

CHAPTER I
REGISTRATION – (a) LAW & PROCEDURE - GENERAL
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CHAPTER I

REGISTRATION – (a) LAW & PROCEDURE - GENERAL

What is registration?

1.1 Registration is the process by which every employer/factory/establishment and its every employee employed for wages, is identified for the purpose of the Scheme, and their individual records are set up for them.

The first step in the process is the obtaining of particulars about each coverable factory/shop/establishment, and its identification by allotment of a number i.e. Code No. by the Regional Office so as to facilitate keep track of contributions payable/paid and the connected obligations of the employers. Subsequent step is the registration of employees of covered factories by the Regional Office/Branch Office (where the work of registration of employees is decentralised), and identifying them by allotment of a number i.e., insurance number, and setting up of necessary records for recording the benefits for which the insured employee may be entitled under the Scheme. Individual record of each employer/employee is by nature subject to necessary change as and when required and will also facilitate monitoring of compliance by the employer as well as flow of benefits to eligible IPs.

Registration of employers

1.2 Section 2A of the ESI Act states as under:-

2A. Registration of factories and establishments : Every factory or establishment to which this Act applies shall be registered within such time and in such manner as may be specified in the regulations made in this behalf.

1.3. As a follow-up of this provision in the Act, Regulation 10B was inserted in the ESI (General) Regulations, 1950. This regulation states as under: -

10B. Registration of factories or establishments :

- (a) The employer in respect of a factory or establishment to which the Act applies for the first time and to which an Employer's Code No. is not yet allotted, and the employer in respect of a factory or an establishment to which the Act previously applied but has ceased to apply for the time being, shall furnish to the appropriate R. O. not later than 15 days after the Act becomes applicable, as the case may be, to the factory or establishment, a declaration of registration in writing in form 01 (hereinafter referred to as employers' registration form).
- (b) The employer shall be responsible for the correctness of all the particulars and information required to be furnished on the employer's registration form.
- (c) The appropriate Regional Office may direct the employer who fails to comply with the requirements of paragraph (a) of this regulation within the time stated therein, to furnish to that office employer's registration form duly completed within such further time as may be specified and such employer shall, thereupon, comply with the instructions issued by that office in this behalf.
- (cc) The employer in respect of a factory or establishment to which a code number has been issued by the Corporation based on the information collected or decision taken regarding applicability of the Act to such factory or establishment, shall, within fifteen days of receipt of information of allotment of code number furnish a declaration in form 01 (Added w.e.f.1.1.05)

- (d) Upon receipt of the completed employer's registration form, the appropriate R. O. shall, if satisfied that the factory or the establishment is one to which the Act applies, allot to it an employer's code number (unless the factory or the establishment has already been allotted an employer's code number) and shall inform the employer of that number.
- (e) The employer shall enter the employer's code number on all documents prepared or completed by him in connection with the Act, the rules and these regulations and in all correspondence with the appropriate office.

Submission of annual information by factories / establishments.-

10C. The employer in respect of a factory or establishment to which this Act applies and to whom a code number has already been allotted, shall furnish to the appropriate Regional Office or Sub Regional Office or Divisional Office by 31st of January every year, a return in form 01A. The employer shall be responsible for correctness of all particulars and information furnished in form 01A (Added w.e.f.1.1.05)

Coverage of employees of new factory/estt. – BM's role

1.4. Regional Office supervises and controls the registration of factories and establishments under the Act and the Branch Office normally comes into the picture only after a code number has been allotted to a factory/establishment by the Regional Office. The R. O. invariably sends a copy of the code number intimation to the Branch Manager. However, Branch Office can play an important role on certain aspects of registration of factories /establishments as described below: -

- i. The Branch Office will maintain a list of covered factories/establishments allotted to it and shall keep this list absolutely up-to-date by adding those brought under coverage from time to time. Suitable remarks should be added against factories/establishments going out of coverage on the authority of the Regional Office letter number and date which should invariably be quoted in the remarks column and attested by the Manager. The Branch Office on its own authority cannot treat a factory/establishment covered or otherwise.
- ii. An employer, on allotment of code number, would approach the Branch Office and he should be given full training and information on forms to be filled in, records to be set up and returns to be submitted. At this juncture, the Corporation expects every Branch Manager and his staff to play an important role in providing both guidance and information and thus help popularise the Scheme.
- iii. Sometimes a factory/establishment is covered with retrospective effect, and in such cases employer is likely to give the date of employment of coverable employees wrongly in the declaration forms, e.g., date of filling of forms or date on which he receives the code number etc. This mistake can create serious complications in matters of eligibility decision of benefits to insured persons and even denial of benefits to some persons employed from earlier dates. As the employer is liable for payment of contribution for past periods also, the Branch Manager should advise the employer to indicate the 'date of entry in insurable employment' or the date of coverage of factory or actual date of employment, whichever is later. The employer should also be advised to calculate and pay the contribution individually in respect of all the employees who were in employment on or after the date of coverage of the factory.
- iv. A factory/establishment applies to the R. O. for registration under the Act but awaits receipt of a code number. Meanwhile, a serious accident occurs in the factory and the employer brings it to the notice of the Branch Manager and approaches him for arranging medical care of the injured person on the ground that his factory/establishment is covered under the Act, that he has applied for a code number which is awaited from the Regional Office. Normally, since the Regional Office has to satisfy itself about coverage of a factory before allotting it a

code number, registration of employees of the factory/establishment in the absence of a code number is not advisable. At the same time, under the law, the Corporation is responsible for payment of benefits to employees of a covered factory/establishment. In such cases, the Branch Manager should pay a quick visit to the employer's premises and check attendance/wage records and satisfy himself --

- a) that the factory/establishment is coverable from a date *earlier than the date* of accident,
- b) that form 01 has also been sent earlier than the reported date of accident, and
- c) that the injured person was working as an 'employee' at the time of the injury.

Once satisfied, he should ask the employer to submit urgently ESIC-86 of the injured person. The employer would mention "Applied for" in the code number column. On its receipt, the BM will enclose with it an urgent letter addressed to IMO in charge of the dispensary opted by the IP, requesting for medical attendance and treatment.

BM will then at once send his survey report with a DO letter to R. D., requesting for coverage decision, intimating the full facts of the accident necessitating survey.

- v. A factory/establishment was allotted a code number earlier, it then being covered under the Act but later went out of coverage and had ceased submitting declaration forms. However, the Branch Office suddenly finds a bunch of declaration forms received from such a factory/establishment. Since the old code number allotted to this factory/establishment would be quoted by the employer, the Branch Office has to be extra careful in accepting the declaration forms. In such cases, the Branch Office should satisfy itself from the records of the Branch Office that the factory/establishment has again been treated as covered under the Act by the Regional Office. A letter should be addressed to the Insurance branch at R. O. to confirm immediately that the factory/establishment has been treated as covered again, if no record is available in the B. O. about its re-coverage.

Registration of employees

1.5 Relevant Regulations contained in the ESI (General) Regulations, 1950 as amended, which regulate the registration of insured persons and their families, are reproduced below for ready reference.

REG. 11. Declaration by persons in employment on appointed day.— The employer in respect of a factory or an establishment shall require every employee in such factory or establishment to furnish and such employee shall on demand furnish to him either before or on the appointed day correct particulars alongwith his/her photograph and that of his/her family required for the purpose of form-1 (hereinafter referred to as the declaration form). Such employer shall enter the particulars in the declaration form including the temporary identification certificate, and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.

REG.12. Declaration by persons engaged after the appointed day .— (1) The employer in respect of a factory or an establishment shall, before taking any person into employment in such factory or establishment after the appointed day, require such person (unless he can produce an identity card or other document in lieu thereof issued to him under these regulations) to furnish and such person shall on demand furnish to him correct particulars alongwith his/her photograph and that of his/her family required for the declaration form, including the temporary identification certificate, and obtain the signature or the thumb impression of such person and also complete the form as indicated thereon. (2) Where an identity card is produced under sub-regulation (1), the employer shall make relevant entries thereon.

REG. 14. Declaration Form to be sent to appropriate office.— The employer shall send to the appropriate office by registered post or messenger, all declaration forms without detaching the temporary

identification certificate prepared under these regulations together with a return in duplicate in form 3 within 10 days of the date on which the particulars for declaration forms were furnished.

REG. 15. Allotment of Insurance Number.— On receipt of the return required under Regulation 14, the appropriate office shall promptly allot an insurance number to each person in respect of whom the declaration form has been received unless it finds that the person had already been allotted an insurance number. The temporary identification certificate with insurance number marked thereon shall be detached and returned to the employer alongwith one copy of form 3. The employer shall deliver the temporary identification certificate to the employee to whom it relates after obtaining his signature or thumb impression thereon except in the case of an employee to whom a certificate of employment has been issued under Regulation 17A. The insurance number allotted by the appropriate office to an employee and indicated in the copy of Form 3 returned to the employer, shall be entered by the employer in the register of employees-form 7 (renumbered as from 6 w.e.f.. 1.1.2005).

REG. 15A. Registration of families.— On the issue of a notification under Regulation 95-A specifying the date from which the family of an insured person shall also be entitled to medical benefit under the Act, every insured person who has not furnished the particulars of his family at the time of his registration under the Act, shall furnish to the employer correct particulars alongwith their photograph in respect of his family in form 1-A. The employer shall enter the particulars in the form and obtain the signature or the thumb impression of such person and complete the form as indicated thereon and send it to the appropriate office within 10 days of the date on which the particulars were furnished.

REG. 15B. Changes in family.— An insured person shall intimate all changes in membership of the family as defined under the Act, to the employer within 15 days of such change having occurred and the employer shall enter such particulars in form 1-B (renumbered as form 2 w.e.f.. 1.1.2005) and shall forward it to the appropriate office within 10 days of the date on which the particulars of changes were furnished.

REG. 16. Corporation to receive assistance from employers.— An employer shall render all necessary assistance which the Corporation may require in connection with the registration of his factory or establishment and the registration of his employees and specially for photographing such employees and affixing the photographs to the identity cards.

REG. 17. Identity Card.— The appropriate office shall arrange to have an identity card prepared in form 4 for each person alongwith the photograph in respect of whom an insurance number is allotted and shall include in such card the particulars and photograph of his/her family in respect of the family entitled to medical benefit under Regulation 95-A and send all such identity cards to the employer. Such employer shall if and when the employee has been in his service for 3 months, obtain the signature or thumb impression of the employee on the identity card and shall after making relevant entries thereon deliver the identity card to him. The employer shall obtain a receipt from the employee for the identity card. The identity card in respect of an employee who has left employment before 3 months shall not be given to him, but shall be returned to appropriate office as soon as possible. The identity card shall not be transferable. Note: If it is decided to provide a separate identity card for his family, it will be issued in form 4A (See Reg. 95A).

REG. 17A. Issue of a certificate of employment.— If an insured person happens to need medical care before the temporary identification certificate is issued to him, the employer shall issue a certificate of employment in such form as may be specified by the Director General to such person on demand. Such certificate shall also be issued on demand, if an insured person loses his temporary identification certificate before the receipt of identity card

REG. 17B. Issue of permanent acceptance card.— In areas where the Director General considers it appropriate the appropriate office shall also supply the permanent acceptance card for each employee in such form as the Director General may specify alongwith the identity card and this shall also be delivered to the employee. Permanent acceptance card for the employee who has left employment before 3 months shall not be given to him but returned to the appropriate office alongwith the identity card as soon as possible.

1.6. Mass registration is carried out in an area where the Scheme is implemented for the first time to factories under Section 1(3) of the Act or in areas where it is extended subsequently to certain establishments under Section 1(5) of the Act. It is thus a one-time process. After the Scheme has been implemented, or has been extended to establishments, new entrants continue to join insurable employment in covered factories/establishments and their registration is necessary. This second type of registration is thus an on-going process in every implemented area and the paragraphs that follow describe this type of registration. Mass registration has features common to subsequent registration. Therefore, the additional or special steps required under it have been described in paragraphs 1.52 to 1.67 of this Chapter.

Office of registration

1.7. Unless otherwise specified for any area, registration of employees is carried out at the Branch Office. The Regional Office supplies to each Branch Office a list of factories/establishments attached to it with their full addresses and code numbers etc. alongwith the block of insurance numbers separately for male and female employees for allotment of insurance numbers and the Branch Office has to conduct registration of employees of these factories/establishments by allotting Ins. Nos. out of the specified block of insurance numbers only. If in the same area, there are more Branch Offices than one, each will be allotted a separate block of insurance numbers and each will carry out registration of employees of only those factories/establishments which are attached to it.

Registration forms etc.

1.8. Every Branch Office should periodically indent from the Regional Office and maintain at all times an adequate stock of the following blank forms for supply to the factories/establishments attached to it according to their requirements: -

REGULATION FORMS

1. Declaration form (Form-1)
2. Return of declaration form (Form-3)
3. Continuation sheets of the return of declaration forms.
4. Return of contributions (Form-6 - (renumbered as form 5 w.e.f.. 1.1.2005)
5. Continuation sheets of return of contributions

NON-REGULATION FORMS

ESIC-37

ESIC-86

ESIC-105

Bank Challan forms

1.9. Branch Office should also maintain adequate stocks of forms meant for its own use under this procedure. This includes stocks of identity cards, family identity cards (form 4A) medical record envelopes, index cards, index sheets, ledger sheets, ledger binders. In areas where medical care is provided through panel system, the Branch Office should also have a stock of blank temporary acceptance cards and permanent acceptance cards.

1.10. Account of the receipt and issue of blank forms shall be maintained in the stock register of printed forms prescribed by the Headquarters (specimen at Annexure I). Forms sent to the employers should be accompanied by a challan in form ESIC-120 in duplicate (Annexure II). One copy duly received by the employer should on return be placed in chronological order in the challans file. Forms issued for consumption should be entered in the stock register. Only the monthly totals of receipts and issues should be carried out. Printed/cyclostyled copies of form ESIC-120 may also be requisitioned from the Regional Office.

Rubber stamps for use by employer

1.11. Employers should be advised to get the following rubber stamps prepared to cut down repetitive writing on the declaration forms:

- a) Employer's Code No.
- b) Name and designation of the officer countersigning the declaration forms.
- c) Name, address and Code No. of the employer.
- d) FEMALE.**

Declaration form of a new entrant

1.12. As provided in Regulation 12 quoted under paragraph 1.5 above, an employer has to collect particulars of each new entrant alongwith his/her photograph and that of his/her family and enter them in a declaration form before taking him/her into employment. Further, as provided in Reg. 14, this declaration form complete in all respects alongwith a return of declaration form in duplicate has to be sent by the employer to the appropriate Branch Office within 10 days. Declaration forms of female employees will be stamped 'FEMALE' and submitted alongwith a separate return of declaration forms. Two copies of post card size photograph of the IP with his /her family as the case may be, should be attached with the declaration form of the concerned employee.

1.12A. Declaration forms received by post without photographs in contravention of Regulation 12 should not be returned but the employer should be requested to submit the photographs. Declaration forms without photographs received by hand should be returned on the spot with the advice to resubmit them along with family photographs of new entrants.

Late submission of declaration forms

1.13. Timely submission of declaration forms by every employer should be kept under watch. While minor delays may be excused with a verbal advice, persistent delays and for longer periods should not be ignored. Whenever an employer submits some or all declaration forms later than the time limit laid down in Reg. 14 by more than 7 days after the due date of submission, he should be informed through the issue of a standard letter No. 1 (Specimen at Annexure III) and his future performance be watched. For a second and similar delay by the employer, the same letter may be issued as in the case of the first delay. When the first 2 letters in Annexure III have been ignored and a third delay takes place, letter No. 2 (Annexure IV) should be issued under certificate of posting. If the employer still persists in sending the declaration forms late, letter No. 3 (Annexure V) should be issued under certificate of posting.

1.13A. To keep a watch on employers who frequently delay submission of declaration forms, the Branch Office may open a register having a few columns suggested below: -

1. Employer's name and code number.
2. Insurance numbers of declaration forms received late *.

3. Serial number and date of letter to employer **.
4. Instance of delay, i.e. 1st, 2nd, 3rd etc.
5. Date of reference to Regional Office.
6. Initials of Branch Manager.

* i. e. declaration forms received 17 or more days late after date of entry by I. Ps may be entered in this column.

** i. e. the Serial No. 1/2/3 of letter issued as in this Manual.

1.14. Where the employer continues to delay submission of declaration forms even after issue of 3 letters mentioned above have been issued, the Manager should recommend prosecution action to the Regional Office. In his letter to Regional Office he will quote instances of late submission with full particulars of persons, their dates of appointment and the date of despatch by employer and receipt in Branch Office, of all the declaration forms received during the preceding 6 months prior to the date of issue of his recommendation to the Regional Office.

1.15. The Regional Office will promptly issue letter No. 4 (show cause notice) *vide* Annexure VI asking the employer as to why prosecution action should not be taken against him for persistent delays in the submission of declaration forms. If there is no satisfactory reply and no assurance about timely submission of declaration forms in future is forthcoming, prosecution action should be taken. Prosecution action should be taken only in cases of general persistent delays.

1.16. Apropos delay in submission of declaration forms, in cases where an accident report is received soon after an insured person joins insurable employment, the Manager should personally investigate the case irrespective of the nature of injury with a view to ensure that the employer has not been defaulting in covering all insurable employees of his factory/establishment and that he has not filled in the declarations form of the person only after he met with the accident.

Filling up of declaration forms

1.17. The following points should be borne in mind by the employer's clerk when a declaration form is filled:

- (i) Each declaration form should be written legibly. No column should be left blank.
- (ii) The insurance number box should be left blank. This is to be filled in by the Regional Office/Branch Office.
- (iii) Name of employee should be written in block letters e. g. TARA CHAND.
- (iv) Name should be written in the usual order in which it is spoken i. e., the first name or the Christian name of the employee and then the second name, if any, for instance the name of the father where it is used, and finally the surname, if any, e. g., TARA CHAND MATHUR.
- (v) Prefixes like Mr. Shri, Lala, Pandit, Sardar, Shrimati, etc. should not be written either with the employee's own name or with that of his/her father/husband.
- (vi) If father's name is not available, mother's name may be entered with a remark to that effect in the relevant column.

- (vii) In case of married female employees, only the husband's name should be given. In case she does not give her husband's name, it may be ascertained from the employer's record and then read out for her confirmation.
- (viii) Two copies of postcard size photograph of the IP with his/her family, as the case may be, should be obtained.
- (ix) Where the exact year of birth cannot be recollected by the employee, the age as stated by him should be recorded. If the employee cannot give his age his apparent age should be entered. The year of birth then be worked out and entered.
- (x) Every effort should be made to obtain as complete an address as possible. If an employee is unable to give his place of residence, having none, he should give some address by which he can be located. If he does not remember his house number, he should be asked to bring it next day.
- (xi) No effort should be spared to obtain the nominee's name. It may be impressed upon the employee that if the name of a nominee is not given, any amount that may be due to him in the event of his death, cannot be paid to anyone without the production of a succession certificate. Nomination of more than one person should not be encouraged but if a nomination is made favouring more than one person, the employee should be asked to indicate the share of each nominee.
- (xii) Where the employee has the option to choose his dispensary he should be advised to choose the one nearest to his residence. If panel system is in operation in the area, the column should be left blank, In such an area, the insured person will be given a permanent medical acceptance card alongwith the identity card on which he will choose the doctor and take it to him for necessary action.
- (xiii) For particulars of family, the part of the temporary identification certificate should be folded backwards at the black dividing line provided. A carbon paper may then be inserted between the folds and family particulars be recorded with the help of a ballpoint pen. In this way, the family particulars can be recorded at one stroke both in the body of the declaration form and in the temporary identification certificate. Due care should also be taken to enter the names and particulars of those family members only who fall within the definition of family of the IP. "Family" as defined under Section 2(11) of the Act means the following: -
 - (i) Spouse, i. e., wife of IP or husband of an insured woman (whether dependent or not);
 - (ii) a minor legitimate or adopted child, dependent upon the insured person;
 - (iii) a child who is wholly dependent on the earnings of the insured person and who is-
 - (a) receiving education, till he or she attains the age of 21 years,
 - (b) an unmarried daughter,
 - (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the insured person, so long as the infirmity continues;
 - (v) Dependent parents. The Standing Committee / ESI Corporation at their meetings held on 17.12.2004 decided that only those parents whose monthly income from all sources is less than Rs 1500/- and who normally reside with the IP, will be entitled to medical care under the ESI scheme. A declaration to this effect shall be taken from the IP at the time of filling in the declaration form.

The above definition of “family” is also provided in every declaration form (Form 1) and it includes the following:

- (i) A wholly dependent son, who is receiving education, upto age 21.
- (ii) Subject to being wholly dependent:
 - (a) an unmarried daughter irrespective of her age; and
 - (b) an infirm son or daughter irrespective of his or her age until the infirmity lasts or infirm daughter gets married, whichever is earlier.

The above definition excludes the following: -

- (a) Children who have attained majority.
 - (b) Married daughter even if minor.
 - (c) Minor brothers and sisters even if dependent.
 - (d) Parents who are not dependent.
 - (e) Grand children, even if dependent.
 - (f) Mother-in-law of an insured woman even if widowed and dependent and her father-in-law even if dependent.
- (xiv) Name of Branch Office will be that to which the factory/establishment is attached.
 - (xv) The signature or thumb impression of the employee should invariably be obtained on his declaration form in the space provided for the purpose.
 - (xvi) The employer’s clerk filling in the declaration form should sign at the place provided for the purpose. This form should then be countersigned by an executive official of the factory/establishment, e. g. the manager, the labour officer or any other officer as may be authorised by the employer.
 - (xvii) The full name, address and code number of the factory/establishment should invariably be given on page 2 of the declaration form in the space provided for that purpose.
 - (xviii) The temporary identification certificate at the foot of the declaration form is also to be completed by the employer. This is not to be detached while sending the declaration form to the Branch Office which will later return this to the employer after entering the insurance number thereon.
 - (xix) The identification marks of the insured person as well as of his family members will be recorded by the Insurance Medical Officer/Insurance Medical Practitioner on the identity card of the insured person at the time of his/their first visit to the doctor; so also in the case of duplicate identity card when he visits the Insurance Medical Officer/Insurance Medical Practitioner after the receipt of the duplicate identity card. In this connection Para 1.89 of this chapter may be referred to for compliance by Branch Office.

Return of declaration forms

1.18. The filled up declaration forms are to be forwarded by the employer to the Branch Office to which he is attached alongwith the return of such declaration forms (Form-3) prepared in duplicate. The names of the employees whose declaration forms are sent to the Branch Office should be serially listed on the return of declaration forms. Columns 1 to 4 have to be filled in by the employer. Column 3 of the Return should be carefully filled in. Where there is no distinguishing number, such as token No., the department, shift, loom etc. to which the employee belongs or in which he is working may be given. The declaration forms listed on the Return should be tagged with it.

1.19. Where any two or more employees have the same name, no effort should be spared to keep them easily distinguishable from one another. The distinguishing sign or symbol should be made part of the name both in the declaration form and the return of declaration forms and the same should also be entered by the employer in his own records so as to avoid confusion at all stages in payment of contributions and determining eligibility to benefits.

1.20. The installment number of the return of declaration forms and serial number against which the name of an employee appears on the return of declaration forms should be indicated at the appropriate place on the top of the declaration form of such employee.

1.21. The declaration forms of female employees should be entered in a separate return of declaration forms. The return should also be rubber stamped or marked in red block letters as FEMALE.

Declaration forms in regional language

1.22. It is likely that some employers may wish to send the declaration forms and the returns of declaration forms filled-in in the regional language. This should be allowed provided the writing is legible but the printed documents including identity cards will be prepared either in Hindi (in States where Hindi has been adopted as the Central Government's official language) or in English (in States where Hindi has not been so adopted).

Entry in register under Reg. 32

1.23. While filling declaration forms in respect of an employee, his name and other particulars including the date of his entry in insurable employment should be simultaneously entered in the register in form 6 required to be maintained by the employer under Regulation 32. The insurance number of the IP will be entered on receipt of the return of declaration form from the Branch Office.

Declaration forms of indirect employees.

1.23A. The employees of the immediate employer working in the premises of the factory/estt. or working elsewhere under principal employer's supervision are entitled to all the benefits under the Act and, therefore, it is the duty of the principal employer to submit the declaration forms of all such employees employed by the immediate employer. Further, under Regulation 32 (1) every immediate employer must maintain a register in form 6 in respect of all those employees who are covered under the Act and must submit the same at the time of settlement of his account with the principal employer.

Receipt of declaration forms

1.24. The employer should arrange to send the declaration forms, including the temporary identification certificates, accompanied by the return of declaration forms in duplicate to the Branch Office within the prescribed time limit. When the declaration forms accompanied by the return are received at the Branch Office, the registration clerk should check that all the forms listed in the return have been attached. If any form is missing, a remark should be given to that effect against the name of the employee on both the copies of the return. The registration clerk will then enter the instalment in the combined register of

declaration forms-cum-allotment of Ins. Nos-cum-preparation of documents to be maintained in the following proforma, separate registers being maintained for males and females: -

S. No		Date of return of declaration forms		Name of employer		Code No.	
1		2		3		4	
No. of declaration forms				Insurance Numbers allotted		Date of despatch of temporary identification certificates	Signature of Head Clerk/ Manager
Received	Found defective and returned to employer	Found in order	From	To			
5(a)	5(b)	5(c)	6(a)	6(b)	7	8	

Date of preparation of documents					Date of dispatch of documents					Remarks
Identity cards	MRES	Index Cards (in case of panel system only)	Index sheets	Medical acceptance cards(in panel system only)	Identity cards	MRES	Index Cards (in case of panel system only)	Index sheets	Medical acceptance cards(in panel system only)	
9(a)	9(b)	9(c)	9(d)	9(e)	10(a)	10(b)	10(c)	10(d)	10(e)	11

Date of receipt of declaration forms alongwith RDF will be shown prominently in the middle of the register before making the first entry on each day on which declaration forms are received. The block of insurance numbers to be used as intimated by the Regional Office will be indicated under a proper heading on the first page of this register, to be duly authenticated by the Manager. This register should be properly maintained in every Branch Office and each column containing the date of preparation and date of despatch of each document should properly be filled in and initialled by Head Clerk/Manager.

Checking of declaration forms

1.25. The entries in individual declaration forms will then be checked one by one for omissions, errors and doubtful entries. Each form should be carefully scrutinised to see whether the particulars of family have been fully stated and photograph attached. In particular, it must be seen whether the persons mentioned as family members and shown in the photograph are within the definition of term 'family' with reference to their relationship to the insured person as recorded under the item. Attention should be paid to the legibility of various entries to ensure that each word, letter or figure is read correctly. While checking, it should be borne in mind that all the declaration forms should be clear of every defect before they are allotted Ins. Nos. In case of Declaration Forms filled in a regional language other than in Hindi, the necessary entries required to prepare Identity Card should be translated into English or Hindi. This translation should be made out of the declaration forms on a separate sheet and be authenticated by the BM and should be tagged with the original Declaration Form. If the age has been given but not the year of birth, the latter should be worked out and entered in the relevant column. Every item on the declaration form should be ticked in token of having been checked.

Defective declaration forms

1.26. Defective declaration forms should not, as far as practicable, be returned to the employer but his assistance may be secured to get the defects removed on the spot at the Branch Office itself. Only those forms which have serious defects incapable of being rectified on the spot should be returned to the employer for rectification. Declaration forms received without photographs may not be returned but insurance numbers should be allotted and RDF sent without TICs of such IP's. Clarification or missing information received from employer in respect of defective declaration forms should be attached with each original declaration form to secure authenticity. The entries in the return of declaration forms in respect of those found missing as well as found defective and returned should be scored out with a suitable remark. However, declaration forms without photographs, if otherwise in order should not be returned.

1.27. Defective declaration forms needing correction by an employer should be forwarded to him with a covering letter in form ESIC-121 (Annexure VII). If the employer's reply is outstanding for over 2 weeks, a reminder should be issued. Form ESIC-121 will also mention those forms not being returned (i.e. Forms received without photographs)

Allotment of insurance numbers

1.28. The registration clerk will imprint insurance numbers of each IP simultaneously in the declaration form, the TIC, against his name appearing in both copies of the RDF. He will perform this operation with the help of a numbering machine. While printing the insurance numbers he will invariably ensure that the same insurance number appears on these four documents in respect of each person. He will then make entries in the relevant column of the register described in para 1.24 and pass on all the papers to the checker. The checker will check that –

- a) the insurance numbers have been properly allotted and that they are against the same name at all the four places in the three documents,
- b) insurance numbers are allotted to all the eligible employees,
- c) the insurance numbers allotted to both male and female employees fall within the separate blocks of insurance numbers reserved for them, and
- d) no declaration form has any material defect or omission.

The checker will tick each entry in token of having checked it.

1.29. Every temporary identification certificate except where photograph is not attached will then be authenticated by the Branch Manager by affixing his signature over the words "Issuing Authority" and stamped with his rubber stamp.

1.30. The original copy of the return of declaration forms will be sent back to the employer along with the temporary identification certificates, except where photograph is not attached, after affixing the following rubber stamp on the return within a week of the receipt of the forms in Branch Office: -

Returned.....Sheets R. D. F. from Ins. No.....to..... with T. I. Cs. Manager/Head Clerk
--

1.30 A. The TICs of those IPs whose family photographs have not been received, will be withheld and will be released by the Branch Office only on receipt of the said photographs, vide para 1.27 above.

1.31 Although a period of one week has been provided for allotment of insurance numbers on declaration forms and for returning the temporary identification certificates in respect of fresh entrants to the employers, the Branch Office should endeavour to organize this initial part of registration in such a way that all the steps up to the issue of temporary identification certificates are taken on the spot at the time of receipt of return accompanied by the declaration forms and the temporary identification certificates along with the original return are handed over to the person who brought the declaration forms to the Branch Office. This will save the Branch Office of the botheration to dispatch them as also ensure quick delivery of temporary identification certificates to the concerned IPs. The only exception to this recourse should be in respect of declaration forms received by post for which the Branch Office must make its own arrangements for delivery of the return as well as the temporary identification certificates either through the Branch Office messenger or by post within the stipulated period of one week.

1.32 The return when received by the employer will serve as an acknowledgement of declaration forms besides enabling him to insert the insurance numbers in the register in form-7. (form 6 w.e.f. 1.1.05)

1.33 The TICs will be distributed by the employer to the employees concerned TICs of those who have left employment will be returned to the Branch Office.

ESIC-86 by employer

1.34. If the temporary identification certificates are not received and an insured person or a member of his family needs medical treatment in the meantime, employer should issue him a certificate of employment in form ESIC-86 giving therein the names of his family members also. This certificate of employment will also be valid for treatment etc. for a period of three months from the date of entry of insured person into insurable employment. Certificate of employment may also be issued to an insured person who has lost or torn or mutilated his temporary identification certificate. However, in case certificate of employment has been issued, the temporary identification certificate, if received later from the Branch Office, should not be issued to him.

Revalidation of temporary identification certificate

1.35. Where an employee, having continued in the service of the employer over 3 months, does not receive his permanent identity card, the employer may revalidate the TIC for a period of three months by endorsing on it 'Revalidated upto

1.36. Sometimes submission of declaration forms of new entrants is delayed so much by the employer that the temporary identification certificates when returned by the Branch Office may have already become invalid, the period of three months for which it is valid from the date of entry having already elapsed. This puts the insured persons to a great hardship. For such cases, where the employer sends a declaration form after a period of 2-1/2 months from the date of entry into insurable employment, he should indicate on each such declaration form whether the IP is still in his service. The temporary identification certificates of such persons will be validated by the Branch Manager over his signatures from the date on which the IP was still in employment as per employer's remark in the declaration form. The temporary identification certificate so validated will as usual be sent to the employer alongwith the return of declaration forms for delivery to the insured persons and those shall be valid for 3 months from the date of validation.

Maintenance of declaration forms

1.37. Duplicate copies of the return of declaration forms retained in the Branch Office should be filed chronologically in employer-wise files maintained at the Branch Office. The declaration forms should be kept in strict insurance number order in loose file covers 2 cms. larger in length and width than the size of declaration forms, and bound in convenient bundles and stitched with a strong thread through 3 holes on the left side. The bundles should be kept at a safe place.

Writing of documents

1.38. As per Regulation 103 A (1), a person on becoming an insured person for the first time shall be entitled to medical benefit for a period of 3 months. The temporary identification certificate sent to the employer can be utilised by an insured person for obtaining medical benefit for himself and his family members for a period of 3 months from the date of his entry into insurable employment. Every person who continues for 3 months or more to be an employee of a covered factory/establishment, is entitled to medical benefit till the beginning of the corresponding benefit period. Proof of whether he has continued for 3 months or more in insurable employment lies in his possession of a permanent identity card. Due care has, therefore, to be taken by the Branch Office to ensure that permanent identity cards are issued by the employer only to those persons who have remained in his employment for 3 or more months. Preparation of documents such as the identity card etc., should be done by the Branch Office and despatched to employers in such a way that these can be distributed by the employer to those of his employees only who are continuing in his service on the expiry of 3 months from the date of their entry into insurable employment.

1.39. The following documents will be prepared by registration clerk: -

- (i) **IDENTITY CARD** with family photo of the IP which will be affixed or stapled on the back of the card and duly authenticated by the Branch Manager with his signature and rubber stamp. Remarks of having prepared photo identity card should be given on top of declaration form.
- (ii) **MEDICAL RECORD ENVELOPE** for the insured person in blue colour and for the insured woman in pink colour. (specimen at annexure VIIIA)
- (iii) **INDEX CARD** one copy-only for areas where medical care is provided through panel system.
- (iv) **INDEX SHEET** (specimen at annexure VIII).
- (v) **PERMANENT ACCEPTANCE CARD** for those areas only where medical care is provided through panel system.
- (vi) **SINGLE MEDICAL RECORD ENVELOPE** for family members in which medical record card for each member will be inserted. Specimen at Annexure VIII A.

1.39A. It has been decided that “number daters” should be used for stamping the insurance numbers on all the documents prepared instead of writing the same in hand (Please also refer to paras 1.28 and 1.44). In the light of this decision, it has become imperative for every Branch Office to obtain and maintain a “number dater” for use in preparation of registration documents. Further, the name of every insured person should be written in every document in legible block letters and in no case in small letters. Preferably, the documents should be prepared and written in black ink tracing pen in neat hand.

1.39B. In places where medical care is provided through panel system the index cards will be prepared first by copying the particulars from declaration forms. The identity card and permanent acceptance card will then be copied from the index card. In areas served by service (dispensary) system, the identity card will be prepared first and an index card or permanent acceptance card will not be prepared. The first document prepared in each case will be checked by the checker who will initial in top left hand

corner thereof. All identity cards prepared will be signed by the BM who will also affix his rubber stamp below his signature. For either area, both medical record envelopes (for IP/IW and for family) will be prepared. The name of the IP will be written *in every document in legible block letters* and other particulars will also be filled in with great care. Overwriting should be avoided. All documents other than the identity card will be authenticated with the special metallic stamp of the Branch Office.

1.39C. The family photograph of IP should be attached/stapled properly on other side of the identity card.

Despatch of documents

1.40. When the documents as indicated above are ready, these will be sorted out as under: -

- | | | |
|-------|-----------------------------------|---|
| (i) | Identity card | Employer-wise. |
| (ii) | MREs for IP & family | In service system, dispensary-wise. In panel system to be arranged in Ins. No. order for despatch to AMO through R. O. |
| (iii) | Index card (only in panel system) | Arranged Ins. No. wise, for despatch to AMO through R. O. |
| (iv) | Index sheet | Ins. No. wise - for despatch to R. O. (103-A Section) or to designated Branch Office, as the case may be (see para 13.2.A) for completion of entries in ESIC-38 registers |
| (v) | Permanent acceptance card | Employer-wise |

The Branch Office will then make bundles for each destination and also prepare the challans forwarding these documents in forms noted against each.

Identity Card and permanent acceptance card(where applicable)	In form ESIC-125 (copy at annexure IX) separately for each employer, to be prepared in duplicate. Branch Office must emphasise on obtaining IP's signature on the identity card before it is handed over to him by the employer.
Index cards and MREs for IPs/IWs and family members, in areas served by panel system.	Under single challan in duplicate in form at annexure X with separate bundle of documents for AMO through Regional Office.
MREs of IPs/IWs and their family members for each dispensary (under the service system).	Under challan in duplicate in form at annexure X separately for each dispensary.
Index sheet	To be enclosed to monthly progress report of the Branch Office if ESIC-38 registers are maintained at RO; otherwise to be sent to designated Branch Office and monthly progress report alone will be sent to RO.

Date of despatch will be recorded in the Branch Office register described in para 1.24, which will be duly authenticated under the initials of Head Clerk/Manager.

Ledger sheet

1.41. In addition to the above mentioned documents, a ledger sheet has also to be opened by the BO in respect of every IP/IW. In the decentralised system wherein all registration work is performed at the BO, a ledger sheet is not to be prepared simultaneously alongwith other documents, but it is to be opened only when an IP sends his first claim or certificate or submits an application for a duplicate identity card. Separate forms of ledger sheets in form L-1 and L-2 should be used for male and female, respectively. Each ledger sheet when opened should be authenticated with the signature of the BM, with a simultaneous entry in the declaration form "Ledger sheet opened on", which should be also attested by the Manager. In case a duplicate photo identity card is being issued, a note to this effect should be given in the ledger sheet.

1.42. In areas where registration work is centralised, each Branch Office receives sheets containing adrema impressions of particulars of IPs employed in factories/estts. allotted to it. Usually, the bundles of declaration forms are also sent to the Branch Office. Action for opening a ledger sheet is taken by the Branch Office in the same manner as in the case of a Branch Office functioning in an area of decentralised registration.

1.43. Ledger sheets are to be kept secure inside loose-leaf binders provided for the purpose or under bound covers as may be considered desirable by the RD. Each binder has the capacity to take in over 500 ledger sheets. However, for the sake of convenience, only about 250 ledger sheets should be inserted initially with provision for inserting additional sheets for intervening insurance numbers and also continuation sheet where necessary. Every newly opened ledger sheet should be inserted in the binder at the appropriate place in the sequence of insurance numbers.

1.44. A new ledger when brought into use should be page-numbered with the numbering machine. When a new ledger sheet is inserted at the proper place in the sequence of insurance numbers, its page number should be the same as borne on the preceding ledger sheet, but distinguished by addition of 1, 2 etc., within brackets. Thus, if a new sheet is inserted next after ledger sheet page No. 40, the new sheet should be given page No. 40(1). If a further ledger sheet after page 40(1) but before page 41 is inserted, it should be numbered 40(2). The Manager should, before initialing the new ledger sheet or attesting entry in declaration form, satisfy himself (by a check of the declaration form as well as the index sheet in the ledger) that a ledger sheet has not already been opened. He should also keep the stock of blank ledger sheets under his safe custody.

1.45. When the first page of the ledger sheet of an IP is fully used up, the page on the reverse should be used. However, before commencing entries on the second page, both name and insurance number of the insured person should invariably be entered on top left side, when the page on reverse is also exhausted, a continuation sheet should be inserted next after it. Continuation sheet is given the same page number as the original one, but with the addition of 'A' or 'B' etc. to distinguish it. The continuation sheet should also be signed by the Manager before starting entries on it.

1.46. All ledgers should be serially numbered and on the cover of each ledger should be written the first and last Ins. Nos. contained in it. Each Branch Office will maintain a list of ledgers, showing the serial number of each ledger and the range of insurance numbers covered by it (first and last insurance numbers).

1.47. Every ledger should carry an index in Form L-3. Two sheets of blank index forms L-3 as per specimen below should be inserted next to the binder, with the ledger sheets following. Every ledger sheet should be entered in the index. The entry in the index should also be duly attested by the Branch Manager at the time new ledger sheet is inserted. Entry should indicate S. No., Ins. No. and page no.

Columns in the index for original ledger sheets are separate from those reserved for subsequent insertions. Original sheets will be numbered on the index in the sequence of Ins. No. and subsequent insertions can normally be entered chronologically.

Form L-3

Index						Index					
			Subsequent insertions						Subsequent insertions		
Sr. No.	Ins. No.	Page No.	Sr. No.	Ins. No.	Page No.	Sr. No.	Ins. No.	Page No.	Sr. No.	Ins. No.	Page No.
1	2	3	4	5	6	1	2	3	4	5	6

Normally blank forms L-3-index sheet – will be supplied by the Regional Office. However, in case of shortfall in supply, the above columns can be easily reproduced with the help of a pen and ruler but it is inescapable to have the index sheet in every ledger.

1.48. On the transfer of an insured person to another Branch Office an attested copy of ledger sheet will be sent by the previous Branch Office to new Branch Office. The Manager of the Branch Office transferring the entries to the ledger sheet through an attested copy should cancel the original ledger sheet over his dated signatures under the remarks “Transferred to Branch Office”. The attested copy of the ledger sheet so received will be inserted at the relevant place in the ledger of the new Branch Office. The new ledger sheet shall be duly page numbered in the manner mentioned above.

1.49. As and when an IP calls on the Branch Office for the first time the counter clerk or the receptionist will write the ledger folio and ledger number on his identity card. Such a step will facilitate tracing out of a ledger sheet without reference to the index during his subsequent visits to the Branch Office.

1.50. Every precaution should be taken by the Manager to prevent fraudulent payments which have come to light particularly in the payments of benefits by money order. Some inbuilt preventive steps are listed below: -

- (i) The signature of the insured person should be obtained on the ledger sheet in the space provided. Since the signatures will not be attested by the employer, the Manager has to be very cautious so that the signatures obtained are of the genuine insured person whose photograph is affixed on identity card and that they tally with those on his identity card. Signatures recorded on the declaration form should also be taken out at times for comparison.
- (ii) During working hours of the Branch Office, the ledgers will be kept in a rack by the side of the counter clerk from where they can be picked up and replaced. At the close of business for the day the ledgers should be kept under lock or otherwise under safe custody. For this, the Regional Director may make proper arrangements by providing the furniture/equipment, as may be considered desirable, under his own powers, or in consultation with the appropriate authority as the case may be.

- (iii) Utmost care is to be taken in the upkeep of ledgers in fine condition so that no page/ledger sheet gets loosened or lost. Loss of a ledger sheet is fraught with risk of fraudulent payment or overpayment. The Branch Manager has to take personal interest in this important aspect of maintenance of ledgers and when he finds that there is danger of sheets coming out due to damage to punch holes, he should take steps to get the same bound in the form of a register. Responsibility is to be fixed for loss of ledger sheets from the binder.

1.51. For facility of movement of ledgers, as far as possible, running counters should be provided in every Branch Office. Laminated/sunmica top may be used on top of running counters (of 4' length) as well as on top of rack having the stock of ledgers in all the Branch Offices. However, the laminated/sunmica sheet should be fixed on wood other than that of expensive variety like teakwood etc. and the work be got done after following the usual procedure in consultation with the respective Dy. Director (Finance).

Mass registration on 'Appointed Day'

1.52. A number of steps precede mass registration of coverable employees in an area as briefly enumerated below:

- (1) Surveys to determine those units which may be amenable to coverage and to make an estimate of the number of coverable employees in the area.
- (2) Survey of residential concentrations of labour for setting up dispensaries at suitable places.
- (3) Arrangements by the State Government for providing medical care to insured persons and their families including setting up of dispensaries, posting of staff, stocking of medicines, arrangements for X-Ray, laboratory, specialist examinations, hospital care, etc.
- (4) Determining the precise area of implementation.
- (5) Decision on date of implementation of the Scheme by headquarters in consultation with State Government and the Regional Director.
- (6) Setting up Branch Offices etc. and provision of staff by the Corporation.

The Central Government is then approached to issue a notification under Sec. 1(3) of the Act extending provisions of the Act to the area. The Scheme comes into force from the date mentioned in the notification issued by the Central Government which is published in the Gazette of India.

1.53. When the State Government decides to extend the Scheme to certain establishments in the area in exercise of its power under Sec. 1(5) of the Act, the existing facilities for provision of medical and cash benefits are reviewed and augmented where necessary as a result of a fresh survey of coverable establishments in the area and on ascertaining the number of coverable employees.

1.54. About 2 months before the expected but firm date of implementation of the Scheme to factories in an area or subsequent extension to establishments in the area, the Regional Office will initiate the process of registration by the allotment of code numbers to all new factories/establishments found amenable to coverage as a result of survey carried out. It will issue a circular letter to these factories/establishments as well as to those covered factories in the area which were allotted code numbers earlier but were treated as uncovered after the repeal of Chapter VA of the Act with effect from 1.7.1973. The circular letter will be accompanied by samples of declaration forms, return of declaration forms, return of contributions, form 6 under Reg. 32, challan form, etc., which will require to be filled up by the employees and/or the employers at the time of registration or payment of contribution. They should be specifically requested to advise their employees to arrange a set of their family photos for affixing the same on TIC/PIC. This will enable the employers of the area to know the volume of work they are expected to

do, so that they may make necessary arrangements for staff etc. in advance. The Regional Office will despatch sufficient quantities of forms to the Branch Office immediately alongwith a list of coverable factories/establishments in the area.

1.55. About the time the circular letter is issued by the R. O. to the employers, blank forms such as those mentioned in the preceding para meant for the employers, will be sent by Branch Office to every listed employer. The number of forms to be sent will be equal to the estimated number of coverable employees in the factory/establishment plus about 10% allowable for wastage. Each bundle of forms will be accompanied by a challan in duplicate in form ESIC-120 (copy at annexure II), one copy of which should be received back duly acknowledged from the employer. The Branch Office will maintain a blank forms stock register in the form at Annexure-I.

Time table for registration

1.56. The Regional Office will indicate to the Branch Office a time-table for completing the various stages of the work. Branch Office should, in conformity with the timetable, work out detailed programme fixing targets for the individual employers and for the Branch Office as a whole. It is the responsibility of the Manager to watch progress in the execution of the programme. He should allot field work to some of the officials in the Branch Office. The area of implementation can be divided into zones, one zone to be fixed for a convenient group of factories. Different officials in the Branch Office can be assigned different zones. It will be the duty of each field official to keep a watch over the progress of registration in his zone. Whenever any employer's work is found to be falling behind the schedule, the field official and, if necessary, the Manager should personally contact the employer.

Training of employer's staff

1.57. In order to ensure completion of registration work in time and to acquaint the employer's staff with their responsibilities and duties under the Act, a training programme should be organised to train those officers and staff of employers who will be responsible for work under the Scheme. Employer's guide may also be supplied, if available, to employers.

Publicity

1.58. At about the same time as the circular is issued, Regional Office and the Branch Manager should take adequate steps to give wide publicity to the implementation of the Scheme. This could be done by displaying posters designed for this purpose in labour areas, employer's premises and the offices of the trade unions etc. Meetings of the employees and of the works committees at the factories and those sponsored by reputed trade unions should also be addressed. While addressing such meetings, the location of Branch Offices and dispensaries, panel doctors and the particulars to be completed on the declaration forms should be explained. Copies of pamphlets on the Scheme should be distributed and other mass media may be utilised for educative publicity. This will enable the employees to be ready with the necessary information to be given on the declaration forms and two copies each of their postcard size family photographs to be affixed on TICs/PICs.

Declaration forms in instalments

1.59. In the case of large employers it will be convenient for them to send the forms at the time of initial registration in instalments, as and when they are filled in. An employer who sends the declaration forms in instalments should be advised to prepare the return of declaration forms, excepting the final one, on continuation sheets. An instalment should not ordinarily contain more than 200 declaration forms. The employer should indicate the serial number of each of these instalments on both copies of the return in red block letters. The instalment numbers should run in a serial order beginning from 1, and the serial no. of employees on the return should not be broken at the end of any instalment but should be continued from instalment to instalment so that there is continuous serial number covering all employees.

Forms of recalcitrant employees

1.60. Completion of declaration forms in respect of employees who refuse to disclose their particulars, or refuse to sign, presents considerable difficulties. Such a situation requires tactful handling and calls for immediate action by the Branch Manager. The following steps may be taken to bring round recalcitrant employees:

- (a) Efforts should first be made through their employer to persuade them.
- (b) The good offices of their trade unions may be used to win their co-operation.
- (c) The Branch Manager may personally make contact with employees to answer their objections and to explain to them the purpose of registration and of the Scheme. Distribution of a few copies of printed pamphlets on the Scheme may also be helpful.
- (d) Branch Manager may report the matter to the Regional Director for guidance and help.
- (e) If the employees persist in refusal even when all the above methods have been applied, the Branch Manager may ask the employer to complete declaration forms with whatever particulars that are available in his records. Such declaration forms may be sent by the employer to the Branch Office without the signature of the employees. Such forms may be rubber stamped or marked 'not signed by the employee' to distinguish them from other forms and these forms sent alongwith a return in duplicate whereon Ins. No. may be allotted to them. Identity cards will not, however, be prepared. If any of these employees calls in the Branch Office, he should be asked to get a freshly completed form duly counter-signed by the employer alongwith family photograph of the IP which may be pinned with the earlier form and documents prepared and identity card issued to the insured person if he continues in employment for 3 months or more, on taking his signature on the declaration form. T. I. C. should be destroyed in such a case.

Persons leaving service before A-day

1.61. Since registration is commenced in advance of the Appointed Day, some employees in respect of whom declaration forms have been completed may go out of employment before the Appointed Day. The employer should cancel the declaration forms of such employees. In case the forms have already been submitted to the Branch Office, information of cessation of employment in writing, giving full details about all such employees should be sent by the employer alongwith the temporary identification certificates/identity cards lying with him in respect of such employees, a week before the Appointed Day. The Insurance Nos. of these persons will be traced at the Branch Office and index cards, temporary identification certificates, identity cards lying there will be destroyed. The declaration forms will be rubber stamped "Cancelled" and the Dispensary and the Administrative Medical Officer will be advised to destroy the printed documents if already sent to them in respect of these persons.

Action where more than one form filled in

1.62. In the case of big factories where number of employees is very large, it is possible that due to the transfer of an employee from one department where registration had been completed to another where it is still in progress or due to any other reason, more than one declaration forms may be filled in in respect of the same employee. It is very difficult to detect such a case at the Branch Office. But whenever such a case comes to notice, the employer may be requested to clarify. If the employer confirms that two or more insurance nos. have been allotted to the same person, only one Insurance No. will be retained and the other cancelled. The documents printed under the other insurance no. will be destroyed in the manner stated in the preceding para.

Progress report on registration

1.63. The Branch Office will send a progress report of registration to the Regional Office in form to be prescribed by the Regional Office. The report will be examined at Regional Office to see whether Branch Office is adhering to the targets fixed for it in the Regional Office timetable.

Action by employer/IP on documents received

1.64. After an employer has sent a batch of declaration forms he will in due course receive in respect of them the following documents: -

- (i) **Temporary identification certificates:** These will be returned by the B. O. alongwith the original return of declaration forms within 7 days of receipt of declaration forms after allotting insurance numbers on them. These should be distributed by the employer to the employees who are still in his employment on the A-Day.
- (ii) **Permanent identity cards etc.:**
 - (a) On receipt of permanent identity cards which will be duly accompanied by a card-size photograph of each IP stapled to each and, in panel areas, also of the permanent acceptance cards from the BO, the employer should issue those documents to such of his employees as have been in his employment continuously or otherwise for broken periods adding up to 3 months. While issuing a permanent identity card (and permanent acceptance card), the employer should obtain the signature or thumb impression of the IP on each card, and he should also obtain signed acknowledgement for the receipt of these documents in a register to be maintained by him.
 - (b) The permanent identity cards and permanent acceptance cards of insured persons who have left employment before the expiry of three months after the A-Day should be returned by the employer to the Branch Office where these will be retained for one year.

1.65. Every insured person should present his temporary identification certificate or certificate of employment or permanent identity card and in panel areas, also the permanent acceptance card at the ESI dispensary or the Insurance Medical Practitioner's clinic where he will get medical treatment for the period of validity.

Permanent acceptance card

1.66. A permanent acceptance card is valid for presentation to an Insurance Medical Practitioner for 10 months. If presented after this time limit, it should be supported by a certificate of employment in form ESIC-37. If the insured person is not in insurable employment 10 months after his entry, and needs medical treatment for the first time, he should apply to the Regional Office/Branch Office, who will revalidate his permanent acceptance card for the period, if any, for which he has title to medical care.

Temporary acceptance card

1.67. Every Insurance Medical Practitioner has in his stock a few blank cards of blue colour known as temporary acceptance cards. When an insured person who has neither received his permanent identity card nor permanent acceptance card approaches him for treatment, the Insurance Medical Practitioner should affix his rubber-stamp on the temporary identification certificate/certificate of employment presented to him and prepare a temporary acceptance card in respect of the insured person stating therein the name, Ins. No., and the date of entry of the insured person into insurable employment as also the date on which he has accepted the insured person. He will send the temporary acceptance card to the Administrative Medical Officer (for the purpose of payment of capitation fee). On revalidation of a temporary identification certificate or a certificate of employment, the Insurance Medical Practitioner should put his dated signature on it and simultaneously issue to the Administrative Medical Officer another

temporary acceptance card, this time marked “Extension” which will entitle him to capitation fee for another quarter.

Registration of employees of OD prone industries

1.68. In the light of the Hon’ble Supreme Court judgement dated 27-1-95 in a public interest litigation, the following action is to be taken by Regional Office/Branch Office/IMO in r/o registration of new entrants of OD prone industries covered under the Act: -

- (i) Regional Director may identify the industries which are prone to occupational diseases. For this, the First Schedule to the Factories Act, which contains a list of industries involving hazardous processes, may be an indication where to look for OD prone industries. A copy of the said First Schedule has been reproduced as Annexure I to Chapter IVA-Temporary Disablement Benefit Procedure (Occupational Diseases).
- (ii) Such factories which are covered under the ESI Scheme, should be given a distinct code number for identification.
- (iii) Medical examination may be prescribed at the time of first entrance in these specially coded industries and a copy of the first medical report be kept in the concerned ESI Dispensary in MRE of such insured persons.
- (iv) A distinct red-colour identity card may be issued to the workers working in these industries. Similarly, MREs of these workers should also be of distinct red colour. To begin with, however, a red – colour strip may be pasted on the identity card as well as on the MRE. The slip will contain the legend “ODP” (OD prone).
- (v) As and when any such worker visits the dispensary, he is required to bring a copy of the medical report prescribed under Section 87 of the Factories Act, 1948 read with Rule 120 of the model rules made thereunder. This will help IMO to examine the person in relation to the specific risk involved in that industry.
- (vi) A proper base health report, clinical findings and investigation reports be drawn on his first attendance to the dispensary and preserved for future reference.
- (vii) If at any stage, the insured person is suspected to have manifested signs and symptoms of occupational disease specific to his risk involved, he may be referred to the Occupational Disease Centre alongwith the detailed report of his previous investigations and subsequent status for further examination/evaluation which would help early detection of the occupational disease. For details, please see chapter IVA-TDB Procedure (Occupational Diseases)

Registration of employees of branch/sales/head office

1.69. Employees working in the head office, branch office and sales offices of a factory/estt. situated in an area wherein the ESI Scheme is implemented, also become coverable under the Act. Therefore, the employer should take up the registration of these employees simultaneously with the registration of employees of his factory. The factory may have its head office/branch office/sales office not only in the same implemented area but also in some other implemented area and possibly also in another State. The following guidelines should be followed by the B. O./R. O. as well as by the employer for registration of the employees of these offices:

- (i) The Manager of the Branch Office to which the factory/estt. is attached should not accept the declaration forms of employees employed outside the area of his Branch Office. Instead, he

should ascertain the details of all these offices including the full address of each, the number of employees working in each, monthly wages of the employees working in them, etc. and intimate them to the R. O. At the R. O., a separate ledger page will be opened in respect of each of these offices. The same code number as of the factory will be allotted to each. Out of these, for offices situated in its own jurisdiction a distinguishing suffix mark such as H. O./B. O./S. O. will be added at the end and intimated by R. O. to the factory/estt. indicating therein the B. O. to which these employees will be attached for claiming cash benefits. A list of dispensaries in the area will also be forwarded to the employer to enable employees of the said office to opt to one of their choice. A copy of R. O. letter will be endorsed to both the Branch Offices.

- (ii) Regional Director of the area where factory/estt. is situated will address intimations in respect of H. O./B. O./S. O. situated outside his region to the RD of each of the areas in which these are situated, asking them to take necessary action for registration of employees and recovery of contribution. The R. O. of the area where such office is situated will open a separate ledger sheet, allot it the same code number as of the parent factory/establishment and add a suitable distinguishing suffix mentioned above. This R. O. will take action similar to that mentioned in item (i) above for registration of employees of these offices as also for watching the recovery of contributions. A copy of the intimation letter will be endorsed to the Regional Office of the area in which the factory/estt. is situated.
- (iii) The employer of parent factory/estt. should be advised to maintain separate records of wages, submit separate returns of contributions and as far as possible make payment by separate challans to the Account No. 1 of the region in which each such office is situated. Photocopy of the challans should be sent by such office to the parent factory/estt. for verification at the time of inspection.
- (iv) The ES9 Branch Manager of the area in which the HO/BO/SO of the factory/estt. is situated will also receive intimation about these offices from his Regional Office. He should provide all the guidance to the incharge of the said office about filling up of declaration forms, maintenance of register in form 7 (form 6 w.e.f. 1.1.05), choice of dispensary etc. and to afford all necessary co-operation for registration of the employees, issue of permanent records and payment of benefits on the strength of return of contributions which would be received at his Branch Office direct from the incharge of such a Head Office/Branch Office/ Sales Office (see para 13.1.2) or received from his Regional Office.
- (v) If the head of the Branch Office etc., fails to submit the declaration forms of covered employees working under him, the Branch Manager should take the usual action described for failure to submit declaration forms as described in Para 1.13. If he does not receive the forms or satisfactory evidence that these forms have already been submitted by the principal employer of the covered factory/establishment, he should inform the R. O. Prosecution action for non-submission of these forms will be taken by the Regional Director of the area in which the factory/establishment is situated.

Registration of families at a place other than the place of work of the insured person

1.70. The Standing Committee/Corporation at their meetings held on 23/24-2-78 extended the facility of provision of medical benefit to members of family residing away from the place where insured person works provided both the places are implemented centres and located in the same state. The registration procedure to be followed to facilitate provision of medical benefit to the insured person at the place of his work and to the family at the place of their residence will be as follows:

- (1) So as to enable the family to possess a temporary identification certificate, it will be necessary to provide two temporary identification certificates, one for the insured person and the other for the family. For this purpose loose forms of TICs (Specimen at annexure-XI) may be got printed and supplied to the employers. The printing may be got done on yellow paper in

black ink. On the front right side of this form the words “ONLY FOR FAMILY MEMBERS NOT RESIDING WITH IP” may be got printed in bold letters.

- (2) An up-to-date list of all the dispensaries, hospitals, panel doctors, employer’s utilisation dispensaries, mobile dispensaries etc. may be obtained from the Director Medical Services / Administrative Medical Officer of ESI Scheme in the State and the same may be circulated to all the employers/ displayed at the Branch Offices. This will enable the family members to select the dispensary / Insurance Medical Practitioner of their choice, and the same may be entered by the insured person in the temporary identification certificate.
- (3) The declaration form of such IPs should be accompanied by an additional TIC(See Annexure XI) and two photographs each of IP and his family. On receipt of both the TICs one attached to the declaration form and the other loose as per para 1 above duly filled in from the employer alongwith two separate sets of photographs, one of the IP and the other of the family, the same may be signed by the competent authority in the Regional Office / Branch Office. The columns for the family particulars on the back of the TIC meant for the insured person may be defaced with a rubber stamp “FAMILY NOT RESIDING WITH THE IP”. Photograph of the family should be attached with the loose T.I.C. meant for the family.
- (4) Both the TICs, duly completed and signed may be delivered to the IP through the employer, and the insured person will himself arrange to deliver the TIC to his family. Before delivery of TIC an entry regarding family dispensary may be made in column 11 of declaration form by way of remarks.
- (5) The procedure for revalidation of TIC will be the same as is being followed and it will be the insured person’s responsibility to get the same revalidated, if the need so arises.
- (6) Two permanent identity cards will have to be issued, one for the insured person bearing his photograph and other for the family bearing their photograph. As in the case of TIC it may be ensured that the insured person/family may be able to take treatment at only one centre on the basis of separate permanent identity cards issued to each. For this purpose the family permanent identity card may be got printed separately on yellow card in black ink and the same measures, as described in (3) above, may be taken.
- (7) If the registration is done at the Regional Office, before delivery of permanent identity card (for family) an entry may be made in the remarks column of ESIC-38 register to the effect “Family attached to dispensary”. These remarks may be attested by the Head Clerk or incharge of the concerned branch of the Regional Office.
- (8) Where registration is done at the designated Branch Office, the Manager will send a list in duplicate of all such insurance numbers and the name of dispensary to which the family is allotted, to the Regional Office/designated Branch Office for which family identity card has been prepared as in (6) above. This list will be forwarded every month alongwith the monthly progress report to which index sheets are also attached. For this purpose the Branch Office will maintain a register indicating the name and insurance number of the insured person, name of the dispensary to which the family is attached and the date of preparation of the family identity card. Before delivery of the identity card, the Branch Office will make an entry in this register and the same will be attested by Head Clerk or the Manager as the case may be. The Branch Manager will certify in the register “Particulars from Sl. No.to.....have been sent to Regional Office/designated Branch Office”, at the end of every month.
- (9) After receipt of the particulars in the Regional Office/designated Branch Office, entries shall be made in ESIC-38 register as per (7) above.

- (10) The medical record envelope is to be sent to the dispensary/Insurance Medical Practitioner to which the insured person is attached, and the MRE for family members is to be sent to the dispensary/Insurance Medical Practitioner to which the family is attached.
- (11) In panel areas two permanent acceptance cards may be issued one for the family and the other for the insured person.
- (12) In case an exit card is to be issued, it will be necessary to prepare two copies of it, one to be sent to the ESI Dispensary/Insurance Medical Practitioner's clinic to which the insured person is attached and the other to the dispensary/IMP's clinic to which the family is attached.

Registration of families residing in another state

1.70A The Standing Committee and the ESI Corporation, at their meetings held on 19/21-2-2003, approved the proposal to extend medical facilities to those families which reside in a state different from the one in which IP is employed, provided the family resides in an implemented area in the state of their residence. The cost of medical care to the IP in one state & his family in another state would be equally shared between the governments of the two states. The procedure described below shall be followed to enable IPs & their families to avail of these facilities:

- (i) An IP desirous of availing medical care under the ESI Scheme for his family residing in another state will be asked by the Branch Office to submit an option form as per specimen at Annexure XII.
- (ii) On receipt of IP's option, two separate permanent photo identity cards will be prepared by the Branch Office :
 - (a) for the IP himself on form 4 with the inscription in bold letters: FAMILY NOT RESIDING WITH THE IP.
 - (b) for his family on form 4A with the inscription in bold letters: ONLY FOR FAMILY MEMBERS NOT RESIDING WITH INSURED PERSON

Two MREs, one for the IP and another for the family (having MRC of each member inserted in it) will also be prepared.

- (iii) Both the identity cards as well as the two MREs will be handed over to the IP who will dispatch the family identity card and the MRE to his family. He will retain his own identity card with himself and hand over his own MRE to the dispensary of his choice.
- (iv) The Branch Office will write to IMOs in charge of both the dispensaries concerned as in Annexure XIII to register the IP & the family with them under intimation to the Branch Office, Regional Office and the AMO.
- (v) The Branch Manager will also send the live lists of such families as in Annexure XIV before start of each benefit period to the concerned dispensary with which the family is registered, under intimation to the Regional Office of the state/area in which the dispensary is situated so that the total number of family units taking medical care in that state / area may be considered for payment on account of expenditure on medical care to the state government (numbers to be counted at the time of working out approved number of IPs as on 31st March every year). The Regional Office / designated Branch Office in both states will make entries in the remarks column of the ESIC-38 register to this effect.
- (vi) The Branch Office to which the IP is attached, will also regularly inform the number of such families residing in another state, to the Regional Office. Likewise, the dispensaries where the families of such IPs are registered shall also invariably inform the Branch Office, Regional Office and the AMO about number of such registrations.

- (vii) Separate family identity cards will be issued only once in a financial year and will remain effective till the end of the said year. Any change for transferring such record to another state will be effected only in next year.

Change in name

- 1.71. (i). Changes in spelling of names should not be considered as a change in name as Indian names are spelt differently in English by different persons in the same State. Similarly, where an insured person adds or omits his Christian name, middle name or surname, this need not be treated as a change in name. The following example is given to clarify the matter:

Suppose the declaration form of an insured person shows the name as “Prem Chand Ram Chand” and the insured person signs his name as “Prem Chand Ram Chand Agarwal”. Such change does not amount to a real change.

- (ii) In cases where there is a real change in name, i. e., where he renounces part or whole of his name and assumes a new name, an affidavit should be called for. The affidavit should be sworn before a magistrate, notary public or an oath commissioner. The affidavit should be on non-judicial stamp paper of the required value as per prevailing rules of the State.
- (iii) However, in cases where the insured person produces a certified extract from the State/Central Government Gazette notifying changes in his/her name duly countersigned by his/her employer, this may be considered as sufficient for giving effect to changes in the records and no affidavit may be insisted upon.
- (iv) As a woman employee generally changes her name/surname on marriage the following procedure may be adopted:
- (a) **Under centralised registration:** On receipt of a request for change in name duly supported by a certificate from her employer, name and/or surname be changed in her identity card which should be returned to the insured woman for safe-keeping. The change will be intimated to Regional Office where adrema plate will be corrected and a new identity card will be prepared and sent to the Branch Office. This will be handed over to the insured woman in exchange for the old corrected card which will be destroyed.
- (b) **Under decentralised registration:** A new identity card incorporating the required changes will be prepared at the Branch Office and handed over to the insured woman in exchange for the old one.
- (c) The above procedure will not apply to cases covered under items (ii) and (iii) above.
- (v) Where any mistake is brought to the notice of the Corporation by the employer himself, say because of certain mistakes which might have crept into a declaration form, changes made in the Branch Office records should be duly intimated to the employer through letter in form ESIC-54 under intimation to all the parties mentioned therein.
- (vi) Changes above mentioned, when effected, will be made in the Branch Office records, viz., declaration form, ledger sheet, etc. and intimated to all concerned in form ESIC-54.

Change of dispensary/Branch Office

- 1.72. (i) Where an insured person changes his residence and applies for a change in his dispensary, he should apply in form ESIC-53 at the Branch Office/dispensary or at the new dispensary.

- (ii) If he applies at the new dispensary, the IMO Incharge will inform all concerned in form ESIC-54 and call for the MREs of IP and his family from the old dispensary.
- (iii) If he applies at the old dispensary, change of dispensary will be effected provisionally by the IMO Incharge of the old dispensary. The IMO I/C of old dispensary will inform all concerned in form ESIC-54 and send MRE of IP as well as of his family to the new dispensary.
- (iv) If the insured person applies at the Branch Office for change of dispensary on the grounds of change of residence, the Branch Manager will effect the change provisionally and inform all concerned in form ESIC-54 and will also request the old dispensary to send the MRE of IP and his family to the new dispensary.
- (v) Change of Branch Office should not be allowed on change of residence. Change of Branch Office is effected only on change of employment provided his new employer is attached to a different Branch Office. The new employer will direct the IP with a letter to approach the new Branch Office which will call for his record from the old Branch Office. Code No. of new employer will be inserted in his identity card. On receipt of records from the previous Branch Office a new Ins. No. from out of the block of Ins. Nos. allotted to the new BO will be allotted to him and a new identity card bearing the new Ins. No. will be issued to him in lieu of the old card in the same manner as in the case of inter-regional transfer. The Regional Office/designated Branch Office will also be informed so as to make entries in ESIC-38 register with cross reference to the old Ins. No. All concerned will also be informed of the changes in form ESIC –54.
- (vi) Where an insured person seeks change of dispensary on a ground other than change of residence, he may apply in writing either to his existing dispensary or to the new dispensary. Two copies of the application may be prepared by the dispensary, one to be despatched to Regional Office and the other to the Administrative Medical Officer. If the Administrative Medical Officer objects to the change in allotment, he may write to the Regional Office within a fortnight of receipt of application. If the Regional Office does not hear from the Administrative Medical Officer within a fortnight, it may, if it so decides, consent to the change in allotment. In that case, the intimation should be sent by the Regional Office to the old dispensary, with copies to the new dispensary and the Administrative Medical Officer and the Branch Office concerned. On receipt of the intimation, the old dispensary will transfer the MRE of IP to the new dispensary.
- (vii) Changes will be effected in the Regional Office/designated Branch Office(maintaining ESIC-38 Register), AMO's office and in the Branch Office records (Declaration form and the ledger sheet) on receipt of intimation about change in dispensary.

Changes in age/date of birth

- 1.73. (i) When an insured person desires a change in the declared age, he may be requested to furnish one or more of the documents mentioned in Regulation 80(2). Where the desired change in the declared age is 3 years or more, the insured person should, in addition, be asked to appear before the Medical Referee who may be requested to advise whether his age and condition corroborate the revised age applied for. Such a change may then be accepted if it is applied for by the insured person before any accident resulting in permanent disablement happens to him. After an accident resulting in permanent disablement no change in age/year of birth should normally be accepted and such cases may be referred to Hqrs. with full particulars for further consideration on merits.
- (ii) However, in cases where the insured person has been served with a notice of retirement by the employer, no request for change in age may be accepted nor such insured person referred to Medical Referee for assessment of age.

Inter-regional transfer

1.74. An insured person may move from one implemented area within the region to another implemented area in the same region, or from the implemented area of one region to the implemented area of another region. Possibly, he may also join a different employer in the process. The following procedure will be followed for registration of such persons:

- (i) When such a person joins, he should be asked by his new employer to produce his old identity card alongwith 2 copies of his latest family photograph and the employer will fill up a declaration form with "Transfer Case" written in bold letters on the top and copy out all the particulars from his old identity card except the following which should be filled in as per the latest position:

(1) New employer's code number

(2) Dispensary now opted (This column will be left blank if medical care in the area is provided through panel system)

(3) Present address

(4) Family particulars

The columns of insurance number, Branch Office will be left blank. The T. I. C. portion of the declaration form should be removed and destroyed. The employer should hand over this modified declaration form with a forwarding letter to the insured person and advise him to report alongwith his old identity card to the Branch Office to which the employer is attached. No return of declaration forms should be forwarded. The employer will also enter the name of this insured person in his register in form 7 (new form 6) and note down in pencil his old insurance number with name of his old region/area in brackets.

- (ii) When the insured person reports at the Branch Office the papers including his old identity card and a copy of his family photograph will be retained after scrutiny at the Branch Office which will then allot him an insurance number, make entries in the register of allotment of insurance numbers with the remarks "transfer case", and issue a certificate on form ESIC-98 with family photo attached to the insured person to enable him and his family members to obtain medical treatment. This certificate will be valid for a period of 3 months from the date of issue. The insured person should be advised to report his new insurance number to his employer who will make entries in form 6 register. The Branch Manager will also make entries in a register in the following proforma:

REGISTER OF TRANSFER OF RECORDS TO THIS BRANCH OFFICE

S. No.	Date of receipt of employers letter	Name of IP	Ins. No. in old Region/B. O.	Name, address of old BO/region	New Ins. No. allotted	Date of calling records	Date of reminder(s) if any	Date of receipt of old records	Date of issue of new records	Initials of B. M.	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

- (iii) If the insured person has come from an implemented area within the region, the Branch Manager of the said area should be addressed immediately to transfer his records to the new Branch Office. A copy of this letter will be endorsed to the Regional Office. In case of

centralised registration, the modified declaration form received from the employer will also be sent to the Regional Office.

- (iv) In case the insured person has come from another region and he is in a position to give the address of his old Branch Office or if, alternatively, the Manager of the new Branch Office can ascertain it from his own knowledge or records in the Branch Office, he should write direct to the Manager of old Branch Office and endorse a copy of his letter to both the old Regional Office and his own Regional Office. List of addresses of Regional Offices and Branch Offices has been printed and supplied to each Branch Office. In case, however, the address of the old Branch Office is neither known to the new Branch Office nor is easily ascertainable, the parent Regional Office of the old Branch Office should be addressed direct enclosing an additional copy of his letter for onward transmission without delay to the old Branch Office. The old Regional Office should immediately forward this letter to the old Branch Office and intimate the address of the old Branch Office to the new Branch Office to enable issue of reminders direct from the new Branch Office to the old Branch Office. A copy of the communication addressed by Manager of the new Branch Office will be duly endorsed to his own Regional Office. Both the new Branch Office and its Regional Office will send reminders to the old Branch Office/Regional Office until the records are finally received from them. All communications addressed to the old Branch Office/Regional Office should mention the full address of the new Branch Office.

Action at old Branch Office

- (v) The Manager of the old Branch Office will collect the MREs of the insured person as well as his family members from his old dispensary/IMP and send the following documents to the new Branch Offices direct under intimation to his parent Regional Office in case both old and new Branch Offices are within the same region, or to his own Regional Office under intimation to the new Regional Office if the two Branch Offices are in different regions, as the case may be.
 - (a) Attested copy of ledger sheet, if opened, should be enclosed with letter to new Branch Office. If not opened, the fact should be mentioned in the forwarding letter.
 - (b) Contributory record of the insured person for the previous 4 contribution periods beginning with the current one; provided that if no contribution has been paid by the IP in the current contribution period, the record for four immediately preceding contribution periods will be furnished. If the date of entry of the insured person falls in any of the 4 contribution periods in question, the same should be invariably indicated. If the contribution/wage record for one or more contribution periods is not available in the Branch Office, the same should be obtained from the employer and enclosed after verification of the employer's records. (This also includes the current contribution period.)
 - (c) The MRE of insured person as well as of his family members.
 - (d) An attested copy of his declaration form.

Action in old Regional Office

- (vi) On receipt of intimation from the old Branch Office about transfer of records, the Regional Office/designated Branch Office, whichever is maintaining ESIC-38 register, will make entries in ESIC-38 register and will also take exit action. If the two Branch Offices are in the same region, the Regional Office/designated Branch Office will enter new insurance number (already intimated by the new Branch Office) in the ESIC-38 register with cross-reference to entries against the old insurance number. Simultaneously, exit action at the old centre and entitlement action in the new centre will be taken under intimation to the

AMO/Dispensary/Branch Office. In case of centralised registration, the adrema plate of the insured person will be cancelled.

Action in new Regional Office

- (vii) On receipt of records in the new region, action as follows will be taken:
 - (a) If the new Branch Office is having centralised registration, the new Regional Office on receipt of intimation will prepare a new adrema plate (if adrema plates are used) on the basis of the declaration form being 'Transfer case' received earlier from the new Branch Office vide item (iii) above. It will also prepare and despatch all the records to all concerned as per procedure and practice prevailing in the region.
 - (b) However, if registration is decentralised, the new Branch Office will, on receipt of records from the old Branch Office, prepare the records as in the case of normal registration procedure and despatch the same to all concerned. It will also insert the attested copy of ledger sheet in the proper place in the proper ledger binder. The old MREs will be attached to the new MREs of the insured person as well as of the family members. The new identity card and other records will indicate the original date of entry of the insured person in insurable employment as ascertained from his old identity card. Entries in the register maintained vide item (ii) above will also be completed. The photograph earlier attached to ESIC-98 will be detached and stapled on the back of the new identity card which will be sent to the employer for delivery to the insured person. The other copy will be attached to the new declaration form.
- (viii) Before preparation of permanent documents, a comparison of the particulars as given in the attested copy of the original declaration form should be made with the new modified declaration form marked 'Transfer Case' and in case of discrepancy, the particulars given in the old form should be printed on the documents. However, in case of family particulars the latest information provided in the new form may be accepted.
- (ix) The records will then be sent to all concerned in the manner explained in para 1.40 with suitable modification in the forwarding letter to the employer.

Double registration with fraudulent intentions

1.75. A person on entering insurable employment for the first time fills in a declaration form, he is allotted an insurance number and his records are set up. At places where medical care is provided under the Service System, the insured person chooses a dispensary whereat he and his family members avail of medical benefit. In areas where medical care is provided under panel system, the insured person receives a permanent medical acceptance card which he takes to the Insurance Medical Practitioner and registers himself for medical treatment of himself and his family. For the simple fact of registration of such an insured person, an Insurance Medical Practitioner is paid a capitation fee irrespective of whether the insured person and/or his family members availed of the IMP's services in obtaining medical care.

1.76. Sometimes an insured person who has already registered himself in the manner aforesaid, leaves the service and joins another employer where he fills up a fresh declaration form without disclosing that he has already been issued an identity card. Thus, he gets himself registered a second time without being noticed and he then may also register himself with another IMP. This results in payment of capitation fee to two IMPs for the same insured person over a time period. In an extreme case an insured person may register himself at one factory/establishment and obtain an insurance number and also all permanent records and yet he may find work (in different shift) in another factory/establishment attached to a different Branch Office in the town and similarly register himself in that factory/establishment and obtain another set of records. Every Branch Manager should be on guard against all cases of double registration and he should promptly investigate any case of this nature coming to his notice and once he is able to

establish a case of double registration, he should promptly cancel one of the insurance numbers allotted to the insured person and inform all concerned through the issue of a letter in form ESIC-115 (annexure XV). Apart from the foregoing, the following further instructions are laid down for the guidance of Regional Office/Branch Office.

- (i) In cases where registration by an insured person with two Insurance Medical Practitioners results in double payment of capitation fee in the same quarter, recovery of the excess capitation fee which the Corporation and State Govt. have to pay to the Insurance Medical Practitioner, should be made from the insured person. If *mala fides* are suspected, a reference should be made to the Hqrs.
- (ii) The Regional Office will ascertain the amount of excess capitation fee from the office of the Administrative Medical Officer and will in turn intimate the Branch Office concerned who will recover the amount from the insured person. Recovery may be in cash or, if the insured person agrees in writing, may be made by deduction from cash benefit.
- (iii) The Branch Office will deal with the amount recovered from the insured person in the same way as fees for the issue of duplicate identity cards are received and accounted for.
- (iv) If, however, recovery cannot be made by the Branch Office within 6 months, intimation will be sent to the Regional Office who will take steps to recover the amount under Section 70(3) or under Section 45-C to Section 45-I of the Act.
- (v) The amount may be booked under 'Deposits-other-deposits-miscellaneous' till the amount is deposited in the treasury for credit to the Employees' State Insurance Scheme. The amount being kept in the deposit in the first instance will be paid to the Administrative Medical Officer for credit to the Employees' State Insurance Scheme so that only the net expenditure of the Administrative Medical Officer will be shared between the Corporation and State Govt. in the agreed ratio.

Prevention of double registration

1.77. With a view to prevent double registration of the insured person with two employers, the following procedure may be adopted:

- (i) If an insured person leaves service after his registration but before the receipt of temporary identification certificate or identity card, he should be given a certificate of employment by the previous employer in form ESIC-86. The date of discharge/leaving should be indicated in this certificate.
- (ii) If the insured person joins insurable employment with the new employer and produces an identity card or temporary identification certificate or the certificate of employment referred to in para (i), no fresh declaration form should be filled up and he should be treated as an old entrant and in such cases the old insurance number should continue.
- (iii) The new employer should, on completion of the first wage period by the insured person with him, ask for the permanent identity card (unless this is already with the insured person) in the following manner and deliver it to him on completion of 3 months of his service.
 - (a) From his previous employer if the date of registration was within 3 months of joining new employment.
 - (b) From the Branch Office if the date of registration was more than 3 months ago.

2.	Correspondence on funeral expenses paid	Date-wise
3.	ESIC-47 (Correspondence relating to ESB rates, relaxation of conditions of Corpn's resolution etc.)	Ins. No. wise
4.	Employment injury cases- Correspondence on	Date-wise with cross-reference to accident report register.
5.	New Form 10 (Forms 28 & 28A merged and renumbered as form 10 w.e.f.1.1.05)	Date-wise according to date of receipt of reply with cross-reference to ESIC-60 register.
6.	Correspondence on alternative evidence including complaints	Date-wise
7.	Alternative evidence cases rejected	Date-wise
8.	Correspondence (other than RM-1)	Date-wise
9.	Confinement expenses / family planning correspondence	Date-wise
10.	Live Lists	Date-wise
11.	Pending certificates	Ins. No. wise
12.	Certificates marked 'OLD'	Ins. No. wise
13.	Miscellaneous file	Date-wise
14.	ESIC-71	Contribution period wise/Date-wise with cross-reference to S. No. in ESIC-71 register
15.	PDB and DB	Separate file for each case
16.	Complaints re: non-payment of benefits	Date-wise
17.	Recovery of excess payments - correspondence on	Date-wise, with cross-reference to S. No. of entry in excess payment register
18.	Admitted employment injury cases awaiting payment	In Ins. No. order with each claims clerk.
19.	Employment injury cases awaiting investigation	Date-wise according to date of receipt of accident report, with the UDC/investigating official/Manager
20.	Correspondence on delayed declaration forms	Date-wise

- | | | |
|-----|--|--|
| 21. | Returns of contributions | Code no. wise separately for each cont. period |
| 22. | Form 1-B-renumbered as form 2 w.e.f. 1.1.05 - (Change in family particulars) -provided contents are entered in declaration form and checked and initialled by checker. Date of form 2 to be mentioned against entries in declaration form. | Date-wise separate convenient bundles stitched and kept away |

Declaration forms: weeding out:

1.81 Weeding out of declaration forms can be carried out by reference to ESIC-38 registers which are now being maintained at Regional Office(in respect of Branch Offices within the regional hqrs.) and at designated Branch Offices (in respect of outstations Branch Offices). The revised procedure for weeding out of declaration forms is given below:

(1) Declaration forms have to be retained for 20 years from the date of allotment of insurance numbers and should continue even thereafter except for those IPs in respect of whom entries have stopped appearing in the ESIC-38 register for previous 5 years and no claim for cash benefit is received during the said period. Declaration forms in respect of such insurance numbers may be weeded out.

(2) As per instructions, at the time of preparing new ESIC-38 registers, the Ins.Nos. of those IPs against whom no entries have been made in the old registers, have to be excluded. (see para 13.2.42 in this connection)

(3) A list of such insurance numbers as are being excluded from the new ESIC-38 registers, should be prepared Branch Office wise and these lists should be sent to Branch Offices maintaining declaration forms.

(4) At the Branch Office, the Ins. Nos. of those IPs whose declaration forms were allotted Ins. Nos. 20 years back should be sorted out from the list received and the existing bundles/bound volumes of declaration forms upto the last insurance number noted in the list should be ripped open and the declaration forms of such persons weeded out.

(5) The Ins. Nos of declaration forms thus weeded out should be entered in a register as per proforma given below:

Date of weeding out	Ins.Nos. of forms weeded out	Dated initials of BM.	Date of re-entry of an IP whose Form has been weedout, if any.	Dated initials of BM.
1	2	3	4	5

BM should record the following certificate on the completion of each weeding out process:

“Certified that the declaration forms of the above insurance numbers have been weeded-out under my supervision upto the period

(6) Remarks may be given in the list received from RO/designated BO against Ins. Nos. whose declaration forms have been weeded out. Declaration forms of those Ins. Nos. in the list received which cannot be weeded out because 20 years have not been completed since allotment of Ins. Nos., should be taken out

subsequently by review of this list as well as the previous ones from time to time until the new list is received.

(7) When a person whose declaration form has been weeded out, rejoins insurable employment, which fact will be noticed by the Branch Office either on receipt of return of contributions, or on receipt of a medical certificate or ESIC-37 or an intimation letter from the employer, the employer should be asked to submit a fresh declaration form on receipt of which the old insurance number may be allotted to the insured person with a cross reference and remark in the weeded out Declaration Forms Register under dated initials of the Branch Manager.

Ledger sheets: weeding out

1.82. Live Lists will be issued twice a year by the Regional Office/desingated Branch Office. On its receipt in the Branch Office, each Live List may be kept separately in a folder. Where the I.P. is not entitled to the benefit, the relevant ledger sheet should be located and the box 'Additional Information' will be bifurcated into two columns, one for 'Exit' and the other for 'Re-entry'. Entry regarding exit/re-entry will be made by affixing a rubber stamp "Exit from....." or "Re-entry from....." and the date will be filled in hand or by means of a date-stamp. Special rubber stamp may be got prepared for the purpose. After entry the ledgers alongwith lists will be passed on to the checker who, after check, should put his dated initials on each entry. 10% of the entries should be checked by the Head Clerk also and in offices where there is no Head Clerk, by the Manager himself. A certificate will thereafter be sent to the Regional Office to the effect that action regarding entry of exit/re-entry has been completed.

1.82 A. Once in every 6 months, at the end of June and December each year, all ledger sheets should be reviewed and those ledger sheets which have remained 'Exit' for three consecutive benefit periods and which have been audited by external auditors should be removed and kept separately under safe custody of the Branch Manager. An indication of 'exit' by the letter 'X' may be given in respect of such removed cases against the insurance number in the index sheet. As and when an insured person becomes re-entitled, the ledger sheet will be re-inserted at the proper place in the ledger and appropriate indication given in the index sheet by the letter 'R'. A fly-leaf may be kept in each ledger and every time a ledger is reviewed in the manner stated above, an indication may be given under dated initials of the Branch Manager.

1.82 B. Ledger sheet in which no benefit amount has been paid during the last 5 years (except where audit objections exist) and the IP is not entitled to medical benefit, may be weeded out. Ledger sheets of IPs who are known to have left service prior to 5 years or died may also be weeded out provided there is no audit objection pending. An entry may also be made in the index sheet about ledger sheet weeded out under Manager's dated initials.

Medical record envelopes: weeding out

1.83 (i) The medical record envelope [MRE] of self and family of an insured person who is no longer entitled to medical benefit is to be retained in the dispensary for a period of 5 years after the date of exit. If his ins.no. does not find mention in any of the Live Lists received in the meantime, the IMO should return all such MREs to concerned Branch Office who may re-use them after pasting slips on them.

(ii) The medical record envelope of an insured person who has died, should be returned by the IMO to the concerned Branch Office. At the concerned Branch Office, the medical record envelopes of those persons who died of employment injury will be retained for a period of 5 years and those of others should be retained for a period of 3 years after the date of death. After the period herein specified, these envelopes should be weeded out and destroyed.

Temporary residents

1.84. An insured person wishing to go to another place on leave or on duty, should be advised to obtain a certificate of employment from his employer in form ESIC-105. This certificate will enable him to

obtain medical treatment and certificates (if need be) from the IMO/IMP of the area visited by him, for a period of three months from the date of issue. The IMO/IMP will retain ESIC-105 with him and issue to the insured person an out-patients slip which the latter should preserve carefully to enable him to obtain treatment and certificate on the strength of this slip. If his family accompanies him to outstation, the family members will also be entitled to medical treatment on the strength of ESIC-105 on production of photo identity card, for a period of 3 months from the date of issue of ESIC-105 by the employer.

Persons erroneously registered

1.85. The case of a person who has been erroneously covered under the *bona fide* belief that he was an 'employee' as defined in the ESI Act, as and when it arises, has to be referred to Headquarters for admittance by the Director General who has been empowered by a resolution of the Corporation passed at its meeting held on 2nd December, 1963. While referring such cases, full justification and circumstances in which the person was erroneously registered and later found not coverable, may be furnished by the Branch Manager to the Regional Office which will forward the case to Hqrs. Office.

Duplicate identity cards

1.86. Regulation 18 of the ESI (General) Regulations, 1950 states that in case of loss, defacement or destruction of an identity card, the IP shall report the matter to the appropriate Branch Office, and the Corporation may issue a duplicate copy of the identity card subject to such conditions and payment of such fee as may be determined by Director General.

1.87 (i) Specimen of form 4 – identity card – at present in use for IP and his family appears in the ESI (General) Regulations. This card also contains photograph of IP and his family members. This card will be placed in plastic cover and its life will be 5 years whereafter it may be replaced free of cost.

(ii) Where family resides elsewhere in the same state or in a different state, form 4A is used for the family identity card and its specimen can also be seen in the ESI (General) Regulations. Likewise, this card will also be in plastic cover and its life will be 5 years whereafter it may be replaced free of cost.

1.88. The instructions regarding replacement of old cards by duplicate identity cards, and issue of duplicate identity cards to replace lost ones, are summarised as under: -

At the Branch Office

- (1) Two separate bundles of DICs (a) for issue against payment of fee and (b) to be issued free in replacement of an old and dilapidated card after being rubber stamped 'DUPLICATE' will be sent by the Regional Office to each Branch Office in suitable numbers. These cards will be machine-numbered at the Regional Office and entered in a register before despatch to the Branch Office. On receipt of each bundle, the Branch Office will count them and enter them separately alongwith respective serial nos, in the register of issue of duplicate identity cards by means of separate and distinct entries duly attested by the BM.
- (2) Applications for issue of DICs will be received in the Branch Office in form ESIC-72. Every such application must be accompanied by the photograph of IP and/or his family as the case may be. Where two separate DICs are required, one for IP (form 4) and another for the family residing away from the IP (form 4A), fee will be charged on both. Separate form ESIC-72 will also be submitted by the IP. Each form should be attested by any one of the following:-
 - (i) The employer of the IP,
 - (ii) His previous employer,
 - (iii) The president or secretary of a trade union or

- (iv) A person known to the Branch Office.

Application form not attested by any of those mentioned above or received without photograph should not be entertained. Herein, the employer means either the principal employer himself or any senior or authorised officer and not a clerk or a so called consultant, etc. In this connection, please also see paras 1.89 to 1.90 below.

- (3) Where the insured person is no longer in employment, application for issue of DIC should be attested by the secretary/president of the trade union or by his previous employer or by any other person known to the Branch Office. However, in such cases the BO should ensure before issue of DIC that IP or a member of his family is entitled to any of the benefits under the Act, including PDB or medical benefit.
- (4) Fee for replacement of a defaced card within 5 years of its date of issue and for issue of a duplicate card against one that has been reported lost, will be one rupee in respect of each application for which a receipt shall be issued by the Branch Office under Manager's signature in Form-1 prescribed under Rule 21 of ESI (Central) Rules, 1950.
- (5) In the following cases, no fee will be charged:-
- (i) When the old card (with plastic cover) issued five years earlier than the date of application is produced for replacement.
 - (ii) The IP was issued separate identity cards, one for himself and another one for his family and he produces at least one for replacement.
 - (iii) The IP had gone out of coverage earlier due to a raise in his wages, but was covered again due to an increase notified in the wage limit for coverage, and having lost his original card, approaches the BO for issue of an identity card to enable him to avail of benefits under the Act.

(6) Procedure for replacement of old card and lost card

(i) Every applicant for a DIC will be directed to see the registration clerk who will satisfy himself about the applicant's identity from his photograph, the ledger sheet or declaration form, if available in the Branch Office. He will also check particulars of the old card if produced for replacement and the particulars given in the application, its attestation, etc. In case fee is to be charged, he will collect the same from the insured person and enter the particulars in the printed receipt as well as its counterfoil. He will then prepare the required duplicate identity card from adrema impression or written particulars available in the ledger sheet. If ledger sheet has not already been opened, he will also prepare the ledger sheet. He will enter the words "Duplicate identity card for self and/or for family (say which one) issued on" in the middle column of ledger sheet under the heading "Additional Information". If a DIC has already been issued earlier and the present application is for one of the same type, the IP should be questioned closely about the earlier DIC. His signature/thumb impression on the application should be compared with that on the declaration form to rule out any possibility of impersonation. His identity should be checked from his family photograph if that is available on the declaration form. The claims clerk will also get the family photograph stapled on the back of the DIC. He will also enter the particulars in the register of issue of DICs whereafter he will pass on all the connected papers to the checker. After a check by the checker, the papers will be sent to the Manager for his signature. The Manager will sign the printed receipt (if fee is charged), the duplicate identity card, the entry in the ledger sheet, and also put his dated initials in the counterfoil of the receipt book and the entry in the register of DICs. If DIC is issued in replacement of old card, the old card will be retained by the Manager in his custody. He will call in the insured person, ask him to sign on the DIC and also in the register of DICs in his presence and after satisfying himself with the identity of the

insured person, hand over the card to him. He will also retain the old card in his custody if DIC is issued free of cost.

(ii) If IP was earlier issued separate identity cards, i.e., one for himself alone and another for his family residing in a different town in the same or other state, the type of DIC required by him will be issued and the markings mentioned in the para 1.70A will be recorded in capital letters in the card being issued. The clerk will mark the type of card, viz., form 4 or form 4A, being issued as the case may be.

(7) The register of DICs will be maintained in the following proforma: -

S. No.	Date of entry	Date of application	Name of the IP	Ins. No.	Amt. of fee received	Receipt No. & date	Sl. No. of card issued	Date of delivery of card	Date of sending intimation to IMO/IMP	Initials of Manager	Sig. of the insured person	Remarks, if any
1	2	3	4	5	6	7	8	9	10	11	12	13

At the end of each month, a summary of DICs received and issued will be drawn up in the register with the following columns:

SUMMARY OF DICs RECEIVED AND ISSUED DURING

Priced cards			Free Cards		
From S. No.	To S. No.	Total	From S. No.	To S. No.	Total

Opening Balance

Received during month

Grand Total

Issued:

at Branch Office

at Pay Office

Stock transferred to other Branch Office(s)

spoilt cards

Total

Balance in hand

Closing stocks as above physically verified and found correct

Manager

(8) Whenever a duplicate identity card is issued to an insured person, an intimation to this effect should be sent to the Insurance Medical Officer / Insurance Medical Practitioner concerned and on receipt of this intimation entry will be made by the IMO/IMP on the MRE of the

insured person, “Duplicate Identity card No..... issued on”.
The proforma of the standard letter to be issued is given below:

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No.

To

The I.M.O.,
ESI Dispensary,
.....

To

Dr.....,
Insurance Medical Practitioner,
.....

Sub: Issue of duplicate identity card to Shri
Insurance No.

Sir,

I have to inform you that a duplicate identity card No. has been issued to the IP referred to above on

You are, therefore, requested to record a remark to this effect by a rubber stamp on the relevant records of the IP/ his family maintained with you so as to ensure that the IP makes use of only one identity card. In case the original identity card is produced after the issue of duplicate identity card, the same may be impounded and the IP/family suitably interrogated to prevent against impersonation.

The identification marks of the insured person on his MRE as well as of his family members on the family MRE may also please be entered in the space provided in the DIC under your signature.

Yours faithfully,

MANAGER

Cyclostyled or printed copies of this letter may be requisitioned from the Regional Office by each Branch Office and the letter be issued simultaneously with the issue of the duplicate identity card.

(9) The amounts received by the BM for the issue of duplicate identity cards should be entered in the Branch Office cash book A/c No. 1 and deposited into the bank in Account No. 1 on the last working day of each month, or earlier if such amount reaches the limit of Rs. 1000/- for credit to the head 'VII-Miscellaneous-Price of Duplicate Identity Cards'.

(10) Sometimes it may happen that the Branch Office does not have a ready stock of DICs and replacements are awaited from the R. O. In such cases, if the application is for a lost card, the BM should endorse on top of the receipt issued for the D. I. C., 'Valid for treatment for one month' and, if necessary, add particulars etc., of his family members as given in the declaration form, on its back, attach photograph of the I.P and of his family and attest entries on both front and back sides of the receipt. This will enable the IP and his family members to obtain medical treatment. As for applications for replacement of old card, the IMO may be suitably requested by an endorsement on the application itself or otherwise to entertain the same for the time being until fresh supplies of DICs are received. In the meantime, no effort should be spared to obtain the stock of DICs from the R. O.

(11) In the cases aforesaid, where fee has been accepted but a DIC is prepared later, it may sometimes happen that some IPs do not turn up to collect their DICs. Such a DIC should remain in the custody of the BM. If the IP does not turn up to receive his DIC for a period of 3 months from the date of its preparation, a reminder asking him to take the delivery should be issued. All DICs remaining unclaimed should be destroyed at any time after a lapse of one year from the date of their preparation under the supervision of an officer of the R. O. on his

visit to the Branch Office. The Branch Office will keep a record of unclaimed DICs and of their disposal and destruction.

(12) After a DIC has been issued to an insured person, if he produces his original card or after a second DIC has been issued and he produces either the original identity card or his DIC issued earlier, no payments should be allowed in either case and the insured person should surrender the same at the Branch Office where it should be cancelled. The fact whether a duplicate card has been issued or not can be easily known from the ledger sheet.

(13) Every DIC should be prepared with utmost care to avoid any spoilage. However, in case any DIC is spoiled while under preparation, it should be also entered in the register of DICs with the remarks 'spoiled'. These remarks should be attested by the Manager who should keep the spoilt card in safe custody and for production to audit party during the next visit. Thereafter, these cards should be destroyed in the presence of a visiting officer of the R. O. who may record a certificate "Spoilt identity cards with S. Nos and destroyed in my presence" over his dated signatures.

(14) The Cashier of parent Branch Office, during his visit to the Pay Office will accept fee alongwith application for a duplicate identity card duly accompanied by his family photograph and issue the provisional receipt with the remarks on the top "Valid for medical treatment for one month". However, on return to the parent Branch Office, he will enter the amounts received on receipts side of the parent Branch Office cash book account No. 1. He will then prepare a regular receipt for each amount of fee, and add the words 'This cancels the provisional receipt No.....dt.....' and "Not valid for medical treatment" on the top of each such receipt. The Branch Manager will sign the regular receipts and attest entries in the cash book. The Manager will get the duplicate identity cards prepared immediately and these will be taken by the Cashier to the Pay Office during his next visit and delivered to the concerned IPs after taking signatures/thumb impression on the DIC as well as in the register meant for the purpose. He will also hand over letter specified in sub-para (8) to the IMO.

(15) The following register will be maintained for the pay office:-
PAY OFFICE.....

ISSUE REGISTER OF DUPLICATE IDENTITY CARDS							
S. No.	S. No. of BO register of DICs.	Name of IP	Ins. No.	Date of issue of DIC	Date of issue of intimation to IMO/IMP	Signature of I. P.	Remarks
1	2	3	4	5	6	7	8

(16) It should be noted that instructions regarding scrutiny of applications, acceptance of fee, issue of DIC free of cost in replacement of old cards, DIC for a lost/misplaced identity card /DIC issued earlier, destruction of DIC, intimation to IMO/IMP etc., as described in paragraphs detailing the procedure for DICs at the Branch Office will also apply with suitable modifications, where necessary, in respect of pay office.

(17) The procedure for issue of a duplicate identity card to a permanently disabled or a retired person vide Chapter XIA will be the same as declared above, subject to such modification as may be required.

(18) The procedure for issue of DIC to an employee of an OD prone industry (see para 1.68) who was earlier issued a red card, will be the same as above, with the distinction that such a DIC will also be of red colour and should be supplied and replenished by the Regional Office.

Special steps against fraudulent use of identity cards

1.89. The correct procedure as laid down in the preceding paragraphs regarding issue of identity cards/duplicate identity cards, if followed carefully and scrupulously, can prevent, to a very great extent, the misuse of this Scheme both at the dispensary and at the Branch Office. Instances of fraudulent use of identity card/DIC coming to notice have necessitated the adoption of more stringent measures as listed below which are to be read as a supplement to those laid down in para 1.88 and which must be strictly followed by all concerned:

- i) The Branch Office shall arrange to have an identity card prepared in Form-4 and 4A where necessary for each person in respect of whom an insurance number is allotted and shall send all such cards to the employer. The employer shall, if and when the employee has been in his service for three months, obtain the signature or thumb impression of the employee on the identity card and shall, after making relevant entries thereon, deliver the identity card to him. The employer shall also obtain a receipt from the employee for the identity card. The identity card in respect of an employee who has left employment before 3 months shall not be given to him but shall be returned to the Branch Office as soon as possible. The identity card shall not be transferable.
- ii) The employer will not indicate the identification mark of the insured person as well as each family member on the identity card. The identification mark will be recorded by the IMO/IMP on the identity card of the IP/family at the time of the IP's or the family member's first visit to IMO/IMP and also in the case of duplicate identity card, if issued, when he/she visits the dispensary after issue of the duplicate identity card to him/to the family.
- iii) If an IP applies for issue of DIC in case of loss, defacement or destruction of his original identity card, his application on form ESIC-72 should be attested by the principal employer or other authorised signatory but not by any clerk etc.
- iv) At the time of issue of duplicate identity card, an entry to this effect must be made by the Branch Office in the ledger sheet of the insured person under the signature of Branch Manager.
- v) The duplicate identity card can be misused by the persons who are not entitled to receive medical benefit. To check this and to enable the IMO/IMP to detect impersonation, it is imperative for the Branch Office to inform the IMO/IMP about the issue of the DIC and for this, the letter as per specimen given in paragraph 1.88(8) above should be invariably issued to the IMO/IMP who should enter the remarks "Duplicate Identity Card No..... issued on" by means of rubber stamp on the MRE of the IP/family under his signatures. The IMO will also record the identification marks of this IP on his identity card as provided in sub-para (ii) above. IMO's remark on the MRE will enable seizure of any other card (original identity card or duplicate one) issued prior to the date indicated on the MRE.
- vi) When the insured person visits the Branch Office first time for payment, an entry regarding identification mark recorded in the identity card by the IMO/IMP be made under the signature of the Branch Manager in the relevant space already provided in the ledger sheet. If a column does not exist in the form in use in any Branch Office, the same may be specifically opened and entry made therein.
- vii) In cases where duplicate identity card has been issued to insured person, no cash benefit payment should be made by the Branch Office based on the identity card/duplicate identity card issued earlier. The fact about issuance of original/duplicate identity card issued earlier can be known from the ledger sheet.
- viii) If any impersonator is found to have approached the Branch Office to receive cash benefit payment based on the original identity card/duplicate identity card issued earlier, the same

may be reported to the nearest police station and FIR lodged under intimation to the Regional Director.

Employer's communications must be authenticated

1.90. It has been observed that various forms and returns to be submitted to the Branch Office and Regional Office, e. g., declaration form, RDF, ESIC-86, form-1A, form-2, form-01, ESIC-37, RC etc., all of which form the basis for provision of benefits under the ESI Scheme are generally signed and submitted to the Corporation with the signatures of some officials of the factory whose identity is difficult to make out or by someone on behalf of authorised persons without mentioning the name and designation of the person signing. It is, therefore, to be ensured that communications sent by the employer bear the signatures, name and designation and rubber stamp of an authorised signatory e. g., factory/personnel manager, welfare officer, etc. For this, Branch Office should obtain details, e. g., name and designation of principal employer as well as authorised officials from all the employers of factories/estts. attached to the Branch Office and keep them on record. The Branch Manager should accept communications signed by one or other of these officials only. This record should be updated from time to time.

(b) REGISTRATION OF DISABLED PERSONS

Welfare of Disabled Persons

1.91 With a view of creating jobs in the Private Sector for disabled persons, the Central Government announced a Scheme in which it would bear the employer's contribution payable under the EPF Act 1952 as well as under the ESI Act, 1948, in respect of disabled persons in receipt of wages upto Rs 25000/- pm. In pursuance of this decision, Central Government inserted new Rule 51A and amended Rules 50 and 54 of the ESI (Central) Rules, 1950. These provisions came into force from 1st April, 2008.

Wage Limit for coverage

1.92 Under the above amendments, wage limit for coverage of a disabled employee under 'The Persons with Disabilities (Equal Opportunities Protection of rights and Full Participation) Act, 1995 (1 of 1996), and under the National Trust of Welfare of Persons with Autism, Cerebral palsy, Mental Retardation and Multiple Disabilities Act 1999 (44 of 1999), shall be Rupees twenty-five thousand a month.'

Submission of Declaration Forms

1.93 Every employer who provides employment to a person with disability as per details provided in Annexure XVI should submit declaration form of every such person with distinct marking 'DISABLED' along with copy of disability certificate issued by the competent authority (proforma at Annexure XVII) with the appropriate Branch Office within 10 days of his appointment as required under Regulation 14. On receipt of such a declaration form, the Branch Office shall allot an Insurance number with distinct marking 'D' (as suffix) and issue TIC for availing benefits under the ESI Scheme.

Progress report on registration

1.94 A monthly statement indicating the number of such disabled employees registered with the Branch Office should be forwarded to the Regional Office by 7th of the next month. The Regional Office will forward a consolidated statement for the whole Region to the Benefit Division of Hqrs. Office, with a copy of it endorsed to Revenue Division, by 15th of following month.

Submission of RC for Disabled Persons

1.95 The employer has to furnish the details of wages and contributions in respect of disabled employees in a separate sheet along with the RC for each contribution period ending 31st march and 30th September. In the column against employer's share of contribution in respect of such employees, employer can write "To be paid by the Government".

Entries in ESIC-38 Register

1.96 While posting returns in ESIC-38 register in respect of such disabled person(s), the Regional/Branch Office shall also maintain a separate record in respect of these disabled persons along with the details of contributions due but not paid by the employer. A statement shall be sent to Hqrs. Office Revenue Division for making good the employer's share of contribution in respect of such disabled Insured Persons from the corpus to be provided by the Central Government within 30 days of the receipt of such a statement.

ANNEXURE-I

(See Paragraphs 1.10 & 1.55)

BRANCH OFFICE.....
EMPLOYEES STATE INSURANCE CORPORATION

BLANK FORMS STOCK REGISTER

NAME OF FORM.....

FORM NO.....

RECEIPT				ISSUE								
Date of receipt	Challan		Number received	Date of issue	Challan		To whom issued	No. of forms issued	Balance	Initials of record keeper	Initials of BM	Remarks
	No.	Date			No.	Date						

ESIC-120

ANNEXURE II
(See paragraph 1.10 & 1.55)

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

CHALLAN FOR BLANK FORMS

The undermentioned forms are sent herewith. Please return the duplicate copy of this challan duly received by you.

S. No.	Particulars	Quantity	Remarks

MANAGER

TO

M/s. _____

Certified that the above forms have been received in order

SIGNATURE _____
DESIGNATION _____
ADDRESS _____

CODE NO. _____

DATE _____

LETTER NO. 1

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Date: _____

To

Sub.: Late submission of declaration forms.

Dear Sir/s,

Kindly refer to the declaration forms sent by you in respect of your employees under instalment No. _____ dated _____. It is observed that forms in respect of some/all of the employees have been sent much after the time-limit laid down in Regulation 14 read with Regulation 11/12 of the Employees' State Insurance (General) Regulations, 1950, according to which the declaration forms are required to be sent to the Branch Office on or before the 10th day following the date on which the persons concerned are taken into employment. Delays in submission of declaration forms upset the whole timetable for printing and distribution of various documents including the identity card, the medical record envelope etc., and it causes unnecessary inconvenience to the insured persons and their families. I have, therefore, to request you to ensure that the declaration forms in respect of the persons taken into employment by you from time to time are sent to this office within the time-limit laid down in Regulation 14 referred to above. I need hardly add that failure to do so will amount to contravention of the provisions of the Act and Regulations for the purpose of Section 85.

Yours faithfully,

MANAGER

LETTER No. 2

UNDER CERTIFICATE OF POSTING
BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Dated _____

To

Shri _____
Managing Director/Manager,

Sub: Late submission of declaration forms.

Dear Sir/s,

Please refer to the declaration forms sent by you in respect of your employees under Instalment No. _____ dated _____. I regret to say that in spite of the requests of this office for timely submission of the declaration forms, these are still being submitted to this office much after the time limit laid down in Regulation 14 of the E. S. I. (General) Regulations, 1950.

In this connection, I have to invite your attention to this office letters of even No. dated _____ and _____ under which the delay in submission of declaration forms had been brought to your notice. This office will be left with no alternative but to resort to the unpleasant duty of recommending legal action against you under Section 85 of the E. S. I. Act in case such delays continue hereafter. I hope you will kindly spare this office from taking the action by ensuring timely submission of the declaration forms.

Yours faithfully,

MANAGER

LETTER No. 3
UNDER CERTIFICATE OF POSTING

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Dated _____

To

Sub: Late submission of declaration forms

Dear Sir/s,

It is very much regretted that in spite of repeated requests from this office *vide* letters No. _____ Dated _____ you have not so far submitted declaration forms at all/failed to submit declaration forms within the time limit prescribed under Regulation 14 read with Regulation 11/12 of the E. S. I. (General) Regulations, 1950 according to which these forms are required to be sent to this office on or before the 10th day following the date on which the persons concerned are taken into employment.

A few instances of late submission of declaration forms are given below:-

S. No.	Ins. No. of the IP	Date of entry	Date of submission of the declaration form	Remarks
--------	--------------------	---------------	--	---------

- 1.
- 2.
- 3.
- 4.
- 5.

It may please be noted that if this breach is committed in future, I shall recommend your prosecution under Section 85 of the Act to the Regional Office.

I hope you will pay heed to my request in your own interest and ensure timely compliance in this respect.

Yours faithfully,

MANAGER

LETTER No. 4

REGIONAL OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Dated _____

Show Cause Notice

From

The Regional Director,

To

**Sub: Submission of declaration forms as required under Regulation 14 of the
ESI (General) Regulations, 1950.**

Dear Sir/s,

It has been reported by the Manager, Branch Officethat in spite of his repeated requests vide his letters No.....dated.....you have failed to comply with the provisions of Regulation 14 of the Employees' State Insurance (General) Regulations, 1950 regarding the submission of declaration forms in respect of all of your/the following employees: -

S. No.	Ins. No. of the IP	Date of entry	Date of submission of the declaration form	Remarks
--------	--------------------	---------------	--	---------

- 1.
- 2.
- 3.
- 4.
- 5.

Failure to comply with the provisions of the Employees' State Insurance Act and Regulations made thereunder is an offence punishable under Section 85 thereof. I am, therefore, to call upon you to show cause within 10 days from the date of this letter why you, as one of the principal employers of the factory/establishment should not be prosecuted for committing breach of Regulation 14 of the Employees' State Insurance (General) Regulations in not sending the declaration forms in respect of your/the above employees within the time limit prescribed thereunder.

Yours faithfully,

For REGIONAL DIRECTOR

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Dated: _____

To

Sub.: Correction of declaration forms found defective.

Dear Sir/s,

Please refer to the return of declaration forms submitted by you under your letter No.....dated..... I enclose herewith the declaration forms listed below, which have been found defective, for your correction. In column 4 of this list nature of the defect has been indicated with reference to the list of standard defects endorsed overleaf. This list also includes declaration forms which, though mentioned on the R. D. F. have been found missing. Kindly return the defective forms duly corrected as well as those shown in this list as missing, alongwith a separate return of declaration forms in duplicate:

S. No.	Name of employee	Serial no. on return of declaration forms	Reference to the defects detailed overleaf
1	2	3	4

Yours faithfully,

MANAGER

Enclosures:

LIST OF DEFECTS REFERRED TO ON REVERSE.

1. The name of employee is not legible. Please re-write legibly in block letters.
2. Surname has not been indicated.
3. Sex has not been indicated.
4. Marital status has not been indicated
5. Father's or husband's name is not indicated
6. Father's or husband's name is not legible.
7. Age/Date of birth has not been indicated.
8. Age is not legible. Please re-write clearly.
9. There seems to be a discrepancy about the year of birth, please verify and give the correct date and year of birth.
10. Present residential address is not given in full.
11. Present residential address is not written legibly.
12. Permanent home address is not given in full.
13. Permanent home address is not written legibly.
14. Choice of dispensary is not given.
15. Name of nominee under Section 71/Rule 56(2) of the ESI (Central) Rules, 1950 has not been given.
16. The name, address and father's/husband's name of nominee has not been given correctly.
17. The form has not been signed by the employee.
18. The form has not been countersigned by the employer.
19. The form has to be re-written clearly and submitted afresh.
20. Department of factory is not indicated.
21. The actual date of entry into insurable employment has been left blank.
22. Photograph is not attached/defective/is antiquated.

BRANCH OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION

Index Sheet

Month		Branch Office					
S. No.	Name of the insured person	Father's name	Ins. No.	Code No. of employer	Date of entry	Name of dispy. opted	Remarks
1	2	3	4	5	6	7	8

EMPLOYEES' STATE INSURANCE CORPORATION

Medical Record – Family Members

Ins. No.		Employer's code No.	
Name of IP		Year of birth	
Branch Office		Date of entry	
Present address		Dispensary/IMP	
		Identification mark	

Name of the family member	Relationship with the IP	Date of birth	Identification Mark	Remarks/date and cause of exit/death
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

The Doctor should see that the particulars on the front are properly filled in

Date	*	Clinical notes	Diagnosis	Group no.

*This column has been provided for Doctors to enter A, N or C at the their discretion

This record is the property of ESI Corporation

BRANCH OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION

No. _____

Dated: _____

To

M/s. _____

Dear Sirs,

I am forwarding herewith identity cards and permanent acceptance cards in respect of the following insurance numbers with the request that these may please be distributed only to those employees who have rendered 3 months' service and, where there is a break in service, to those employees who have put in 3 months' service in aggregate excluding the periods of break in service. Before handing over the Identity Cards, signature/thumb impression of the insured person may invariably be obtained in the space provided for the purpose on the card.

Insurance Number		Net no. of identity cards and permanent acceptance cards	Remarks
From	To		

I have also to request you to return immediately the identity cards and permanent acceptance cards in respect of all those persons who have left your service before the expiry of 3 months' service in aggregate from the date of appointment.

Yours faithfully,

MANAGER

- Note:
1. In case of service system, the words permanent acceptance cards should be scored out.
 2. This form will be used in case of new entrants only.

BRANCH OFFICE.....
EMPLOYEES' STATE INSURANCE CORPORATION

To

The Administrative Medical Officer,
Insurance Medical Officer,
ESI Dispensary.

Sir,

The following documents are sent herewith. Please return the duplicate copy of the challan duly received.

Nature of document	Nos. (With Ins. Nos.)	Remarks
--------------------	--------------------------	---------

MANAGER

Certified that the above documents have been received in order/and the following discrepancies have been noticed:

Date: _____

Signature _____

Designation _____

Stamp _____

(To be printed on yellow paper in black ink on the specifications of paper and size as of present T. I. C. attached to declaration forms)

ONLY FOR FAMILY MEMBERS NOT RESIDING WITH INSURED PERSON

**EMPLOYEES' STATE INSURANCE CORPORATION
TEMPORARY IDENTIFICATION CERTIFICATE
(Valid for 3 months from the date of appointment)**

Insurance No. _____

Name of insured person _____
Dispensary _____

Particulars of members of family:				
Serial No.	Name	Date of birth	Relationship with insured person	Whether residing with him/her or not

Name, address and Code No. of the employer _____
Branch Office _____
Dispensary for family _____
Date of appointment _____

**SIGNATURE OR THUMB IMPRESSION OF
THE INSURED PERSON**

RECEIPT OF THE FAMILY IDENTITY CARD.

Received the family identity card bearing Insurance No.....

SIGNATURE OR THUMB IMPRESSION OF INSURED PERSON

OPTION FORM FOR REGISTERING MEMBERS OF THE FAMILY FOR AVAILING
MEDICAL BENEFIT FROM ESI DISPENSARY/IMP SITUATED IN OTHER STATE

I _____ (Name of the IP) S./W/D/O _____ Ins. No. _____ resident of _____ hereby declare that the following members of my family are residing at _____ in _____ State.

They may be allowed to avail medical care from nearby ESI Dispensary/IMP at _____ (complete address) till further notice. The address of the Branch Office in whose jurisdiction the above said residence falls is _____.

I understand that once above option is made, these family members shall receive medical care only from above ESI Dispensary/IMP till the option is changed subject to entitlement.

PARTICULARS OF FAMILY MEMBERS				
SL. NO.	NAME	DATE OF BIRTH	RELATIONSHIP	REMARKS, IF ANY
1				
2				
3				
4				
5				

Two copies of my family photographs are enclosed.

Date:

Signature _____

Place:

Countersigned (By employer)

(_____)

M/s _____

BRANCH OFFICE
ESI CORPORATION

No.

Dated:

To

The IMO
ESI Dispensary

The IMP

Subject :- Registration of IPs/Family members who reside in other states for availing medical benefit.

Sir,

The following IPs have informed that their families are residing at (complete address) _____ in (State) _____, which falls under your jurisdiction. You are requested to register them with your Dispensary and provide them necessary medical benefit if otherwise entitled. MRCs in these cases may be prepared as and when the family member reports for taking treatment. Entitlement status may please be checked in each benefit period.

Sl. No.	Name of the IP	Ins. No.	Name of the family members	Date of Birth	Relationship	remarks
1	2	3	4	5	6	7

Yours faithfully,

MANAGER

Copy for information and necessary action to:

- 1) Branch Office in opted State _____
- 2) Regional Office, ESI Corporation _____
(Region of opted ESI Dispensary/IMP)
- 3) Regional Office, ESI Corporation _____
(Region of the Branch Office sending above letter)

BRANCH OFFICE
ESI CORPORATION

(To be sent before commencement of benefit period)

No.

Dated:

To

The IMO
ESI Dispensary

Dr. _____
I.M.P., ESI Scheme

Subject :- Entitlement for Medical Benefit under the ESI scheme – Live lists for the benefit period.

Sir,

The families of the following IPs who have opted for medical benefit for their families through your dispensary/clinic, are entitled to medical benefit for the period commencing from _____ to _____. It is requested that medical benefit may be made available to their family members w.e.f. aforesaid date unless otherwise notified.

Name	Ins. No.	Name	Ins. No.

MRE/MRC, if not prepared already may be prepared and kept in regular run.

Yours faithfully,

MANAGER

Copy for information and necessary action to:

- 1) Branch Office in opted State _____
- 2) Regional Office, ESI Corporation _____
(Region of opted ESI Dispensary/IMP)
- 3) Regional Office, ESI Corporation _____
(Region of the Branch Office sending above letter)

BRANCH OFFICE.....
EMPBOYEES' STATE INSURANCE CORPORATION

No. _____

Dated: _____

To

M/s. _____

Ref.: Shri _____
Ins. No. _____

Dear Sirs,

With reference to your letter no.....dated..... I have to inform you that the above mentioned insured person has been allotted Ins. No.....earlier/later, while he was in employment of M/s..... He should have brought this fact to your notice at the time of taking employment with you and a fresh declaration form should not have been filled up in respect of him. The insured person may kindly be warned to be careful in future in regard to double registration.

You may continue to use the Ins. No..... for all purposes in future. Contributions if any, paid on cancelled Ins. No. are being adjusted on the retained Ins. No..... In case the insured person is in possession of the identity card of cancelled insurance number, the same may please be collected from him and returned to this office for cancellation.

Yours faithfully,

MANAGER

Copy to:

1. Regional Office for information and –
 - (i) intimation to AMO for ascertaining the amount of capitation fee paid/payable and intimating the same to this office so that the same could be recovered from this insured person, and cancelling index card with Ins. No.....
 - (ii) cancellation of Ins. No..... from ESIC-38 register maintained at Regional Office.
2. The Manager, Branch Office, with a request to please transfer ledger sheet of the Ins. No.....to this office so that the amount of double payment, if any received by this I. P. may be recovered from him.

Definition of Disabilities as per the Persons with Disabilities (Equal Opportunities, protection of Rights And Full Participation) Act, 1995

1. "Disability" means-
 - (i) blindness;
 - (ii) low vision;
 - (iii) leprosy-cured;
 - (iv) hearing impairment;
 - (v) loco motor disability;
 - (vi) mental retardation;
 - (vii) mental illness;
2. "Person with Disability" means a person suffering from not less than forty per cent of any disability as certified by a medical authority.
3. "Blindness" refers to a condition where a person suffers from any of the following conditions, namely:-
 - (i) total absence of sight; or
 - (ii) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
 - (iii) limitation of the field of vision subtending an angle of 20 degree or worse;
4. "Person with Low Vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;
5. "Leprosy Cured Person" means any person who has been cured of leprosy but is suffering from-
 - (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
 - (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
 - (iii) Extreme physical deformity as well as advanced age which prevent him from undertaking any gainful occupation,and the expression "leprosy cured" shall be construed accordingly;
6. "Hearing Impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;
7. "Loco motor Disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;
8. "Cerebral Palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development;
9. "Mental Retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence;
10. "Mental Illness" means any mental disorder other than mental retardation;

Definition of disabilities as per National Trust for the Welfare of Persons With Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999

1. "Person with Disability" means a person suffering from any of the conditions relating to autism, Cerebral Palsy, Mental Retardation or a combination of any two or more of such conditions and includes a person suffering from severe multiple disability;

2. "Autism" means a condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behaviour ;
3. "Cerebral Palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the prenatal, perinatal or infant period of development;
4. "Mental Retardation" means a condition of arrested or incomplete development of mind of person, which is specially characterized by sub-normality of intelligence;
5. "Multiple Disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995;
6. "Severe Disability" means disability with eighty per cent or more of one or more of Multiple Disabilities;

STANDARD FORMAT OF THE DISABILITY CERTIFICATES AS PRESCRIBED IN THE
GUIDELINES FOR EVALUATION OF VARIOUS DISABILITIES AND PROCEDURE FOR
CERTIFICATION-NOTIFIED VIDE GAZETTE NOTIFICATION NO.16-18/97-NI.-I.
DATED 1ST JUNE, 2001

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE

Certificate No.
Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum/Wife/Daughter of Shri _____
Age _____ old male/female, Registration No. _____ is a case of physically
disabled/visual disabled/speech & hearing disabled and has _____% (_____)
permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to
his/her _____.

Note:-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve.*
2. Re-assessment is not recommended/is recommended after a period of _____ months/years.

* Strike out which is not applicable.

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Signature/Thumb impression
Of the patient

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

Recent Attested Photograph
Showing the disability affixed here.

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Smt./Kum _____ Son/Daughter
of _____ of _____ Town/City _____
_____ with particulars given below:-

- a) Age
- b) Sex
- c) Signature/Thumb impression

CATEGORISATION OF MENTAL RETARDATION

Mild/Moderate/Severe/Profound
Validity of the Certificate: Permanent

Signature of the Government
Doctor/Hospital with seal
Chairperson Mental Retardation
Certification Board

Recent Attested Photograph
Showing the disability affixed here.

Dated:

Place: