender on CPP Portal after seeking due exemption from SCoGeM with due approval of Competent Authority.

**I. Type of Rate Contract(s):**

- Running Rate Contract with eligible Pharmaceuticals firms for Drugs & Dressings with validity period of two years is formulated, in adherence to all statutory Government of India decisions on public procurement guidelines of GeM/GFR, CVC & Make in India clause inter alia.

**II. Process of formulation of Rate Contract:**

- **Addition/deletion of drugs** to be included in the forthcoming Rate Contract(s) is done after detailed deliberations and on recommendations of a broad-based Drug Selection Committee duly constituted by Director General, ESI Corporation, consisting of representative of various State Directorates, Specialists & Drug Controller.
- **Notice Inviting Tenders are issued through e-publishing** on CPPP Portal and ESIC website from eligible Pharmaceutical firms under **two bid system** i.e. Technical Bid and Price Bid.
- Rate Comparative is prepared for technically eligible Pharmaceutical firms and concurred by Finance & Accounts.
- Final Rate Contract is awarded after due approval from Competent Authority.

**III Eligibility Criteria for Vendor selection:**

Eligibility Criteria as defined under the Tender Enquiry, play a very important role in deciding the Right Firm with the Right Capacity capable of delivering drugs of the Right Quality at the Right time in the Right Quantity.

Eligibility criteria for participating in DGESIC Tender Enquiry are:

- Item wise Turnover.
- Item wise EMD.
- Item wise Performance Security Deposit.
- Flexibility in submitting in the form of DD / BG / FDR.

**IV** All Statutory Government of India Policy decisions are incorporated in the Tender Enquiries.

**V Important Decisions:**

- Integrity Pact has been incorporated in Rate Contract(s) since 01/01/2021.
- Procurement of all CPSU drugs under PPP is being done through GeM Portal.

**VI.** Regularly monitoring uninterrupted supply of quality items.  
Monitoring of availability of essential drugs & other items at ESIS dispensaries and hospitals across India.

**VII.** Procedural co-ordination with SCoGeM to facilitate all procurement of drugs/other issues inter alia. Permission to prepare DGESIC Rate Contract (s) has been received from SCoGeM till 31/12/2023.

**VIII.** Punitive action against Rate Contract Holders for not adhering to the Terms & Conditions of the Rate Contract(s). (Non-supply, Not of Standard Quality etc.)

- IX.** Regular updations regarding amendment in rates/ manufacturinig site/pack size etc. for smooth delivery across India.
- X.** State Medical Officer nominated as Nodal Officer for contact with respective DIMS & ESIS to co-ordinate and expedite issues with ESIS.
- XI.** Regular Video Conferences done to expedite pending bills, adherence to timelines of delivery, optimum procurement of medicines in the States & resolution of other issues inter alia.
- XII.** Active facilitation for procurement of COVID related drugs issuing instructions adherence to the prescribed procedure ensure maintaining adequate stock and quality medicines for smooth delivery of services to ESI beneficiaries from time to time.