



सत्यमेव जयते



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

STANDARD NOTE

ON

EMPLOYEES' STATE INSURANCE SCHEME
AS ON 01.01.2023

कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

Employees' State Insurance Corporation
(Ministry of Labour & Employment, Govt. of India)

www.esic.gov.in

Sl. No.	<u>CONTENTS</u>	Page No.
1.	General aspect of ESI Scheme	1-3
2.	Benefits provided under ESI Scheme	3-7
3.	Administration	7
4.	Finance	7-8
5.	(i)Extension of ESI Scheme to new areas of employment (ii)Formation of State Autonomous Body/Society by States	8-10
6.	Medical Benefits Provided Under ESI Scheme	10-19
7.	Setting up of ESIC Hospital & ESI Dispensaries	19-21
8.	Occupational Disease Centres (ODCs)	21-22
9.	Expenditure on Medical Care	22
10.	Medical Education	22-23
11.	Property Management Division	23-25
12.	Indian Systems of Medicine	26
13.	Recovery of Contribution & Details of Prosecution Cases	26-28
14.	Conduct of inspection through Central Analysis and Intelligence Unit (CAIU)	29
15.	Public Grievances Redressal Machinery set-up in ESIC	29-30
16.	Public Relations	30-31
17.	Compliance under RTI Act, 2005	31
18.	Training	31-32
19.	(i)Functions of Procurement Cell (ii)Function of Rate Contract Cell	32-33

20.	Super Specialty Treatment Cell	33-34
21.	Recruitment Division	34-36
22.	Information & Communication Technology Division	36-40
23.	General Information and Statistical Data regarding the Employees' State Insurance Scheme.	40-65
	1. General Information regarding ESI Scheme	Annexure – I 41-45
	2. Benefits & Contributory conditions	Annexure - II 46-49
	3. List of Regional Office/Sub-Regional Office/Dispensary-cum-Branch Office	Annexure - III 50-54
	4. Revenue & Expenditure of Corporation	Annexure -IV 55
	5. Progress made under ISM/AYUSH as on 01.01.2023	Annexure – V 56-63
	6. Process of formulation of Rate Contract	Annexure-VI 64-65



STANDARD NOTE ON EMPLOYEES' STATE INSURANCE SCHEME (As on 01.01.2023)



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

(i) 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 coverage under Section 1(5) of the Act to Shops, Hotel, Restaurants, Cinema including preview theatres, Road-motor transport undertakings, Newspaper establishments, Private Medical Institutions, Educational Institutions and to contract and casual employees of Municipal Corporation/Municipal Bodies employing 10 or more persons in the certain States/UTs, where State Govt. is the appropriate Govt. 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, where Central Govt. is the appropriate Govt. Thirty-three State Governments 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 01-01-2023 is as under:

Sl No	Particulars	Details
1.	No. of Districts in which ESI Scheme has been notified.	606
2.	No. of Districts fully notified under ESI Act, 1948	468
3.	No. of Districts partially notified under ESI Act, 1948	138
4.	No. of employers registered under ESI Act, 1948*	15.94 Lakh
5.	No. of employees registered under ESI Act, 1948*	2.79 Crore
6.	No. of Insured Persons covered*	3.10 Crore
7.	No. of beneficiaries*	12.04 Crore

*Details as on 31.03.2022.

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

(ii) Provision of Social Security for workers in the organised sector:

The ESI Act covers workers employed in the organized sector. As on 31.03.2022, 2.79 crores employees are covered under the Employees' State Insurance Act covering 3.10 crores insured persons family entities with total 12.04 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.

(iii) 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 presently. 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, 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 first Schedule of 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) Funeral 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 (IP) 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 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.

(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. This benefit is also be made available to spouse in case of death of retired IP, who were in receipt of Medical Benefit on payment of contribution as prescribed under Rule 61.

(ii) Sickness Benefit:

- (a) (1) 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.

(2) 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.**

- (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 of 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, premature 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, premature 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 who is a commissioning mother or adopting mother shall be entitled to twelve weeks of maternity benefit from the date the child is handed over.

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 dependants of an insured person who dies as a result of employment injury. The widow & widowed mother receive 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 2/5th 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 Dependant benefit payable to all eligible dependants 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/-.

(vii) 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 are also entitled to medical care during this period. This allowance ceases 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 earning 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. Administration

The Headquarters of ESI Corporation is located at New Delhi having 24 Regional Offices, and 40 Sub-Regional Offices throughout the country. 599 Branch offices for administration of cash benefits to Insured Persons & 89 Dispensary Cum Branch Offices (DCBO) have been established for administration of both cash and primary medical care to Insured Persons as on 01.01.2023.

The updated total sanctioned strength of officers (including Director General, Finance Commissioner and Chief Vigilance Officer) and staff in the Corporation is 21748 as on 01.01.2023. 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**.

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

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. 01st April 2019 (last amended on 22.02.2021). Apart from Portfolio Managers, Custodian and External Concurrent Auditor (ECA) have also been appointed. ESIC has been able to earn an interest of 7.00 percent in Financial Year 2021-22.

The broad break up of investments made by ESIC as on 31.12.20200 (Rs. In Crore):

Govt. Security/Bonds/State Development Loan	82,386
AAA PSU Bonds + FD	23,401
Tri-Party Repo (TREPS), Short term FD etc.	5934
Special Deposit Account (SDA) with Govt. of India	19,473
Total	1,31,194

5. (i) Extension of ESI Scheme to new areas of employment:

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 and contract and casual employees of Municipal Corporation/Municipal Bodies. As on 01.01.2023, 30 States/UTs have notified educational institutions whereas 29 States/UTs have notified Medical institutions. Notifying Municipal Corporations & Municipal bodies have also been taken up with the States. 11 States/UTs namely Assam, Bihar, Delhi, Goa, Haryana, Himachal Pradesh, Jharkhand, Manipur, Mizoram, Rajasthan and Tripura 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.
- e. The following States/UTs have not notified educational & medical institutions as establishments coverable under ESI Act, 1948: -

Sl. No.	Educational Institutions	Medical Institutions
1	Arunachal Pradesh	Arunachal Pradesh
2	Gujarat	Gujarat
3	Maharashtra	Maharashtra
4	Meghalaya	Meghalaya
5	Dadar and Nagar Haveli and Daman & Diu	Puducherry
6	Lakshadweep	Dadar and Nagar Haveli and Daman & Diu
7		Lakshadweep

5(ii) Formation of State Autonomous Body/Society by States

The ESI Corporation in its 167th meeting approved the broad structure of State Autonomous Body and subsequently in the 172nd meeting of the Corporation, new structure of the State ESI Society has been approved, to be formed under section 58(5) 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, 21 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. Dependency is on the States which have to register the Society as per Societies Registration Act and State Specific Public Trust Act.

ESIC has regularly been encouraging the States to form the Society which will provide them the Benefit:

- i. Gives autonomy in terms of availability of funds, instead of routing through the State Treasury.
- ii. Timely medical manpower engagement on contract till such time regular manpower is made available.
- iii. Timely settlement of reimbursement bills of the Insured Persons without waiting for state budgetary release.
- iv. Better availability of drugs & dressings in ESIS Hospitals and dispensaries due to availability of funds.
- v. Equipment procurement to upgrade medical services due to better decision making by the Society.
- vi. Repair & maintenance of State-run Hospitals and Dispensaries.

6. 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 Office (DCBO) Specialist centers, IMP clinics and 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.

(i) Medical infrastructures of ESIC/ESIS at a glance:

Total No. of ESI Hospitals	160
Hospitals run by ESI Corporation	51
Hospitals run by State Government	109
Total number of Dispensaries	1502
Total number of DCBOs	89
Total number of ISM unit	329
Total number of Sanctioned beds in ESIC/ESIS hospitals	26485
Total number of Commissioned beds in ESIC/ESIS hospitals	20231

Total number of Doctors	9287
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:

(ii) List of hospitals directly run by ESIC:

SI.No.	STATE	NAME OF THE HOSPITAL	BED SANCTIONED	BED COMMISSIONED
1.	Assam	Beltola	85*	85
2.	Assam	Tinsukia#	100	0
3.	Bihar	Bihta	330	330
4.	Bihar	Phulwarisharif	100	50
5.	Chandigarh	Chandigarh	100	70
6.	Chhattisgarh	Korba	100	50
7.	Chhattisgarh	Raipur	100	50
8.	Delhi	Basaidarapur	1000	600
9.	Delhi	Rohini	300	280
10.	Delhi	Jhilmil	300	300
11.	Delhi	Okhla	500	305
12.	Gujarat	Ankleshwar	100	100
13.	Gujarat	Bapunagar	300	264
14.	Gujarat	Naroda	100	50
15.	Gujarat	Vapi	100	75
16.	Haryana	Gurgaon	200	150
17.	Haryana	Manesar	100	100
18.	Haryana	Faridabad	650	650
19.	Himachal Pradesh	Baddi	100	100
20.	J&K	Bari Brahmna	100	50
21.	Jharkhand	Adityapur	100	50
22.	Jharkhand	Namkum	200	50
23.	Karnataka	Peenya	150	150
24.	Karnataka	Rajajinagar, Bangalore	750	500
25.	Karnataka	Gulbarga	630	470
26.	Kerala	Asramam, Kollam	250	200
27.	Kerala	Ezhukone	150	150
28.	Kerala	Udyogamandal	100	100
29.	Madhya Pradesh	Nandanagar, Indore	300	300
30.	Maharashtra	Andheri	500	220
31.	Maharashtra	Bibvewadi,Pune	100	100
32.	Maharashtra	Kolhapur	100	30

33.	Odisha	Angul	100	50
34.	Odisha	Rourkela	75	50
35.	Punjab	Ludhiana	300	300
36.	Rajasthan	Alwar	330	220
37.	Rajasthan	Bhiwadi	50	50
38.	Rajasthan	Jaipur	300	300
39.	Rajasthan	Udaipur	100	50
40.	Tamilnadu	K.K.Nagar, Chennai	550	508
41.	Tamilnadu	Tirunelveli	100	100
42.	Telangana	Sanathnagar	1000	665
43.	Telangana	S.S.Sanathnagar	150	132
44.	Uttar Pradesh	Bareilly	100	50
45.	Uttar Pradesh	Jajmau, Kanpur	100	50
46.	Uttar Pradesh	Lucknow	150	75
47.	Uttar Pradesh	Noida	300	300
48.	Uttar Pradesh	Sahibabad	200	129
49.	Uttar Pradesh	Varanasi	150	150
50.	Uttarakhand	Rudrapur	100	50
51.	West Bengal	Joka	650	470
		TOTAL	12900	9678

***85 Beds sanctioned on 28.03.2023**

State Govt. run ESIS Hospital, Tinsukia, Assam handed over to ESIC w.e.f. 11.03.2022.

Note: 30 bedded ESIC Hospital at Bikaner, Rajasthan has been operationalized w.e.f 24.02.2023.

(iii) List of hospitals run by State Govt. under ESIS:

Sl.No.	State	Name of the Hospital	Bed Sanctioned	Bed Commissioned
1	Andhra Pradesh	Tirupathi	50	50
2	Andhra Pradesh	Visakhapatnam	200	30
3	Andhra Pradesh	Rajamahendravaram	50	50
4	Andhra Pradesh	Vijayawada Gunadala	110	0
5	Bihar	Dalmia Nagar	72	Non Functional
6	Bihar	Munger	30	Non Functional
7	Goa	Margo	100	58
8	Gujarat	Bhavnagar	30	30
9	Gujarat	Jamnagar	50	50
10	Gujarat	Kalol	150	40
11	Gujarat	Rajkot	50	50
12	Gujarat	Rajpur-Hirpur	50	50
13	Gujarat	Surat	100	22
14	Gujarat	Vadodara (General Hospital)	200	200

15	Gujarat	Vadodara (Chest Disease Hospital)	25	Non Functional
16	Haryana	Ballabgarh (Faridabad)	50	50
17	Haryana	Bhiwani	50	50
18	Haryana	Jagadhari	80	74
19	Haryana	Panipat	75	70
20	Himachal Pradesh	Parwanoo	50	50
21	Jharkhand	Maithan	110	38
22	Karnataka	Mangalore	100	70
23	Karnataka	Belgaum	50	50
24	Karnataka	Dandeli	25	25
25	Karnataka	Davanagere	100	50
26	Karnataka	Hubli	100	50
27	Karnataka	Indira Nagar	270	270
28	Karnataka	Mysore	100	60
29	Karnataka	Shahbad	25	Non-functional
30	Kerala	Ernakulam	100	65
31	Kerala	Feroke Kozhikode	100	100
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	110
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	55
43	Madhya Pradesh	Nagda	50	35
44	Madhya Pradesh	Ujjain	50	15
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	100
50	Maharashtra	Thane	100	40
51	Maharashtra	Ulhasnagar	100	0
52	Maharashtra	Vashi	100	0
53	Maharashtra	Worli	300	150
54	Maharashtra	Chinchwad	100	100
55	Maharashtra	Sholapur	150	100

56	Maharashtra	Mulund	400	200
57	Odisha	Kansbahal	50	50
58	Odisha	Bhubaneshwar	100	100
59	Odisha	Choudwar	100	100
60	Odisha	Jaykapur	25	25
61	Odisha	Brajrajnagar	50	Non-functional
62	Odisha	Barbil	6	Non-functional
63	Puducherry	Gorimedu	75	75
64	Punjab	Hoshiarpur	50	50
65	Punjab	Jalandhar	100	100
66	Punjab	Mandi Gobindgarh	30	30
67	Punjab	Mohali	30	30
68	Punjab	Phagwara	50	50
69	Punjab	Amritsar	125	125
70	Rajasthan	Bhilwara	50	30
71	Rajasthan	Jodhpur	50	25
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	506	506
82	Telangana	Nacharam	450	200
83	Telangana	R.C. Puram	100	100
84	Telangana	Sirpurkagarnagar	62	62
85	Telangana	Warangal	50	50
86	Telangana	Nizamabad	20	20
87	Uttar Pradesh	Sarvodaynagar	144	100
88	Uttar Pradesh	Pandunagar	312	130
89	Uttar Pradesh	Kidwainagar	100	70
90	Uttar Pradesh	Azadnagar	100	100
91	Uttar Pradesh	Agra	100	100
92	Uttar Pradesh	Prayagraj	100	100
93	Uttar Pradesh	Modinagar	124	124
94	Uttar Pradesh	Aligarh	60	30
95	Uttar Pradesh	Saharanpur	50	50
96	Uttar Pradesh	Pipri	60	60
97	West Bengal	Bandel	250	184
98	West Bengal	Asansol	150	100

99	West Bengal	Baltikuri	230	230
100	West Bengal	Sealdah	254	254
101	West Bengal	Bellur-Belly	200	200
102	West Bengal	Budge-Budge	300	300
103	West Bengal	Durgapur	150	150
104	West Bengal	Gourhati	216	216
105	West Bengal	Kalyani	250	250
106	West Bengal	Kamarhati	350	350
107	West Bengal	Manicktala	422	422
108	West Bengal	Serampur	216	216
109	West Bengal	Uluberia	216	216
		Total	13585	10553

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) 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 89 districts. A DCBO performs the functions of both dispensary and branch office. Besides providing medicines to patient attending DCBO, it distributes medicines to IMP/Mod-EUD referred patients. It also makes referrals for secondary care, payment of bills of empaneled chemist/diagnostic center and provides IT help care services to IPs/employers. 100% of the establishment and operational cost of DCBO is borne by ESIC.

iii) Hospital OPDs:

Outpatient services under various specialties and super specialties like Medicine, Surgery, Paediatrics, 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. The IMPs under the panel system are paid capitation fee (Rs.500/- per IP per year) w.e.f. 8th 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	1
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
	Total	1003

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 **51** directly run ESIC hospitals & **109** State ESI hospitals with a total bed strength of **26485**. 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.

- i. Provision of Medical Services features:** - 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).
- ii. Provision of primary Medical Treatment through empanelled hospitals:** - Considering difficulties faced by ESIC beneficiaries in availing medical services due to non-availability of Hospital/Dispensaries in the vicinity within a radius of 10 kms of their residence, ESI Corporation in its 183rd meeting held on 07.12.2020 has allowed ESI beneficiaries to seek medical services from nearby empanelled hospital directly without referral.

E) Facility of medical treatment through Ayushman Bharat (PM-JAY):

ESIC in its 178th meeting held on 13.09.2019 has given approval for Employee's State Insurance Corporation (ESIC) collaboration with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme for providing 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 empanelled

hospitals. The state-wise details of the districts covered under Pradhan Mantri Jan Arogya Yojana (PMJAY) are as under: -

Sr. No.	State	Districts covered (157)
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, Bind, 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, Bihita, 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

7. Setting up of ESIC Hospital & ESI Dispensaries

i) General Policy: -

In accordance with existing ESIC norms for setting up of ESI Dispensary, a minimum of 3000 Insured Persons population is required for a 02-doctor dispensary, 5000 IP population for 03 doctor dispensary and 10000 IP population for 05 doctor dispensary. Similarly, as approved by ESI Corporation in its 163rd meeting, following norms exist for setting up of an ESI Hospital:

Sl. No.	No. of beds	Min. No. of IPs in catchment area
1.	100 bedded hospital	50,000
2.	150 bedded hospital	1,00,000
3.	200 bedded hospital	1,50,000
4.	250 bedded hospital	2,00,000
5.	300 bedded hospital	2,50,000
6.	350 bedded hospital	3,00,000
7.	400 bedded hospital	3,50,000
8.	500 bedded hospital	4,00,000
9.	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, in order to boost adequate health infrastructure availability so as to match ESIC expansion plan to cover whole of India, ESI Corporation during its 188th meeting held on 18/19th June, 2022, has given approval for further updating of the existing norms on setting up of ESI hospitals and dispensaries based on futuristic IP population & geographical necessity throughout the country, as per below:

- i. Instead of considering the present IP population, health facilities may be created based on projected futuristic number of IP population in upcoming 05 years in case of hospitals and 03 years in case of dispensaries. For setting up of new ESI hospitals, remaining conditions may be kept same as approved in the 163rd ESI Corporation meeting.
- ii. In respect of non-notified districts or non-notified areas of partially implemented districts, new dispensary may be established based on number of coverable employees instead of Insured Person, as ascertained during the pre-implementation survey data, so as to arrange medical facilities before the implementation of new areas.
- iii. For implementation of ESI Scheme in partially implemented and non-implemented districts, if any location (non-implemented area) does not fulfill the criteria/ norms for setting up of ESI dispensary, Regional Director/ State Govt. may make necessary arrangement through empanelment of Insurance Medical Practitioner (IMP), Modified-Insurance Medical Practitioner(m-IMP), Modified Employer Utilization Dispensary (mEUD) as per norms for providing primary care medical services and Tie-up arrangement with public/private hospitals and/or PMJAY for arrangement of secondary care medical services.

- iv. Norms of minimum 15000 Insured Persons for setting up of a 100 bedded ESI Hospital in North East Region/ Hilly area will continue to prevail as approved earlier.

ii) Status of Medical infrastructure under ESI Scheme in North East Region: -

Sl. No.	State	Date of implementation of ESI Scheme	No. of		
			Hospitals	Dispensaries	IMP
1	Arunachal Pradesh	01.11.2020	-	1(DCBO)	-
2	Assam	28.09.1958	2	26 + 1(DCBO)	30
3	Manipur	01.06.2018	-	1(DCBO)	-
4	Meghalaya	28.09.1980	-	2	-
5	Mizoram	01.12.2015	-	1	-
6	Nagaland	01.03.2008	-	3	-
8	Tripura	01.01.2009	-	5	-

8. 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 Centres 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).

9. 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.

10. Medical Education

The Corporation decided to establish Medical Colleges, Nursing Colleges and training Institutes with a view to improve the quality of services provided under the ESI Scheme. Accordingly, Medical Education Project have been set-up at various locations which are being run by ESIC:

(i) PGIMSR:

Two (02) Postgraduate Institutes of Medical Sciences & Research (PGIMSRs) at 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 178th Meeting of ESI Corporation. Admission in PG Institute at Andheri (E), Mumbai has been stopped from A.Y 2019-20 due to fire incident that happened on 17.12.2018 which will continue after re-commissioning the Hospital.

(ii) Medical Colleges:

ESIC has established and is running 08 ESIC Medical Colleges at Rajaji Nagar Bengaluru (Karnataka); K. K. Nagar Chennai (TN); Joka Kolkata (WB); Gulbarga (Karnataka); Faridabad (Haryana); Sanathnagar Hyderabad (Telangana); Alwar (Rajasthan) & Bihta (Bihar).

(iii) Dental Colleges:

ESIC is running 02 Dental Colleges at Rohini, Delhi and Gulbarga, Karnataka. ESIC Dental College, Rohini, Delhi has been started in 2010-11 and ESIC Dental College, Gulbarga has been started in 2017-18.

(iv) Nursing College:

ESIC is running 02 Nursing Colleges at Indiranagar, Bengaluru (Karnataka) and Gulbarga, Karnataka. ESIC Nursing College, Indiranagar, Bengaluru started in 2013-14 and ESIC Nursing College, Gulbarga, Karnataka started in 2015-16.

(v) Para Medical Institute:

ESIC is running 01 Para Medical Institute at Gulbarga, Karnataka since 2019-20. Presently Para Medical Courses in eight (08) disciplines i.e. Diploma in OT & Anaesthesia Technology; Diploma in Medical Records; Diploma in Medical Laboratory Technology (DMLT); Diploma in Medical imaging Technology (DMIT); Diploma in ophthalmic Technology (DOT); Diploma in Health Inspector (DHI); Diploma in Dental Hygiene (DDH) & Diploma in Dental Mechanics (DDM).

(vi) DNB Courses:

ESIC has started DNB broad specialty courses in 09 hospitals in 09 subjects with 81 seats in ESIC Hospitals not associated with Medical Colleges/ PG Institutes.

(vii) 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 ESIC Medical Colleges at (i) Coimbatore, Tamilnadu (ii) Paripally, Kerala and (iii) Mandi, Himachal Pradesh were transferred to the respective State Governments where MBBS courses are being run by the state government.

11. 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.

(ii) List of major projects (Capital works) under execution during 01.01.2022 to 31.12.2022

Hospitals/Dispensaries/Branch offices	
Hospitals	
1	Construction of 100 bedded Hospital at Haldia, W.B.
2	Construction of 100 bedded Hospital at Ranchi, Jharkahand (expandable to 200 beds)
3	Construction of 50 Bedded ESI Hospital at Phulwarisharif, Patna, Bihar (Expandable to 100 Bedded)
4	Construction of 100 bedded Hospital at Raipur, Chhattisgarh.
5	Construction of 50 bedded Hospital at Asansol, W.B.
6	Construction of 100 bedded Hospital at Siliguri, W.B
7	Construction of 100 bedded Hospital at Raigarh, Chhattisgarh
8	Construction of 30 bedded ESI Hospital (Upgradable to 100 beds) at Bikaner, Rajasthan
9	Construction of 100 bedded Hospital at Bhillai, Chhattisgarh.
10	Construction of 200 bedded Hospital (upgradable to 300 beds) at Surat, Gujarat.
11	Construction of 100 bedded Hospital at Doddabalapur, Karnataka.
12	Construction of 100 Bedded ESI Hospital at Kakinada, Andhra Pradesh
13	Construction of 100 Bedded ESI Hospital at Rajamahendravaram, Andhra Pradesh
14	Construction of 100 Bedded ESI Hospital at Shivamogga, Karnataka.
15	Construction of 200 bedded ESI Hospital at Beltola, Assam
16	Construction of 100 bedded ESI Hospital at Tirupur, T.N
17	Construction of 300 bedded (including 50 beds SST) Hospital at Haridwar, Uttarakhand.
18	Construction of 100 bedded ESI Hospital at Ompura, J&K
19	Construction of 300 bedded (upgradable to 500 bedded) hospital at Indore, M.P
20	ESI Hospital Davanger
21	100 Bedded Hospital at Bahadurgarh
22	Construction of 100 bedded Hospital at Bawal, Haryana
23	Construction of 100 bedded ESI Hospital, Ulhasnagar, Maharashtra.
24	30 bedded ESI Hospital (expandable to 100 beds), Kala Amb
25	100 bedded ESI Hospital at Vizianagram, Andhra Pradesh
26	Construction of new OPD Block Sanathnagar with 200 beds, Telangana
Dispensaries/Branch offices/Office Building	
27	Construction of Dispensary at Neemrana, Rajasthan
28	Construction of Dispensary at Sitapura, Rajasthan
29	Construction of DIMS Building, Haryana
30	Construction of Model Dispensary, Pydibhimavaram, Andhra Pradesh

31	Construction of Dispensary at Gorakhpur, Uttar Pradesh
32	Construction of Dispensary cum Diagnostic Centre and office for ESIC at Mayur Vihar, Phase-I, Delhi
33	Construction of 4 Doctors ESIC Dispensary cum Branch Office at Gaya, Bihar
34	Construction of 3 Doctors Dispensary at Behror, Rajasthan
35	Construction of 2 Doctors Dispensary, Branch office & Staff Quarter at Abu Road, Rajasthan
36	Construction of 5 Doctors ESIC Dispensary cum Branch Office & TOR at Selaqui, Uttarakhand
37	Construction of 02 Doctors ESIC Dispensary at Nunhai, Agra, U.P
38	04 Doctor ESI Dispensary, Alwar (Rajasthan).
39	Construction of 2 Doctors Dispensary and branch Office at Koratty, Kerala
40	Construction of ESIC Branch Office at Aluva (Alwaye)
41	Construction of 5 Doctors Dispensary and Branch office for ESI Health care at Panchkula

Sl.No.	List of hospitals whose foundation stone were laid down(01.01.2022 TO 31.12.2022)
1	Construction of 500 bedded ESI Hospital, Manesar, Haryana
2	Construction of 100 bedded ESI Hospital, Sriperumbudur, Tamil Nadu.
3	Construction of 350(upgradable to 500 beds) at Sanand, Gujarat
4	Construction of 150 bedded (upgradable from 50 to 150 beds) at Kalol, Gujarat.

Sl.No.	List of hospital whose inaugurated between 01.01.2022 to 31.12.2022
1	100 bedded ESI Hospital, Angul, Odisha

(iii) Capital Construction outlay

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

Sl.No.	Name of the Project	Amount sanctioned (Rs. in Crores)
1.	Medical Institute	--
2.	ESI Hospitals/Dispensaries/Offices of Directorate of ESI Scheme/Central Medical Stores etc.	3017.57
3.	Regional Offices/Branch Offices/Staff Quarters	1.14
	Total	3018.71

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

12. 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: -

- (i) In order to encourage the State Government to run the AYUSH units, the ESI Corporation in its 134th 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.
- (ii) ESI Corporation further decided in its 166th meeting under implementation of reform agenda ESIC 2.0 for expansion of AYUSH facilities in ESIC, ESIS Hospitals and Dispensaries and formulated ESI policy on AYUSH on 30.11.2015 which was revised on 6.10.2021.
- (iii) For streamlining procurement of Ayurvedic drugs ESI Corporation has been formulating Central Ayurvedic Rate Contract for supply of good quality Ayurvedic drugs for the use of all ESIC/ESIS hospitals and dispensaries in order to ensure the availability of drugs. The current DG ESIC Ayurvedic Rate Contract no. Ay.8 has 267 drugs.
- (iv) ESI Corporation also formulating Central Homeopathic Rate Contract for procurement of Homeopathic drugs for the use of all ESIC/ESIS Hospitals and Dispensaries. The running DG ESIC Homeopathic Rate Contract no. Homeo-2 has 552 drugs.
- (v) ESIC has organized fortnight celebrations of International Day of Yoga. During the celebrations Hon'ble Minister Labour and Employment kick started the yoga programme on 06.06.2022 at ESIC Hospital Basaidarapur, New Delhi which was attended through virtual mode by more than 7,000 ESI Employees. Health checkup camps, Health talks, Yoga sessions were conducted in ESIC/ESIS Hospitals and Dispensaries across the country during fortnight celebrations of International Yoga day.
- (vi) 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.
- (vii) National Ayurveda Day celebrated on 21st October, 2022 in ESIC Head Quarters office and also in field locations across the country.
- (viii) Panchakarma unit established in ESIC Hospital Basaidarapur on 21.10.2022.
- (ix) AYUSH facilities available in ESIC and ESIS Hospitals and Dispensaries as on 01.01.2023 is at **Annexure – 'V'**.

13. Recovery of contribution and details of prosecution cases

i) Recovery of contribution: -

A total contribution of Rs. 15216.80 Crores were collected during the financial year 2021-2022. Target for the current financial year is 17400 Crores. The contribution income also

includes the contribution income recovered from the defaulting employers by the Recovery Officers.

Arrear of contribution amounting of Rs. 5029.42 Crores is outstanding dues as on 31.03.2022 against the defaulting employers. An amount of Rs 2608.63 crores is Immediately not recoverable dues arrear at present, due to various reasons which are given as under: -

A Total Contributions (including interest on contributions) of Rs.15308.98 crores were received during the Financial year 2021-22 against the contributions (including interest on contributions) of Rs.13787.79 crores last year. There was an increase in contributions of Rs. 1521.19 crores over the previous year, which is 11.03% more, over the previous year. It also includes the dues of contribution recovered from the defaulting employers by the Recovery officers.

A) Immediately not recoverable dues as on 31/03/22

(Amount in Crores)

a) Amount of arrears disputed in courts	1746.83
b) Amount under liquidation	284.66
c) Amount pending with Claim Commissioner	9.11
d) Amount due from factories/Establishment closed or whereabouts of employers not known.	323.61
e) Amount for which decree obtained but not executed	1.59
Total	2365.80

B) Dues from sick industries

a) Cases in respect of Factories/Estts. Registered with BIFR/NCLT but rehabilitation scheme yet to be sanctioned	156.68
b) Factories/Establishments which have been declared sick but rehabilitation scheme has been sanctioned.	86.15
Total	242.83

C) Immediately Recoverable dues as on 31.03.2022

a) Employers whereabouts known but unit is closed	132.30
b) Recoverable dues pending for recovery action with Recovery Officer	2288.49
Total	2420.79
Grand Total (A+B+C)	5029.42

ii) Prosecution Cases: -

Prosecution cases were filed against defaulting employers under section 85(a to g) 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 2021-2022 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/ 04/21	11726	915	12641
2	No. of prosecution cases filed during the year 2021-22	442	0	442
3	Total (1+2) above	12168	915	13083
4	Cases withdrawn	112	0	112
5	Total No. of prosecution cases decided during the period	629	0	629
a)	Convicted with imprisonment	19	0	19
b)	Convicted with fine	302	0	302
c)	Acquitted	26	0	26
d)	Closed/Dismissed	282	0	282
6	Total (4+5) above	741	0	741
7	Number of prosecution cases pending as on 31.03.22 (3-6)	11427	915	12342

iii) Recovery of arrears: -

- (a) Out of the total arrears of Rs.5029.42 crores as on 31.3.2022, an amount of Rs.2420.79 crores accounting for 48.13% of the total arrears falls in the category of Immediately recoverable arrears. The remaining amount of Rs.2608.63 (A+B+C as per para 2.1) crores accounting for 51.87% of the total dues falls in the category of Immediately non-recoverable arrears for the present due to claims disputed in 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 are not knowns.
- (b) In order to ensure effective recovery of the dues of the Corporation, the provision of Sections 45-C to 45-I has been made in the Principal Act by an amendment in ESI Act 1989, thereby enabling the Corporation to set up its own recovery machinery for realizing the dues of the Corporation. Accordingly, Corporation's own recovery machinery came into existence in phases from January, 1992 onwards and Recovery Machinery is now functioning in all the regions/Sub-regions. A Recovery Cell has also been set up at the Hqrs. Office to monitor the progress of recovery of the dues and watching the performance of the Recovery Officers in the regions/sub-regions.
- (c) During the year 2021-2022, the dues of Rs.423.62 crores were recovered from the defaulting employers as against the target of recovery of Rs. 580.07 crores. The recovery during the period 2020-21 was Rs. 305.81 crore.

14. Conduct of inspection through Central Analysis and Intelligence Unit (CAIU)

- (i) 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.
- (ii) 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 2022, total 3173 complaints/references received in CAIU, in which 55 received from PMOPG Portal, 28 received from RTI and 13 received from Ministry. Out of which 1175 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.

15. Public Grievances Redressal Machinery set-up in ESIC

- (i) 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.
- (ii) 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.
- (iii) Public Grievances are received through various channels like Telephone, Postal, Email, CPGRAMS, Social Media etc.
- (iv) The Corporation monitors Public Grievances through a vast network of designated Public Grievance Officers posted in all the field offices/ESIC hospitals.
- (v) To provide guidance/information to the stake holders/beneficiaries and making the grievance filing easy and convenient, the Corporation has set up a Multilingual 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.

- (vi) 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 01-01-2022 to 31-12-2022.

Year	Brought forwarded	Received	Settled	Average Disposal Time (Days)	Pending as on 31-12-2022
01-01-2022 to 31-12-2022	364	15763	15766	10	361*

Pending as on 31-12-2022	Pending 0-15 Days	Pending 16-30 Days	Pending 31-45 Days	Pending 46-60 Days
361	305	53	3	0

- (v) 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 2nd 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.
- (vi) 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.
- (vii) 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.
- (viii) 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. Grievances are redressed following SOP.

16. 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.gov.in'.
- Managing & handling of all the official Social Media Handles of ESIC.

17. Compliance under RTI Act, 2005

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) The information to the applicant is ordinarily provided in the form in which it is sought.
- (v) Manual of the Right to Information has been published as per provisions of RTI Act, 2005, 16473 requests for information were received during the period 01.01.2022 to 31.12.2022 out of which information was provided in 14949 cases, 59 cases transferred to CPIOs of other Public Authorities and 97 cases were rejected.
- (vi) 1243 Appeals were also received during this period out of which 1062 Appeals decided.
- (vii) The name and the address of the Appellate Authority is mentioned in the reply/decisions communicated to the applicant.

18. Training

(i) ESIC National Training Academy:

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' and '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 2022 a total number of 149 training programme of 397 days were conducted by NTA and Three ZTIs (South, East & West Zone), where 8451 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.

Some of the offline/online Trainings Conducted by NTA & ZTIs during FY 2021-2022 are as under: -

Sl. No.	Offline/Online Training on
1	Mandatory Training for promotion to the post of PPS/PS
2	Gem & Procurement
3	Training on Audit and Accounts matters for officers & staff of Finance & Audit
4	Refresher Training on benefit matters for e.g. Dependents benefits, Maternity benefits etc. for UDC/Asstt
5	ODC Training "under Capacity Bldg. Programme"
6	Good Clinical practices
7	Renal Disease and Dialysis Management
8	Bio Medical waste Management & Hand Hygiene
9	Integrated Antimicrobial Stewardship -A Way Forward to Curb AMR
10	Training on Disciplinary matters for IOs/POs
11	Basic Life Support & Soft Skills

19. Function of Procurement Cell & Rate Contract Cell

(i) The functions of Procurement Cell are as under:

- Policy matters related to equipment procurement.
- Sanction/Approval of equipment proposals received from ESIC Institutions outside ESIC Norms/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 specifications for High-End equipment for uniformity across ESI Institutions.
- 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.
- Monitoring of Medical Equipment Dashboard.

(ii) Rate Contract Cell:-

ESI Corporation established under the ESI Act, 1948, provides comprehensive Medical Care Services through a network of 160 Hospitals, 1502 Dispensaries and 89 DCBO's. ESI Corporation provides cashless Drugs & Dressings material to its beneficiaries. These are procured through Running DG ESIC Rate contracts formulated at ESIC Hqrs to ensure uniform supply of quality generic drugs to the end users at competitive rates. DG ESIC Rate contracts are operated by respective ESI Institutions, all over the country for procurement of drugs, as per their requirement. As on date the following Rate Contracts are valid.

S. No.	DG ESIC Rate Contract	Validity of RC	No. of items approved
1	DG ESIC RC No. 142C to 146C & 147B	Valid upto 31.10.2023	569 items
2	DG ESIC RC 149 to 153	Valid upto 31.10.2024	332 items

The process of formulation of Rate Contract is given at **Annexure-VI**.

20. Super Specialty Treatment Cell

ESI Corporation in its 143rd 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, for smooth and seamless delivery of the cashless medical treatment services for IP's & their dependents, tie-up arrangement is made for Specialty/Super Specialties which are not available in-house. As on date, Pan India, ESIC has tie-ups with

1461 private and Government Hospitals for providing smooth and seamless delivery of cashless medical treatment for IP's and their dependent.

During the period 2022-23, the following initiatives have been undertaken by SST Cell Hqrs. Office which have been duly intimated to all stake holders through website upload.

- (i) With the adoption and implementation of e-office in ESIC, directions have been issued for all user locations to ensure and achieve 100% implementation of e-file module for High Cost Treatment (HCT).
- (ii) To avoid frequent visits by IP/Beneficiary to the referral location for receiving the referral document for availing cashless medical services from empaneled hospitals, directions have been issued to all user locations to review such practices so that the referral may be handed over to the IP/beneficiary on the same day as per ESIC guidelines.
- (iii) In the 187th ESI Corporation Meeting held on 11th and 12th Feb. 2022, it has been decided to extend the service agreement between ESIC and UTI-ITSL on the same terms and conditions for further 01 year w.e.f 17.05.2022.
- (iv) Neonatology (level III) services and retina/vitreo-retinal surgery and related investigations have been approved for inclusion in the scope of SST services as enlisted in the SST Manual.

Sl. No.	Web site uploaded letter No.	Subject
1.	F.No: U-16/30/87-HCT Misc./21/SST	Adoption of E-office for HCT cases.
2.	F. No: U-16/30/649/2020-SST	Referral review to ensure handling over of referral to IP/beneficiary on the same day.
3.	F. No: U-16/30/534/2015- (UTI Main)/SST	Extension of service agreement between ESIC and UTI-ITSI for 01 year.
4.	F. No. U-16/30/565/2020-SST	Scope of Super Specialty Treatment (SST) Services-reg

21. 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 2022, the Recruitment Division notified multiple recruitment notifications and completed recruitment process for huge number of vacancies in various cadres as detailed hereunder:

Medical Posts:

Sl. No.	Post	No. of vacancies	Present Status
1.	Recruitment of IMO Gr. II	1120	Advertisement released on 14.12.2021. Result of Part I Written Examinations declared on 18 th May, 2022. Interviews of shortlisted candidates to be conducted.

Administrative Posts

Sl. No.	Post	No. Of vacancies	Present Status
1	Recruitment to the post of UDC, Steno. & MTS	UDC-1769 Steno. -165 MTS-1948	Advertisement released for 26 ESIC Regions/Offices on 27.12.2021. Written Examinations/Skill Tests conducted from March to August, 2022. Recruitment process completed.
2.	Recruitment to the post of Social Security Officer	93	Advertisement released on 11.03.2022. Written Examinations/Skill Tests conducted from June to August, 2022. Recruitment process completed.

Limited Departmental Competitive Examination

Sl. No.	Recruitment Activity	Details of Recruitment	Present Status
1.	Advance Increment Test for existing Stenographers.	Advance Increment Test was conducted 10.11.2022.	Result of successful candidates was declared on 19.12.2022.
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 held on 25.2.2022.	Result declared on 22.04.2022.

Recruitment process for filling up vacancies in Gr. C Paramedical & Nursing Cadre is under process.

Dean/Teaching Faculty Posts

Sl. No.	Post	Present Status
1.	Dean	Advertisement for 11 vacancies released on 16/12/2021 and result declared on 27/05/2022.
2.	Associate Professor	Advertisement for 115 vacancies released on 05/04/2022. Interviews to be scheduled.
3.	Assistant Professor	Advertisement for 491 vacancies released on 16/06/2022. Interviews to be scheduled.

Specialist Gr-II (Sr./Jr. Scale) Posts

Sl. No.	Region	Present Status
1.	Uttarakhand, HP, JK, Punjab, UP, Gujarat, Odisha, Assam, Bihar Maharashtra.	Advertisement for 10 regions released during 2021 & 2022, interviews conducted and result declared in 2022 for 202 vacancies.
2.	Tamilnadu (Spell-I), Kerala, Karnataka, Rajasthan, Haryana (Spell-I), Delhi (Spell-I) & Haryana (Spell-II).	Advertisement for 07 regions released during 2021 & 2022, interviews conducted and results to be declared for 132 vacancies.
3.	MP, Delhi (Spell-II), Telangana, Tamilnadu (Spell-II).	Advertisement for 04 regions released during 2022, interviews to be scheduled for 72 vacancies.

22. Information Communication Technology Division

Preamble:

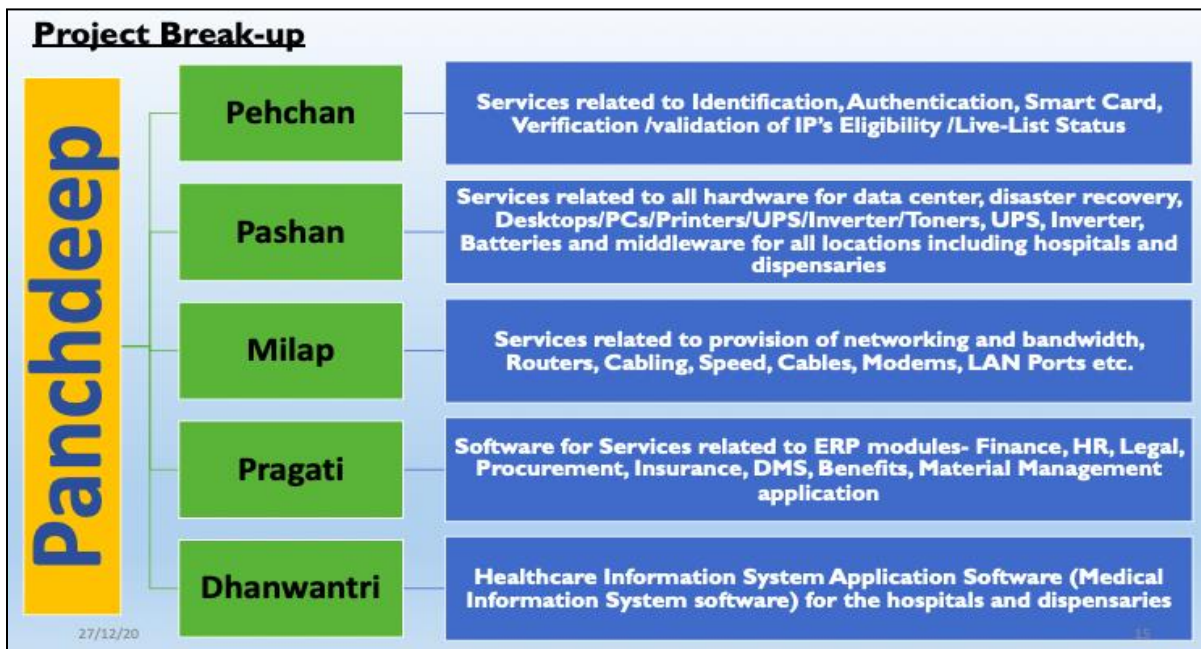
(i) Panchdeep 1.0: ESIC's e-Governance Project (09 – 21)

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 (approx.). 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 stakeholders. 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,

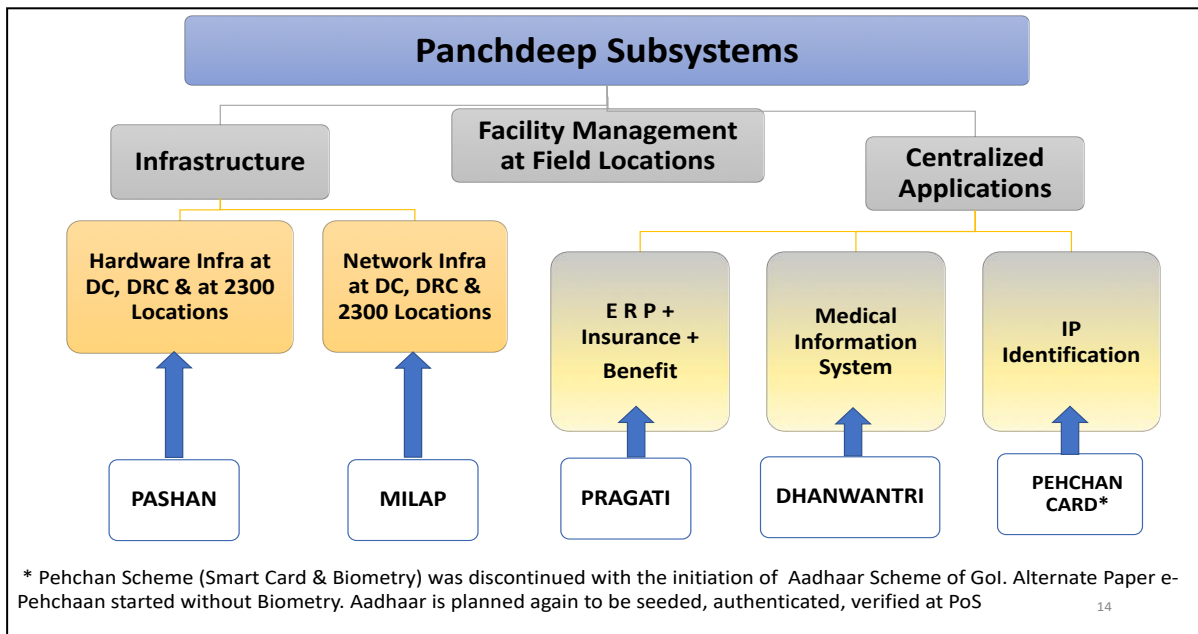
integrating, capacity building, application development & implementing the project was assigned in 2009 to a System Integrator on a BOOT model (live in 2011) and included on-premise Data Centre, Recovery Centre, procurement, provisioning & management of Infrastructure, MPLS connectivity, Facility management and IT Infrastructure procurement in all 2300 locations(approx.), for 5 years. Presently it is being maintained (O & M) on best efforts basis through a System Integrator.

(ii) Panchdeep Project 1.0 Break-up

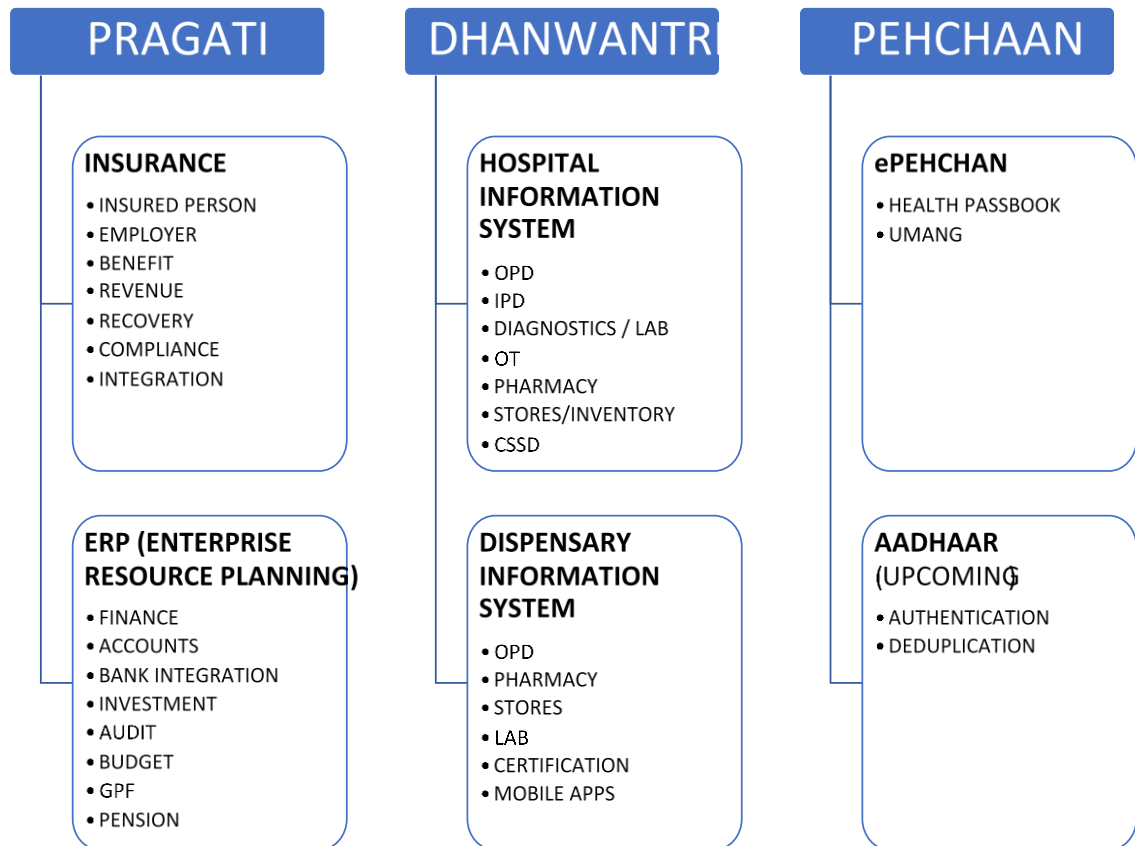
The project has five components, namely, **Pehchan** which includes all services related to identification, authentication and verification of Insured Persons (IPs). It initially included capturing of biometry of the beneficiaries (for deduplication) and work related to issuance of two Smart Identity 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.



(iii) Panchdeep 1.0 Sub-Systems

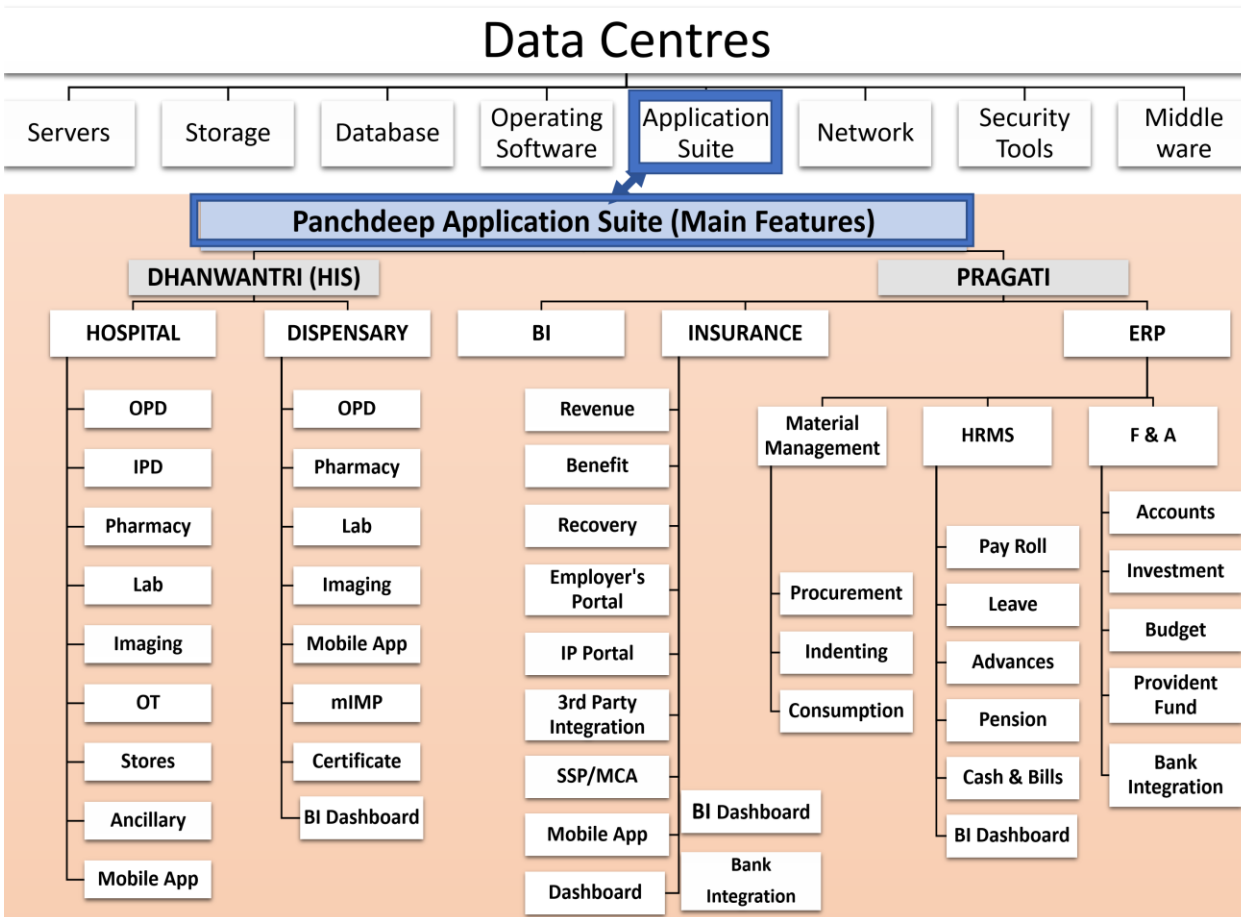


(iv) Panchdeep Application Suite



(v) 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, ESIC has made some progress in taking over strategic roles and responsibilities in managing its own IT affairs. The Service Provider M/s. CMS Computers Ltd has been entrusted with the job of all central Applications (including ERP Insurance and Dhanwantri, etc.), along with Data Centre (DC) and Data Recovery Centre (DRC) infrastructure maintenance and business continuity. Remaining all field activities including management of computer Infrastructure, Network & Bandwidth provisioning and central activities which includes renewal of licenses, maintenance/technical contracts, subscriptions of all tangible and intangible central assets at DC/ DR are being done by ESIC through its internal non- technical resources.

As on 01.01.2023, following new value-added provisions have been made for ease of doing business by the stakeholders:

(vi) Beneficiary-centric value-added initiatives

ESIC has implemented the following initiatives in the year 2022-23:

- (a) As on 15-01-2023, 1.52 crore of UAN have been seeded In ESIC database.
- (b) Provision for selection of Regional Language (Gujrati, Marathi, Punjabi, Tamil, Telugu, Malayalam, Kannada, Urdu, Bangla & Assamese) has been enabled at the IP Portal for the ease of beneficiaries.
- (c) An online provision has been made in IP Portal for Insured Woman (IW) to claim Maternity benefit, online, at her convenience instead of visiting the Branch Office/DCBO. Earlier, Insured Woman (IW) had to visit the Branch Office/DCBO for submitting the Maternity Benefit claim.
- (d) ESIC has integrated with DigiLocker for Beneficiary Health Passbook and Pehchaan card of ESI beneficiaries.
- (e) ESIC has switched its domain to gov.in and has unified its portals viz www.esic.nic.in and www.esic.in at www.esic.gov.in.
- (f) ESIC is in process of mapping its all(existing) email accounts from esic.nic.in to esic.gov.in. and all new email accounts would be created on esic.gov.in.
- (g) An interactive map of India is being integrated at esic.gov.in web portal to enable users to drill down to ESIC offices for their details and locations.
- (h) Implementation of Transfer modules for group A & group B cadres has been completed and for other cadres it is under process.

23. 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	Annexure – I	41-45
2.	Benefits & Contributory conditions	Annexure - II	46-49
3.	List of Regional Office/Sub-Regional Office/Dispensary-cum-Branch Office	Annexure – III	50-54
4.	Revenue & Expenditure of Corporation	Annexure – IV	55
5.	Progress made under ISM/AYUSH as on 01.01.2023	Annexure – V	56-63
6.	Process of formulation of Rate Contract	Annexure – VI	64-65

23(I)(a) General information regarding Employees' State Insurance Scheme

(i) Coverage under the ESI Act, 1948:

- a) The Act is applicable to factories employing 10 or more persons.
- b) 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 32 States/UTs. (Except – Arunachal Pradesh, Manipur, Andaman & Nicobar Island, Dadar & Nagar Haveli Daman & Diu and Lakshadweep)
- c) The Scheme has further been extended under Section 1(5) of the Act to Educational Institutions in 30 States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Dadar and Nagar Haveli Daman & Diu and Lakshadweep) and to Private Medical Institutions in 29 the States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Dadar and Nagar Haveli Daman & Diu, Lakshadweep and Puducherry)
- d) The scheme is also being extended to contract & casual employees of Municipal Corporation & Municipal bodies.
- e) 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)

(ii) 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 16 states/UT's are notified for coverage under ESI Scheme.

(iii) Recent initiatives taken for expansion:

ESI Corporation in its 188th meeting held on 18-19th June, 2022 approved massive infrastructure creation. As per this approval, 333 new ESIC Branch Offices, 37 DCBO's and 180 Dispensaries and 76 new ESIC Hospitals with additional 8730 beds have been sanctioned by ESIC. Convergence with Aayushman Bharat – PMJAY is also being extended from 157 districts currently to 200 more identified districts and eventually to all districts of the country to go Pan India in the coming year.

(iv) Expansion of ESI Scheme (Vision 2022)

The Second-generation reforms namely ESIC 2.0 contained an agenda for "Extending the coverage of ESI Scheme". It was desired to extend the ESI Scheme to all the States and Union Territories, to implement the Scheme to 393 Complete Districts, where the Scheme was then partially implemented. Previously the extension of ESI Scheme was done in centers which included a conglomeration of revenue villages, where sufficient number of coverable

employees were present, after setting up the medical infrastructure. Under ESIC 2.0, the extension of the scheme is being made to complete districts which was a departure from the focused area concept and hence required extensive medical arrangements. ESI Scheme was extended to 31 states and Union Territories at the time of launch of ESIC 2.0 initiatives. In furtherance of second-generation reforms ESIC 2.0, ESIC has worked out an action plan for All India coverage of ESI scheme as per Vision – 2022.

At present, the scheme is extended to 35 states and Union Territories. There has been a massive geographical expansion of ESI Scheme since the launch of ESIC 2.0 and the scheme as on 01.01.2023 stands extended to 606 districts of the country which includes 468 complete districts and 138 partially notified districts. The Scheme is non-notified in 138 districts.

Health being state subject, challenges from States in primary and secondary care medical arrangement is resulting in slow pace of coverage. ESIC has taken the initiative to supplement medical care where it is facing challenges from the state governments, in order to extend coverage as per the timelines.

ESI Corporation in its 188th meeting held on 18-19th June, 2022 approved massive infrastructure creation. As per this approval, 333 new ESIC Branch Offices, 37 DCBO's and 180 Dispensaries and 76 new ESIC Hospitals with additional 8730 beds have been sanctioned by ESIC. Convergence with Aayushman Bharat – PMJAY is also being extended from 157 districts currently to 200 more identified districts and eventually to all districts of the country to go Pan India in the coming year.

Annexure-I(B)**Statistical Data regarding ESI Scheme (All India)**

S. No.	Heads	All India	
		As on 31.03.2021	As on 31.03.2022
1	No. of Employees covered	24672150	27862710
2	No. of I.P's Covered	33919370	31020570
3	No. of Beneficiaries	131607156	120359812
4	No. of Insured Women	6163406	5869434
5	No. of Employers' registered	1482125	1594083
6	No. of Contributing Employer	597479	644038

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

Region /Sub-Region wise Consolidated sheet as on 31.3.2022							
S.No	State	Employees	Insured Persons	Beneficiaries (IP*3.88)	No. of Insured Women	Total Employers	No. of Contributing employers
1	2	3	4	8	5	6	7
	ANDHRA PRADESH						
1	I)VIJAYAWADA & YENAM	542510	589560	2287493	158475	25124	11354
2	II)TIRUPATHI	230550	257070	997432	71459	10401	3834
3	iii)VISAKHAPATNAM	332800	370790	1438665	79438	12758	5923
4	ASSAM & MEGHALYA & NAGALAND & TRIPURA & MANIPUR & MIZORAM & ARUNACHAL PRADESH	281230	300020	1164078	51649	22566	7757
5	BIHAR	327620	358980	1392842	30236	30669	6997
6	CHANDIGARH(UT)	118760	130200	505176	21185	6612	3177
7	CHATTISGARH	459590	506750	1966190	54023	22881	10224
	DELHI						
8	I) RAJENDER PLACE	310550	343440	1332547	41253	34769	10377
9	ii)NAND NAGARI	154500	170070	659872	18439	24104	6010
10	iii) ROHINI	203840	222250	862330	23996	29626	11787
11	iv) OKHLA	527280	592560	2299133	56508	33285	11130
12	GOA	153390	172650	669882	34917	7485	3950
	GUJARAT						
13	i) AHMEDABAD	666280	747600	2900688	91515	41675	18442

14	ii) VADODRA	392690	447310	1735563	40739	15794	9183
15	iii) SURAT	341410	373990	1451081	40840	14518	6817
	HARYANA						
16	I) FARIDABAD	773410	893020	3464918	111833	41321	19046
17	II)GURGOAN	945550	1142970	4434724	124074	35028	11475
18	iii)AMBALA	257810	283530	1100096	34091	22597	8582
19	H.P.	305720	346160	1343101	52968	11042	5462
20	J & K	111440	122960	477085	17117	8057	3022
21	JHARKHAND	393410	425620	1651406	51017	28503	9869
	KARNATAKA						
22	i) BANGALORE	806240	912300	3539724	260888	41732	14901
23	ii) HUBLI	320690	343860	1334177	84663	15800	8766
24	III)PEENYA	418720	473900	1838732	157879	22691	8483
25	IV)BOMASUNDRA	540280	620860	2408937	183581	25688	7290
26	V) GULBARGA	158040	172990	671201	25090	9271	4210
27	VI) MYSORE	231050	256330	994560	94940	8123	4076
28	vii) MANGALORE	172250	182980	709962	77268	7979	4834
	KERALA						
29	I)THRISSUR	137420	148410	575831	68642	8297	5103
30	II)ERNAKULAM	339400	370620	1438006	140726	20710	10192
31	III)KOLLAM	126630	147490	572261	88833	9665	4374
32	IV) KOZHIKODE	142540	153640	596123	67468	12135	5626
33	v) THIRUNANTHANPURA M	114160	125100	485388	56045	8061	3071
	M. P.						
34	i) INDORE	571760	637880	2474974	95112	26557	11696
35	ii)BHOPAL	303240	329120	1276986	46495	21129	7141
	MAHARASHTRA						
36	i) LOWER PAREL	406100	446500	1732420	69982	34043	11918
37	ii) MAROL	626560	692120	2685426	116859	44798	15354
38	iii) THANE	627310	704540	2733615	100459	39872	16531
39	iv) NAGPUR	316030	338200	1312216	34948	19273	7936
40	V) AURANGABAD	249840	279680	1085158	30341	17749	6175
41	v) PUNE	1167580	1318060	5114073	195148	67896	26123
42	VI) NASIK	193680	211390	820193	23214	12009	5384
	ODISHA						
43	i) BHUBANESHWAR	527330	567620	2202366	61722	24769	10179
44	ii) JHARSUGUDA	160380	173940	674887	18417	6981	3280
45	PUDUCHERRY & MAHE	94160	104520	405538	36332	4811	2270
	PUNJAB						
46	I)CHANDIGARH (PUNJAB)	436380	484460	1879705	83261	20630	10303

47	II)JALANDHAR	279900	301550	1170014	65210	13645	8021
48	III)LUDHIANA	389490	430420	1670030	66845	18641	11282
	RAJASTHAN						
49	I)JAIPUR	829580	932640	3618643	105115	52314	22353
50	ii)UDAIPUR	190400	211480	820542	26664	9851	4808
51	III)JODHPUR	171960	192260	745969	22207	15429	7410
52	SIKKIM	26070	28340	109959	8272	883	465
	TAMIL NADU						
53	i) CHENNAI & AN Islands	1525890	1720040	6673755	542049	72426	27879
54	II) TRIRUNELVELLI	171610	183580	712290	74115	9530	5432
55	III) SALEM	377990	420800	1632704	120073	17325	8679
56	IV) COIMBATORE	708560	797560	3094533	289427	26871	15075
57	V) MADURAI	405570	438330	1700720	185053	18838	9336
58	TELANGANA	1399860	1564130	6068824	379314	83677	30625
	UTTAR PRADESH						
59	I)KANPUR	441790	475400	1844552	45490	33734	11661
60	ii) VARANASI	126500	136210	528495	11295	8643	2875
61	III) NOIDA	1066450	1229000	4768520	160447	56025	19943
62	IV) LUCKNOW	482590	524950	2036806	50159	30889	8178
63	UTTRAKHAND	526370	604560	2345693	90262	20162	8355
	WEST BENGAL						
64	i) KOLKATA	1194120	1275180	4947698	150829	65934	29075
65	ii) BARRACKPORE	285120	302310	1172963	35160	14471	6133
66	III) DURGAPUR	244780	257820	1000342	17367	15311	6823
	ALL INDIA	27862710	31020570	120359812	5869434	1594083	644038

23(II). Benefits & Contributory Conditions

Sl. No.	Name of the benefit (s)	Contributory conditions	Duration of Benefit	Quantum of Benefit
(i) (a)	Sickness Benefit	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)	extended sickness benefit (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
(c)	ENHANCED SICKNESS BENEFIT (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
(ii)	DISABLEMENT BENEFIT (employment injury)	There are two types of benefits comes under Disablement Benefit which are as under: -		
(a)	Temporary Disablement Benefit	He/She should be an employee on the date of employment injury.	Till the incapacity lasts.	90% of the daily average wages
(b)	Permanent Disablement Benefit	-do-	For life	Depends upon the loss of earning capacity of the workers which is determined by a Medical Board.
(iii)	DEPENDANTS BENEFIT (Rule 58)	The deceased should be an employee on the date of fatal accident.	<ol style="list-style-type: none"> 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 years. 4. To legitimate or adopted daughter till marriage. 5. To legitimate or adopted son or daughter wholly dependent on the earning of the insured person at the time of 	90% of the daily average wages to be divided amongst the dependents in the prescribed ratio.

			his/her death, who have attained the age of twenty-five years and are infirm, till infirmity lasts. 6. To other dependents for life or till marriage or upto the age of 18 years, as the case may be.	
(iv)	MATERNITY BENEFIT	Payment of contribution for 70 days immediately preceding two consecutive contribution periods.	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 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.	100% of daily average wages.
(v)	FUNERAL EXPENSES	The deceased worker should be an insured person on the date of death.	-----	Rs. 15,000/-.
(vi)	REHABILITATION ALLOWANCE	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.
(vii)	MEDICAL BENEFIT TO RETIRED/DISABLED INSURED PERSONS AND HIS/HER SPOUSE	On payment of Rs.10/- p.m. in lump-sum for one year in advance (I)the Insured persons who retire from insurable employment on attaining the age	Period for which annual contribution has been paid.	Full Medical care by ESIC.

		<p>of Superannuation or under VRS or prematurely after being in insurable employment for not less than five years; and (ii) the insured persons who cease to be in Insurable employment on account of permanent disablement due to an employment injury; get medical care.</p> <p>(iii) This benefit is also be made available to widows of Insured Person, who are in receipt of dependant 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.</p>				
(viii)	Confinement Expenses	To an Insured Woman or an I.P. in respect of his wife in case facilities for confinement is not available in ESI Institutions.	Up to two confinements only.	Rs. 7500/- per case.		
(ix)	Vocational Rehabilitation Allowance Skill Development Scheme under R.G.S.K.Y.	Not more than 45 years of age and disability not i.e. than 40% due to Employment Injury	All the days of training in Vocational Rehabilitation Center.	Rs. 123/- per day or the actual amount charged by Vocational Rehabilitation Centre, whichever is higher.		
(x)	Unemployment Allowance	An I.P. who has lost employment due to closure of factory, retrenchment or permanent	Maximum period of two year during life time w.e.f. 06.09.2016	<p>IP/IW would get the benefit as per the following slab:</p> <table border="1"> <tr> <td>0 to 12 months</td> <td>13 to months</td> </tr> </table>	0 to 12 months	13 to months
0 to 12 months	13 to months					

		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.		50% of the Average Daily wages	25% of the Average Daily wages
(xi)	Vocational Rehabilitation Skill Development Scheme (under Rajiv Gandhi Shramik Kalyan Yojana)	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 program at AVTIs as charged, is reimbursed.	
(xii)	Conveyance allowance to the PDB beneficiaries for submitting certificate	Conveyance Allowance	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)	Atal bimit vyakti kalyan (ABVKY)	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 period immediately preceding to the claim of relief.	Cash compensation up to 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.	

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

Sl. No.	Name of State/ UT	District/ Location	Regional Office (ro)/ Sub- Regional Office (SRO)
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		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	KERALA	THRISSUR	RO
29		THIRUVANANTHAPURAM	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

S.No.	State/UT	NAME OF THE DISTRICT	LOCATION
1	Assam	DARRANG	1. MANGALDOI
2	Andhra Pradesh	GUNTUR	2. GUNTUR
		TIRUPATI	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
		PATNA	11. PATNA
		GAYA	12. GAYA
		NALANDA	13. BIHAR SHARIF
		VAISHALI	14. HAJIPUR
6	Chhattisgarh	RAJNANDGAON	15. RAJNANDGAON
7	Gujarat	BHAVNAGAR	16. BHAVNAGAR
		BHARUCH	17. ANKELSHWAR
		VALSAD	18. VAPI
8	Haryana	FARIDABAD	19. FARIDABAD
		JHAJJAR	20. BAHADURGARH
9	Himachal Pradesh	MANDI	21. MANDI
10	J&K	SRINAGAR	22. SRINAGAR
		UDHAMPUR	23. UDHAMPUR
		REASI	24. KATRA
		KATHUA	25. KATHUA
		SAMBA	26. BARIBRAHMA
11	Jharkhand	HAZARIBAGH	27. HAZARIBAGH
		EAST SINGHBHUM	28. GHATSHILA
		PALAMU	29. PALAMU
		WEST SINGHBHUM	30. CHAIBASA
12	Karnataka	CHIKKABALLAPURA	31. CHIKKABALLAPURA
		CHAMRAJNAGAR	32. CHAMRAJNAGAR
		KODAGU	33. KODAGU

		UTTARA KANNADA	34. UTTARA KANNADA
		CHIKKAMAGLURU	35. CHIKKAMAGLURU
		HAVERI	36. HAVERI
13	Kerala	IDDUKKI	37. MUNNAR
		MALLAPURAM	38. THAZHEKODE
14	Laddakh	LEH	39. LEH
15	Madhya Pradesh	KHARGONE	40. SANAWAD
		NEEMUCH	41. KHOR
		SAGAR	42. BINA
		KHANDWA	43. KHANDWA
		HOSHANGABAD	44. HOSHANGABAD
		REWA	45. REWA
		CHINDWARA	46. CHINDWARA
		SINGRAULI	47. SINGRAULI
16	Maharashtra	MUMBAI	48. COLABA
		AURANGABAD	49. WALUJ
		BULDHANA	50. KHAMGAON
		GONDIA	51. GONDIA
		SANGLI	52. SANGLI
		RAIGARH	53. PANVEL
		CHANDRAPUR	54. CHANDRAPUR
		WARDHA	55. WARDHA
		YAVATMAL	56. YAVATMAL
		PALGHAR	57. PALGHAR
		THANE	58. MURBAD
		NASIK	59. SINNAR
		JALNA	60. JALNA
		AHMEDNAGAR	61. AHMEDNAGAR
SATARA	62. SHIVRAL		
17	Manipur	WEST IMPHAL	63. WEST IMPHAL
18	Orissa	SUNDERGARH	64. VEDVYAS
19	Punjab	BARNALA	65. BARNALA
		PATIALA	66. RAJPURA
		FEROZPUR	67. FEROZPUR
20	Rajasthan	JHUNJHUNU	68. JHUNJHUNU
		CHITTORGARH	69. CHITTORGARH
		AJMER	70. AJMER
		PALI	71. PALI
		JODHPUR	72. JODHPUR
		UDAIPUR	73. UDAIPUR
		CHURU	74. CHURU
21	Tamilnadu	CHENNAI	75. AMBATTUR INDUSTRIAL ESTATE
22	Telangana	HYDERABAD	76. SANATHNAGAR
		KUMARAMBHEEM	77. SIRPUR KAGHAZNAGAR

		ASIFABAD	
		MAHABUBNAGAR	78. MAHABUBNAGAR
		NIZAMABAD	79. NIZAMABAD
		PEDDAPALLI	80. RAMAGUNDAM
		SANGAREDDY	81. SADASIVPET
		WARANGAL URBAN	82. WARANGAL
		YADADRI BHUVANAGIRI	83. BIBINAGAR
		RANGAREDDY	84. L.B. NAGAR
23	Uttar Pradesh	KANPUR DEHAT	85. KANPUR DEHAT
		HAPUR	86. HAPUR
24	West Bengal	MALDA	87. MALDA
		24 SOUTH PARGANAS	88. FALTA
		BANKURA	89. BANKURA

23(IV) Revenue & Expenditure of Corporation

S.No.	Particulars	Amount (Rs. In Crore)
1.	Revenue of ESI Corporation	24,683.35
	Actual from 01.04.2022 to 31.03.2023 (Unaudited):- a. Contribution Income Rs. : 17,403.05 b. Interest and Other Income Rs.: 7,280.30	
2.	Total Expenditure	16,494.17
	Actual from 01.04.2022 to 31.03.2023 (Unaudited): - a. Medical Expenditure Rs. : 11,600.34 b. Cash & Other benefits Rs. : 2,807.20 c. Administrative Expenditure Rs. : 1,328.86 d. Capital work in progress Rs. : 757.77	

23(V) Progress made under Ayush as on 01.01.2023**Status of AYUSH (Ayurvedic, Yoga, Unani, Siddha, & Homeopathy) in various States of the country as on 01.01.2023 in ESIC/ESIS Hospitals and Dispensaries:****AYUSH Units in ESIC Hospitals:**

SNo	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	-	2
3.	Delhi	Basaidarapur	1	1	1	3
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	-	2
9.	Gujarat	Bapunagar, Ahmedabad	1	-	1	2
10.	Gujarat	Naroda	1	1	-	2
11.	Gujarat	Vapi	1	1	-	2
12.	Haryana	Faridabad	1	1	1	3
13.	Haryana	Gurgoan	1	1	1	3
14.	Haryana	Manesar	1	1	1	3
15.	Himachal Pradesh	Baddi	1	1	1	3
16.	Jammu & Kashmir	Bari Brahmna	1	1	-	2
17.	Jharkhand	Adityapur	1	1	-	2
18.	Jharkhand	Namkum, Ranchi	1	1	1	3
19.	Karnataka	Rajaji Nagar, Bengalore	1	1	1	3
20.	Karnataka	Peenya, Bengalore	1	1	1	3
21.	Karnataka	Kalburgi	-	1	-	1
22.	Kerala	Ashramam, Kollam	1	1	1	3
23.	Kerala	Ezhukone	1	1	1	3
24.	Kerala	Udyogmandal	1	1	1	3
25.	Madhya Pradesh	Nanda nagar, Indore	1	1	1	3
26.	Maharashtra	Andheri, Mumbai	1	1	1	3
27.	Maharashtra	Bibvewadi	1	1	-	2
28.	Orissa	Rourkela	1	1	-	2
29.	Punjab	Chandigarh	1	-	-	1
30.	Punjab	Ludhiana	1	-	1	2
31.	Rajasthan	Alwar	-	1	-	1
32.	Rajasthan	Bhiwadi	1	-	1	2
33.	Rajasthan	Jaipur	1	1	1	3

34.	Tamil Nadu	K.K. Nagar, Chennai	1	1	-	2
35.	Tamil Nadu	Tirunelveli	1	1	1	3
36.	Telangana	Sanathnagar, Hyderabad	1	-	-	1
37.	Uttar Pradesh	Bareilly	1	-	1	2
38.	Uttar Pradesh	Noida Sector -24	1	1	1	3
39.	Uttar Pradesh	Lucknow	1	-	1	2
40.	Uttar Pradesh	Sahibabad	1	1	-	2
41.	Uttar Pradesh	Varanasi	1	-	-	1
42.	Uttar Pradesh	Jajmau, Kanpur	1	1	-	2
43.	Uttarakhand	Rudrapur	-	1	-	1
44.	West Bengal	Joka	1	1	1	3
		Total	41	34	27	102

AYUSH Units in ESIC Dispensaries

SNo.	Location of Dispensary	Ayurveda	Homeopathy	Total
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	2
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	11	29

AYUSH units in ESIS Hospitals

Sl. No.	Name of the State	Location of the hospital	Ayur veda	Yoga	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	2
22.	Maharashtra	Aurangabad	1	-	-	-	-	1
23.	Maharashtra	Solapur	1	-	-	-	1	2
24.	Maharashtra	Chinchwad, Pune	1	1	1	-	1	4
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.	Punjab	Amritsar	1	-	-	-	-	1
31.	Punjab	Jalandhar	1	-	-	-	-	1
32.	Rajasthan	Jodhpur	-	-	-	-	1	1
33.	Tamil Nadu	Ayanavaram	1	-	1	1	1	4
34.	Tamil Nadu	Hosur	1	1	-	1	-	3
35.	Tamil Nadu	Madurai	1	1	1	1	1	5
36.	Tamil Nadu	Salem	1	1	-	1	-	3
37.	Tamil Nadu	Sivakasi	1	-	-	1	-	2

38.	Tamil Nadu	Trichy	1	1	-	1	-	3
39.	Tamil Nadu	Vellore	1	-	-	1	-	2
40.	Tamil Nadu	Coimbatore	1	1	1	1	1	5
41.	Telangana	Nacharam	1	-	-	-	1	2
42.	Uttar Pradesh	Pandunagar, Kanpur	1	-	-	-	1	2
43.	Uttar Pradesh	Kidwai Nagar, Kanpur	1	-	-	-	1	2
44.	Uttar Pradesh	Saharanpur	1	-	-	-	1	2
45.	Uttar Pradesh	Nani, Prayagraj	1	-	-	-	1	2
46.	Uttar Pradesh	Agra	1	-	-	-	1	2
47.	Uttar Pradesh	Modi Nagar, Ghaziabad	1	-	-	-	1	2
48.	Uttar Pradesh	Sarvodiya nagar, Kanpur	-	-	-	-	1	1
49.	West Bengal	Bandel	1	-	-	-	1	2
50.	West Bengal	Budge Budge	1	-	-	-	1	2
51.	West Bengal	Kamarhati	1	-	-	-	1	2
52.	West Bengal	Sealdah	1	-	-	-	1	2
53.	West Bengal	Uluberia	-	-	-	-	1	1
54.	West Bengal	Gaurhati	-	-	-	-	1	1
	Total Units		49	14	6	8	30	107

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	Peroorkada	1	-	-	-	-	1
49.	Kerala	Pathirappally Alappuzha	-	-	-	-	1	1
50.	Kerala	Alagappanagar, Thrissur	-	-	-	-	1	1
51.	Kerala	Mulavana, Kollam	-	-	-	-	1	1
52.	Kerala	Kadampanadu, Pathanamthitta	-	-	-	-	1	1
53.	Kerala	Vadavathoor, Kottayam	-	-	-	-	1	1
54.	Kerala	Velloor, Kottayam	-	-	-	-	1	1
55.	Kerala	Kottayam, Kollam	-	-	-	-	1	1
56.	Kerala	Kalamassery, Ernakulam	-	-	-	-	1	1
57.	Kerala	Aluva, Ernakulam	-	-	-	-	1	1
58.	Kerala	Chalappuram, Kozhikode	-	-	-	-	1	1
59.	Maharashtra	Somwaripeth, Nagpur	1	-	-	-	-	1
60.	Maharashtra	Wadi, Nagpur	1	-	-	-	-	1
61.	Maharashtra	Ichalkarnji, (under AMO Pune)	1	-	-	-	-	1
62.	Maharashtra	Nanded(under AMO Aurangabad)	1	-	-	-	-	1
63.	Maharashtra	Kohlapur	1	-	-	-	-	1
64.	Punjab	Chandigarh	1	1	-	-	-	2
65.	Tamil Nadu	Tambaram, Chennai	1	-	-	1	-	2
66.	Tamil Nadu	Tiruvotriyur, Chennai	-	-	-	1	-	1
67.	Tamil Nadu	Triplicane, Chennai	-	-	-	1	-	1
68.	Tamil Nadu	Avadi, Chennai	1	-	-	1	1	3
69.	Tamil Nadu	Koratur, Chennai	-	-	-	1	-	1
70.	Tamil Nadu	Sriperumputhur, Chennai	-	-	-	1	-	1
71.	Tamil Nadu	Rajapalayam, Madurai	1	-	-	1	-	2
72.	Tamil Nadu	Kovilpatti, Madurai	-	-	-	1	1	2
73.	Tamil Nadu	Thoothukudi, Madurai	1	-	1	1	1	4
74.	Tamil Nadu	Dindigul, Madurai	-	-	-	1	-	1
75.	Tamil Nadu	Thirunagar, Madurai	1	-	-	1	-	2
76.	Tamil Nadu	Pollachi, Coimbatore	-	-	-	1	-	1
77.	Tamil Nadu	Thudialur, Coimbatore	1	-	-	1	-	2
78.	Tamil Nadu	Tiruppur I, Coimbatore	1	-	-	1	-	2
79.	Tamil Nadu	Udumalaipet, Coimbatore	1	-	-	1	-	2
80.	Tamil Nadu	Kattur I, Coimbatore	-	-	-	1	-	1
81.	Tamil Nadu	Kumbakonam, Salem	1	-	-	1	-	2
82.	Tamil Nadu	Ambur, Salem	-	-	1	1	-	2
83.	Tamil Nadu	Ranipet, Salem	-	-	1	1	-	2

84.	Tamil Nadu	Pallipalayam,Salem	1	-	-	1	-	2
85.	Tamil Nadu	Perianaicken- palayam	-	-	-	1	-	1
86.	Tamil Nadu	Peelamedu	-	-	-	1	-	1
87.	Tamil Nadu	Singanallur (St)	-	-	-	1	-	1
88.	Tamil Nadu	Nagaercoil	-	-	-	1	-	1
89.	Tamil Nadu	Munichalai	-	-	-	1	-	1
90.	Tamil Nadu	Palanganatham	-	-	-	1	-	1
91.	Tamil Nadu	Thirunelveli	-	-	-	1	-	1
92.	Tamil Nadu	Sivakasi	-	-	-	1	-	1
93.	Tamil Nadu	Vickramasinga puram	-	-	-	1	-	1
94.	Tamil Nadu	Ponnagaram	-	-	-	1	-	1
95.	Tamil Nadu	136, Nedunsalai Nagar, Salem (Static)	-	-	-	1	-	1
96.	Tamil Nadu	Trichy (Static)	-	-	-	1	-	1
97.	Tamil Nadu	Sipcot colony, Hosur	-	-	-	1	-	1
98.	Tamil Nadu	Thuvakudi	-	-	-	1	-	1
99.	Tamil Nadu	Nandambakkam	1	-	-	1	-	2
100	Tamil Nadu	Adyar, Chennai	-	-	-	1	-	1
101	Tamil Nadu	Pallavaram	1	-	-	1	-	2
102	Tamil Nadu	Kodambakkam, Chennai	-	-	-	1	-	1
103	Tamil Nadu	Saidapet-I, Chennai	-	-	-	1	-	1
104	Tamil Nadu	Tondiarpet, Chennai	-	-	-	1	-	1
105	Tamil Nadu	Ambattur, Chennai	1	-	-	1	-	2
106	Tamil Nadu	Poonamallee, Chennai	-	-	-	1	-	1
107	Tamil Nadu	Red Hills, Chennai	-	-	-	1	-	1
108	Uttar Pradesh	Kabari Market, Kanpur	1	-	-	-	-	1
109	Uttar Pradesh	Govind Nagar, Kanpur	-	-	-	-	1	1
110	Uttar Pradesh	Kiran colony nagar, Ghaziabad	-	-	-	-	1	1
111	Uttar Pradesh	Sarojini Nagar, Lucknow	1	-	-	-	-	1
	Total		68	01	04	43	18	134

AYUSH Units at a Glance

S.No	Type of location	Ayurveda	Yoga	Unani	Siddha	Homeopathy	Total
1	ESIC Hospitals	41	34	-	-	27	102
2	ESIC Dispensaries	18	-	-	-	11	29
3	ESIS Hospitals	49	14	06	08	30	107
4	ESIS Dispensaries	68	01	04	43	18	134
	Total	176	49	10	51	86	372

Statement showing facilities provided in Ayush (Ayurvedic, Yoga, Unani, Siddha & Homeopathy) in the various states of the country as on 01.01.2023 in ESIC/ESIS.

Sr. No.	State	Ayurveda		Unani	Siddha	Homeopathy		Yoga		All AYUSH System
		ESIC	ESIS	ESIS	ESIS	ESIC	ESIS	ESIC	ESIS	
1.	Andhra Pradesh	-	04	-	-	-	05	-	-	09
2.	Assam	01	-	-	-	01	-	01	-	03
3.	Bihar	01	02	01	-	-	-	01	-	05
4.	Delhi	22	-	-	-	15	-	03	-	40
5.	Goa	-	01	-	-	-	01	-	-	02
6.	Gujarat	04	40	-	-	01	-	03	07	55
7.	Haryana	03	03	-	-	03	-	03	-	12
8.	Himachal Pradesh	01	01	-	-	01	-	01	-	04
9.	Jammu & Kashmir	01	-	-	-	-	-	01	-	02
10.	Jharkhand	02	-	-	-	01	-	02	-	05
11.	Karnataka	02	01	-	-	02	01	03	-	09
12.	Kerala	03	12	-	-	03	13	03	-	34
13.	Madhya Pradesh	01	-	-	-	01	-	01	-	03
14.	Maharashtra	02	11	03	-	01	05	02	02	26
15.	Orissa	01	01	-	-	-	-	01	-	03
16.	Punjab	02	07	-	-	01	-	-	01	11
17.	Rajasthan	02	-	-	-	02	01	02	-	07
18.	Tamil Nadu	02	21	06	51	01	06	02	05	94
19.	Telangana	01	01	-	-	-	01	-	-	03
20.	Uttar Pradesh	07	08	-	-	04	09	03	-	31
21.	Uttarakhand	-	-	-	-	-	-	01	-	01
22.	West Bengal	01	04	-	-	01	06	01	-	13
	Total	59	117	10	51	38	48	34	15	372

26(VI) Process of formulation of Rate Contract

The function of Rate Contract Cell is enumerated briefly as follow:

1. Availability of Drugs & Dressings for all ESI Institutions;

a) Through GeM ; 103 CPSU Drugs.

b) Through DG ESIC Rate Contracts: 901 Drugs

1.1 DG ESIC Rate Contracts:

a. Running DG ESIC Rate Contract/s are finalized through open e-tendering processed online on e-procurement portal of Govt. of India i.e. Central Public Procurement Portal after seeking due exemption from SCoGeM.

b. All DG ESIC e- tender enquiries and Rate Contracts adhere to all statutory Govt. of India decisions on public procurement guidelines, GeM, GFR, CVC & Make in India inter alia.

c. All DG ESIC e- Tender Enquiries adhere to incorporation of Integrity Pact as per CVC guidelines.

d. DG ESIC Rate Contracts with eligible Pharmaceuticals firms are published for a validity of two years.

1.2:Process of formulation of Rate Contract:

a. Drug Schedules for forthcoming Tender Enquiries are finalized after due process of Addition/Deletion of drugs by a broad-based Drug Selection Committee.

b. DG ESIC e- tender enquiries on e-procurement portal of Govt. of India i.e. Central Public Procurement Portal (CPP Portal) and simultaneously on official ESIC website.

c. The e- tender enquiries are also shared with ASSOCHAM, FICCI, Confederation of India Industry (CII), PHD Chamber of Commerce and Industries, India Drug Manufactured Association, Organization of Pharmaceutical Procedures of India and Bulk Drug Manufacturer's Association for wider publicity and participation.

d. Bids are invited from eligible Pharmaceuticals firms in two bid system i.e. Technical Bid and Price Bid.

e. Final Rate Contract is awarded to the approved pharmaceutical firms after approval from Director General.

1.3 Eligibility Criteria for Vendor selection:

a. 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.

b. Eligibility criteria for DG ESIC Tender Enquiry are:

- Item wise Turnover, EMD and Security Deposit based on annual expenditure incurred in the financial year for the item.
- Valid Drug manufacturing License or Import license.
- Good Manufacturing Practice Certificate (GMP)/WHO-GMP Certificate
- Good Laboratory Practice Certificate
- Non Conviction Certificate
- Manufacturing & Marketing and Production certificates issued from Statutory Licensing Authorities.
- Compliance to all relevant Acts/Enactments i.e GST, The Drugs and Cosmetics Act, 1940, The Legal Metrology Act, 2009 and The Indian Statistical Institute Act, 1959 etc.)

2. Improving synergy with ESIC and State ESI Institutions - Zonal Medical Commissioners, Deans, Medical Superintendents, Director insurance Medical services (DIMS) and State Medical Officer (Nodal Officer) coordinate and regularly monitor uninterrupted supply of drugs in all ESI Institutions.

3.Improving synergy with Pharmaceutical firms-Regular Video Conferences are held to expedite pending payment issues of DG ESIC RC approved vendors & resolution of other issues inter alia.

4. Central Monitoring Of ESI Institutions- Online monitoring of Inventory record, Expiry of drugs, adherence to GeM procurement of ESI Institutions through Dhanwantri modules:

A. Budget Expenditure & Procurement of Drugs & Medical Items through GeM & non GeM

B. Monthly reporting of Inventory and Expiry of drugs.

5. Central Monitoring of Performance of DG ESIC RC Approved pharmaceutical firms.

6. Issuance of amendments in rates/ manufacturing site/pack size etc. and initiation of punitive action for not adhering to the Terms & Conditions of the Rate Contract, non-supply, deviation from standard quality for seamless delivery of drugs across all ESI Institutions pan India.

7. Proactive role in COVID Management- Enhancement of Purchase committee value to Rs 10 Lakhs (from Rs 2.5 Lakhs) in order to facilitate procurement of COVID related drugs and facilitating inter hospital coordination for smooth delivery of services to ESI beneficiaries from time to time.

8. Inter- Ministerial procedural co-ordination-

a. Regular coordination with SCoGeM to:Facilitate procurement of drugs, reagents, surgical consumables, orthopaedic implants etc through GeM.

- Regular meeting for implementation of Rate Contract facility on GeM.
- Coordinating solutions to procedural difficulties faced by user units on GeM.

b. Regular coordination with Department of Pharmaceuticals and Department for Promotion of Industry and Internal Trade (DPIIT):

- Exemption of 90 items Imported/Proprietary medicines for procurement through DGESIC Rate Contracts sought.

9. Regular Training of User Units: Regular trainings are coordinated with ICT division to ESI Institutions for knowledge updation of various modules of Materials Management on Dhanwantri.
