



ESIC – Employer Registration

User Manual

Version 1.0

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1 INTRODUCTION

1.1 Objective

The objective of this document is to provide sufficient information to the user so that he /she can access the application and understand the flow of the application with ease. This manual will provide the details of the available functionalities in the system and how to use them.

1.2 Scope

The scope of this document is to explain the functionalities related to Employer Registration Process so that the user can understand and work with ease.

1.3 Intended Audience

This manual is meant for ESIC personnel working at HO/RO/SRO/BO and the Employers who are covered under the ESIC Scheme. It is expected that the users of the manual possess the knowledge of the actual functions that they perform. This manual only provides the guidelines of how to use the system to perform those functions, but not define/prescribe the functions themselves.

1.4 Conventions Used

Some or all of the following format elements are used in this book to distinguish elements of text: All **Bold** text describes

- Actions performed within the system.
- Any information should be entered by the user, say 'User Name' and 'Password'
- Names of keys, buttons or other screen elements are shown on bold type, for example, Click on 'Submit', 'Save'.

Apart from this some other notifications are being used as described below -

2 Note	Provides information that emphasizes or supplements important points
	of the main text.
Important Note	Provides information essential to the completion of the task.
J Tip	Provides information that helps you apply the techniques or procedures
	described in the text to your specific need.
MCaution	Advises you that failure to take or avoid a specified action could result
	in loss of data.
N Warning	Advises you that failure to take or avoid a specified action could result in physical harm to you or the application or your hardware.

2 ABOUT EMPLOYER REGISTRATION

2.1 Introduction

Employer registration is the first step towards insuring employees coverable under ESIC.

As per ESIC, registration of a factory/establishment with the Employees' State Insurance Corporation is a statutory responsibility of the Employer under Section 2 -A of the Act read with Regulation 10-B. The Employer, in respect of a factory/establishment to which the Act applies for the first time, is liable to furnish to the appropriate Regio nal Office details within 15 days after the





Act becomes applicable, a declaration of registration in Form 01 (Employers' Registration Form). This is obligatory on part of the Employer.

2.2 Purpose

The main purpose of this module is as follows:

Employer registration by himself
Employer registration by ESIC official
Submission of employer initiated change request
Annual Info return submission by employer
Sub unit registration by employer
Changing employer status by ESIC offi cial
Lock for disabling employer registration
Moving a district from one region to another
Sub unit registration by ESIC official
Cancellation of employer code
Display sub unit details for employer
Display sub unit details for ESIC official
Display employer details for ESIC official
Display EMR for ESIC official
Display Code allotment register for ESIC official

3 LOGIN SCREEN

3.1 Login for the first time

Open the application. Click Sign-Up. Enter the user name and password and click the Login button as shown in the below screen.

3.1.1 Login as Employer

When employer Logins





		Employee	s' State I	Insurance Cor	poration		Welcome
Home	About us 🔻	Write to us 🔹	Acts	• ESI Schemes •	IP Registration	Recruitment	Tender
Q			Chinto	. se Mukti !!	Login Password Login as	e dev246 Employer Continues ESIC Service	Login Login Login ine Application conline
Welcome to Employees Sta innovation, ESI h 700 EB systems a energy curing sys solutions. Import • 2005 ESI int use in new p small scale p	Employees' States the Insurance Corp as continued to drive and thousands of UV stems, and remains ta ant milestones in our roduces a smaller a roduct and process roduction. <u>Read Mon</u>	ate Insurance Co coration, through mo down the cost of alt systems installed wo he only fully integrat history are given be and lower cost high v developement. They	rporation re than thirty y ernatives to the rldwide, ESI is t ed company the low: roltage Electron can further be	rears of changes and rmalprocessing. With ov the acknowledged leade at provides both EB and Beam system designe used for pilot purposes	er r in UV 6 for and ESIC starts n Medical schem The Hon' Dire	rents 25.05.200 aw "Pensioner's Medi that's one of it's ki ne such scheme has ctor General"	Search al Scheme. This is a d. This is first time been implemented. Read More

3.1.2 Login as ESIC Official



If the user types his username or password incorrectly, t he system will give a message and will not allow to login.







/* the login section has to be modified */

4 Login Landing Page

4.1 Login Landing page for Employer

On successful Login by Employer this page is loaded. This landing page includes the sections -

- Registrations
- Updations
- Declarations
- Contributions
- Verifications
- Miscellaneous





				Hindi English
and the second second	Employees' S	State Insurance Corpo	ration	Welcome, test
Home About u	s 🔻 Write to us 🔻	Acts v ESI Schemes v II	P Registration Recruitment	Tender
Employer - IP Registration			a	News & Events
Registrations	Updation	Declarations	ESIC	25.05.2009 tarts new "Pensioner's
Register with ESIC	Update Accident details	IP Declaration	Medi Medica ita ki	cal Scheme. This is a I scheme that's one of I this is first time in
Register your Employees	Update IP Family Details	Annual Returns	India th	at one such scheme
List OF Declaration			5010 -	24.05.2009
			ESIC d	Check up Camp
Contributions	Verification	Miscelleneous		Read More
Monthly Contribution	Abstention Verification	Report Grievances	D Pul	blications
Suppliament Contribution		Track Grievance Status	- A - ES - D - I - I - E - E - E - ES	inual Newsletter il Samachar ownloads(User Forms) nportant Circulars e Check up Report exruitment Report iIC Annual Budget
			🔊 Re	ated Links
			🔊 Us	atul Information

Registration includes the Links -

- Register with ESIC
- Register your Employees
- List of Declaration.

On clicking the "Register with ESIC" link, it navigates to Employer Main Screen.

4.1.1 Employer Main Screen

On clicking the "Register with ESIC" link, it navigates to Employer Main Screen. If its first time Login then, only the Link "Registration of New Unit" will be enabled.





ESIC Employees' State In	surance Corporation	Ins	urance
User Login: dev246		Mon 28 Dec 2009, 11:46:39 AM	🙆 🕗 🔍 🗁
	Employer Main Screen		
	Registration Of New Unit		
	Employee Registration		
	Annual Information Return		
	Registration of New Sub Unit		
	Employer Initiated Request for Change		
	Edit Employee Details		
	Edit Employees' Family Details		
	Edit Employees' Nominee Details		
	Pending IP Registrations		
	Print Counter Foil		
	List of Employees		
	View Registered SubUnits		
	View SubUnits		
	Change Employer Status		
	Form 12		
	Eorm 6		

4.1.2 Type of Unit

On clicking on "Registration of New Unit" link, it navigates to "type_of_unit.aspx". This page has the provision to select the type of unit as "Factory with Power" or "Factory without Power" or "Shop/Establishment".

ESIC Employees' State Insurance Corporation	Ins	urance
r Legin: dev247	Mon 28 Dec 2009, 3:34:53 PM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
sgistration Employer Registration		
mployer Registration		* Required Fields
Type of Unit :* Factory with Power 🗸		

After selecting the type of unit, Employer has to click on Submit but ton.

4.1.3 Employer Registration

On Submit button click after selecting the type of unit, the Form01 for Employer Registration will be displayed. This Screen includes 4 tabs.

- Unit Details
- Employer Details





- Fact/Estt Details
- Employee Details

4.1.3.1 Unit Details

On clicking the first tab- "Unit Details", Screen with first part of Form 01 will be loaded. In this Screen employer has to enter the unit details such as Name of Factory/ Establishment, Address of Factory/ Establishment.

View1:

ESI Empl	C oyees' State Insurance Corporation	Insurance	
User Login: dev247			Mon 28 Dec 2009, 3:36:09 PM 🛛 🏠 🔞 🔍 📸
			Unit Details Employer Details Fact/Estt Details Employee Details
Employer Registratio	n - Form 01		* Required Fields
1. Name of the* 💿 F	actory OEstablishment		
2. Complete Postal A	ddress of the Factory / Establishment:		
Address 1:*		Pin Code:*	
Address 2:		Phone No.:	
Address 3:		Mobile No.:	91 .
State:*	Please Select	Fax No.:	
District:*	Please Select 💙	Email:	
3. Police Station:*			
4. Name of			
⊙ Town ○ Revenue Village		 Municipality ○ Ward 	
⊙ Taluk ○ Tahsil		Hudbast No Revenue Demarcation	
5.(a) Whether the Bu	Iding / Premises of Fact / Estt. is Owned or Hired:*	💿 Owned 🔘 Hired	
5.(b) If Hired or There	e is a Change in the Name of Unit / Ownership, Pleas	e Indicate Below*	

View2:





1. Ilame of the*	actory O Establishment		
2. Complete Postal A	Address of the Factory / Establishment:		
Address 1:*		Pin Code:*	
Address 2:		Phone No.:	
Address 3:		Mobile No.:	91 .
State:*	Please Select	Fax No.:	· .
District:*	Please Select 💌	Email:	
3. Police Station:*			
4. Hame of			
⊙ Town ○ Revenue Village		 Municipality Ward 	
⊙ Taluk ○ Tahsil		 Hudbast No Revenue Demarcation 	
5.(a) Whether the Bu	ilding / Premises of Fact / Estt. is Owned or Hired:*	💿 Owned 🔘 Hired	
5.(b) If Hired or Ther	e is a Change in the Name of Unit / Ownership, Please Indicate Below ^x		
5.(b)(i) ESI Code IIo. I	f Covered Earlier:	O Yes ⊙ No	
5.(b)(ii) Date from WI	nich Earlier Fact/Estt. Closed Down:		
5.(c) Terms and Con Agreement/Relevant	ditions Under Which Property Acquired/Taken on Lease (Enclose Copy Deed):	of	Browse Upload
	Save Submit	Clear Cancel	

2 **Note:** The next tab can be selected only after entering the mandatory fields in the current tab. For e.g. "Employer Details" can be selected only after entering all the mandatory details under Unit Details tab. This is applicable for all the 4 tab s.

If the user clicks on second tab without entering the mandatory fields in the first tab, user will get the screen with validation errors as in below figure.

(ESIC Emple	C byees' State Insur	ance (Corporation			Insur	a n c e
Us	er Login: dev247					Tue 29 Dec 2009, 4:55:5	1 PM	🕯 🛛 🔍 🗁
					Un	it Details Employer Details	Fact/Estt Detail	s Employee Details
	Employer Registration	n - Form 01						* Required Fields
	1. Name of the ^x OFa	actory	Establi	ishment		Please ente	r name of Fac	tory /
	2. Complete Postal A	ddress of the Factory /	Establis	shment:				
	Address 1:*	311001 #120			Pin Code:*	682503		
	Address 2:				Phone No.:	· .		
	Address 3:				Mobile No.:	91 -		
	State:*	Kerala	~		Fax No.:	·		
	District:*	Ernakulam	*		Email:			
	3. Police Station:*			Please Enter Nearest Police Station				
	4. Name of Town Revenue Village				⊙ Municipality ○ Ward			
	⊙ Taluk ○ Tahsil				 Hudbast No Revenue Demarcation 			
	5.(a) Whether the Bui	lding / Premises of Fac	t / Estt. i	is Owned or Hired:*	💿 Owned 🔘 Hired			





4.1.3.2 Employer Details

On clicking the second tab- "Employer Details", Screen with second p art of Form 01 will be loaded. In this page the bank account details, Nature of work, license details etc have to be entered.

E	ESIC Employees' Sta	ate Insurance Cor	poration						Inst	urance
r Login: dev2	246						Tue 2	9 Dec 2009, 10:4	0:27 AM	🙆 🙆 Q 🗄
							Unit Details	Employer Detai	s Fact/Estt [Details Employee Deta
mployer Regis	stration - Form 01									* Required Fields
6. All Operation	nal Bank Accounts I	leed to be Listed Belo	N							
Select*		Account No*	i i i i i i i i i i i i i i i i i i i		Name of Ban	k*		Nam	e of the Bra	nch*
					PE IOUE]					
				ADD ROWS	REMOVE	7 (b) Inco	mo Tavi			
7.(a)*						(D) Inco	me rax"			
O Income Ta	x PAN No.					Ocient				
💿 GIR No							e			
				0.0		Area				
8. Is MultiNation	nar ^z	and Constant Const		Ves 🤆	No No					
8.(a) Exact Natu	re of Work / Busine	ss Carried On:*		Please	Select			*		
8.(b) Category:		de la inclusion de la company		P	iease Select			•		
8(c). Whether ti been declared 1948, read with	ne process or actin as "hazardous pro i Schedule I of the s	nty being carried out in cess as per sec. 2 (cb) said Act?*	of the Factories A	ct, 🔿 Yes 🤆	No					
9. Date of Com	mencement of Fact	tory / Estt:*								
10.(a) Whether	Registered Under									
Factories	O Shop & Estt 🔘	Other Ollone								
10.(b)Select the	e Licence and Enter	r the Details Below*		Please	Select	~				
7.(a)* O Income Ta: O GIR No	x PAN No.					Ward Oricle Area	e			
8. Is Multillation	nal*			O Y 6) No.	0				
8.(a) Exact Natu	re of Work / Busine	ess Carried On:*		Please	Please Select					
8.(b) Category:				P	Please Select					
8(c). Whether the the second s	he process or activ as "hazardous pro	/ity being carried out in cess as per sec. 2 (cb)	your factory has of the Factories A	ct, OYes @	• O Yes O No					
9. Date of Com	mencement of Fac	tory / Estt:*								
10.(a) Whether	Registered Under									
• Factories	◯ Shop & Estt ◯	Other Ollone								
10.(b)Select the	e Licence and Ente	r the Details Below*		Please	Select	~				
								Licensing		
License No:*				Date:*				Authority:*		
10.(c) Please Gi	ive Which Ever App	licable								
a		Tax No.				Date	1		Issuing Au	ithority
Commercial										
State Sales:										
Central										
Sales:								Γ		
Sales: Any Other:										
Sales: Any Other: (10.(d) Maximun	n No. of Persons Ti	hat Can be Employed o	n Any One Day, as j	per License:						
Sales: Any Other: 10.(d) Maximun	n No. of Persons Ti	hat Can be Employed o	n Any One Day, as j	er License:						
Sales: Any Other: (10.(d) Maximun	n No. of Persons Ti	hat Can be Employed o	n Any One Day, as p	submit	Clear	Cancel				





Only after entering the entire details (at least mandatory fields) user is allowed to go to next tab - "Fact/Estt Details"

4.1.3.3 Factory/Establishment Details

ESIC Employees' State Insurance Corporation	Insurance					
User Login: dev246	Tue 29 Dec 2009, 10:47:25 AM 🛛 🏠 👰 🔍 🖹					
	Unit Details Employer Details Fact/Estt Details Employee Deta					
Employer Registration - Form 01	* Required Fields					
11.(a) If Power is Used for Manufacturing Process as per Section-2(k) of the Factory Act,Enter the Date Since When: 11.(b) In Case of Factory Whether Licensed Issued Under Section 2(m)(ii) or 2(m)(iii) of the Factories Act,1948:						
11.(c) Power Connection IIo.: Sanctioned Power Load:	Authority:					
12.(a) Constitution of Ownership:*	Please Select V					
12.(b) Give Name/Father's Name/Age and Present & Permanent residential address of:*	Click Here to Enter Details					
12.(c) Hame, Fathers Hame, Age, Present and Permanent Address of the Manager Declared Under the Factories Act:*	Click Here to Enter Details					
13. Address, Ilo of Employees and Person Responsible for Day to Day Funtioning of Head Office/Registered Office/Branch Office/Sales Office/Administrative Office/Others:*						
Save Submit Clear Cancel						
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In this Screen 3 links are provided named "Click Here to Enter Details". Click on the link. A new window will be opened and enter the details accordingly.

4.1.3.3.1 Link1 is to enter personal details like father's name, age, designation, address of the employer

matte	A CONTRACTOR	ES Emp	IC ployees' State Insurance Corpo	oration				In	sura
User	Login:	dev247					Tue 29	Dec 2009, 5:19:02 PM	6
N	ame, A	ge, Present	& Permanent Address						
	Select To Delete	Principal Employer*	Select*	Name*	Age*	Designation*	Father's Name*	Add	ress*
								Present	Per
		۲	Please Select						
				Add Rows	Delete	Save Clo	se		

4.1.3.3.2 Link2 is to enter the details of the manager





Name_Age_Addres	ss_Manager - Microsoft Inte	rnet Explorer pro	ovided by Wipro 7	lechnologies		- 7
jile Edit View Favo	orites <u>T</u> ools <u>H</u> elp	A				
Back • 🕑 •	🞽 💈 🎧 🎾 Search	🎌 Favorites - 🎸	3 🖉 🧟 🛙	z · 📙 🖏 🧔		
ddress 🥙 http://10.222	2.2.250/Esici_v20/Employer/Name_	_Age_Address_Manag	er.aspx			Go Links
ESI Emp	IC loyees' State Insurance	Corporation			Ins	surance
Jser Login: dev247					Wed 30 Dec 2009, 10:28:29 AM	🟠 🛛 🔍 🗁
Name, Age, Present	& Permanent Address of Mar	nager				* Required Fields
Select To Delete	Name*	Age*	Designation*	Father's Name*	Address*	
					Present	Permanent
					~	
		Add Row	/s Delete	Save Close		
SCLAIMER: Content own	ed, maintained and updated by Em	ployee's State Insuran	ce Corporation. Copyri	ght © 2009, ESIC, India. All Rights	Reserved. Best viewed in 1024 x 768 pix	els, Designed and Developed

4.1.3.3.3 Link3 is to enter the No. of employees and particulars of person responsible for the day to day functioning of the office.





🗿 employer_regn_addresses_popup - Microsoft Internet Explorer provided by \	Wipro Technologies				
Eile Edit View Favorites Tools Help					<u></u>
🜀 Back 🔹 🕥 👻 😰 🏠 🔎 Search 🤺 Favorites 🤣 🔗 - 븛	🕞 • 🧾 🎎 🔓	3			
Address 🕘 http://10.222.2.250/Esici_v20/Employer/employer_regn_addresses_popup.aspx					🖌 🔁 Go 🛛 Links 🎽
ESIC Employees' State Insurance Corporation				Insui	° a n c e
User Login:			Wed 30 Dec 200	09, 9:30:20 AM	🔄 📀 🔍 🗁
Address / No. of Employees Attached / Responsible Person Darticulars					* Required Fields
					Nequired Fields
Select to Remove	Discos Colort				
Address, no of Employees and Person Responsible for Day to Day Functioning OT:	Please Select	v			
Address tit			Pin Code:*		
Address 2:			Phone No.:		
Address 3:		_	Mobile No.:	91 .	
State:"	Please Select	~	Fax No.:		
District:*	Please Select	~	Email:		
Person Responsible For Day to Day Functioning of the Office:*			No. of Employees:*		
Add Row	Delete		1		
Save					
	CIOSE				
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Cop by Wi	iyright©2009, ESIC, India. A ipro LTD.	All Righ	ts Reserved. Best viewed	in 1024 × 768 pixels, Des	igned and Developed
					~
Done				🔮 Ir	ternet

4.1.3.4 Employee Details

ESIC Employees' State Insurance Corporation			Insurance	
User Login: dev246		Tue 29 Dec 2009, 10:51	1:25 AM 👘 🙆 🔍 📸	
		Unit Details Employer Details	s Fact/Estt Details Employee Details	
Employer Registration - Form 01			* Required Fields	
14.(a) Whether any Work Business Carried Out Through:	Contractor Immediate Employer None	14.(b) Hature of Work/Business:		
15.(a) EPF Code No.:		15.(b) Issuing Authority :		
16. Ilo. of Employees Employed for Wages Directly and Through Immediate (Whether permanent or temporary manual/derical/supervisor, connected raw materials or distrubution or sale of product/service):"	e Employers on the Date of Application I with the administration or purchase of	Click Here to Enter Details	·	
17. Give First Date Since when 10/20**or More Coverable Employees under	ESI Act were employed for wages:*			
18. Total Wages Paid in the Preceding Month:		Click Here to Enter Details		
19.Employee Declaration Form:		Click Here to Enter Details		
20.(a) Branch Office :*	Please Select	20.(b) Inspection Division :*	Please Select	
I hereby declare that the statement given above is correct to the best Office/Sub-Regional Office, ESI Corporation as soon as such changes take	of my knowledge and belief. I also underta place.	ke to intimate changes, if any	r, promptly to the Regional	
Save	Submit Clear Cancel			
DISCLAIMER: Content owned, maintained and updated by Employee's State Insuran	ice Corporation, Copyright © 2009, ESIC, India, A Developed by Winto LTD	Il Rights Reserved. Best viewed in	1024×768 pixels, Designed and	





4.1.3.4.1 Link1 for entering No. of employees employed for wages directly and through immediate employers as on the date of application.

ESIC Employ) yees' State Insuran	ce Corporation			Ins	urance
Jser Login: dev247					Wed 30 Dec 2009, 10:31:02 AM	🔄 🙆 🍳 🚰
Total Number of employ	yees employed for wage	s directly and through im	mediate employer/contarc	tor Request		* Required Fields
As on date		Total No of Employees		No of emplo	oyees drawing wages Rs 10000)/- or less
	Male	Female	Total	Male	Female	Total
Employed directly by the principal employer						
Through immediate employer/contractor						
Total						
			Save Close			
ISCLAIMER: Content owned,	maintained and updated by I	Employee's State Insurance Co	rporation. Copyright © 2009, E Wipro LTD.	SIC, India. All Rights Reserve	l. Best viewed in 1024 x 768 pixels,	Designed and Developed by

4.1.3.4.2 Link2 for entering total wages paid in the preceding month

ESIC Employees' State Insurance Corporation		Ins	urance
er Login: dev247		Wed 30 Dec 2009, 10:32:27 AM	<u>ି</u> ଡ ସ୍ 🖻
Total wages paid in the preceding month			*Required Fields
	Total Wages	Wages paid to employees drawing wages	Rs 10000/- or less
To employees employed directly by the Principal Employer			
To employees employed through Immediate employer/Contractor			
Total	Save Close	·	

4.1.3.4.3 Link3 for attaching employees declaration forms.

On clicking this link it will get navigated to a page which asks whether the employee is already registered with ESIC. Also there is a provision for viewing the details .For this user can click on the link "Click here to view the details" on the page.

4.1.3.4.3.1 Track Registered Employees





ESIC Employees' S	State Insurance Corporation		Insu	rance
User Login: dev247		Wed 30 Dec 2009, 1	10:33:48 AM	🚹 😧 ९ 🖒
	Track Registered Employees			
	<u>Click here to view the details</u>			
DISCLAIMER: Content owned, maintain	ed and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights by Wipro LTD.	Reserved. Best viewed in 1	024×768 pixels, C	Pesigned and Developed

If the User clicks 'No' and Clicks "Continue" button then the Form -1 for the Employee Registration will be loaded.

4.1.3.4.3.1.1 Employee Registration

View1:

ESIC Employees' State Insurance Corporation										
User Login: dev247			Wed 30 Dec 2009, 11:05:27 AM	👌 🛛 🔍 🗁						
Employees Registration Form-1				* Required Fields						
Insured Person's Particulars				=						
Is IP Disabled:*	Yes 💿 No	Type of Disability:	NONE	~						
Select Certificate:	Browse	Upload								
Name :*		Name of*								
Date of Birth:*										
Marital Status:*	⊙ M ◯ U ◯ W	Sex:*	⊙ M							
Present Address										
Address 1:*		Pin Code:*								
Address 2:		Phone No.:								
Address 3:		Mobile No.:	91.							
State:*	Please Select 💙	Email:								
District:*	Please Select									
Copy Present Address to Per	manent Address									
Permanent Address										
Address 1:*		Pin Code:*								
Address 2:		Phone No.:	· .							
Address 3:		Mobile No.:	91.							
State:*	Please Select 💌	Email:		~						





Address 3:				Mobile No.:		91 -		
State:*	Please Select	*		Email:				
District:*	Please Select	*						
Dispensary Or IMP:	⊙ Dispensary ◯ IMP				Please Select	t 💌		
Current Employer's Particulars		,	_	In case of any Pr	evious employn	nent please fill up the de	tails below:	
Employer's Code No.:		Check		Employer's Cod	e No.:			
Date of Appointment:*				Previous Insura	nce No.:			
Name of the Employer:*				Name of the Em	ployer:*			
Address of the Employer				Address of the	Employer			
Address 1:*				Address 1:*				
Address 2:				Address 2:				
Address 3:				Address 3:				
State:*	Please Select	\sim		State:*		Please Select	~	
District:*	Please Select	~		District:*		Please Select	~	
Pin Code:*				Pin Code:*				
Email				Email				
Phone No.:	·			Phone No.:		·		
Mobile No.:	91 .			Mobile No.:		91 -		
Have Previous Employer:	🔿 Yes 💿 No							
Details of Nominee :					Enter Details Her	re		
Family Particulars of Insured Pe	rson:				Enter Details Her	re		
I Hereby Declare that the Stat	ement Given Above is Corr	ect to the B	est of My Knowle	dge and Belief. I A	llso Undertake t	to Intimate Changes.		
		Save	Submit	Reset	Cancel			

2 Note: Only if the declaration part is selected, the Submit button will be enabled.

In this page 2 links are there for entering the Nominee details and family particulars of Insured Person respectively.

4.1.3.4.3.1.1.1 Link1 to enter Nominee Details

ESIC Insur Employees' State Insurance Corporation										
User Login: dev247	7					Wed 30 Dec 2009, 11:21:05 AM	🚹 📀 🔍 📸			
Details of Nominee	u/s 71 of ESI Act 1948/Rule	e 56(2) of ESI (Central) Rules,	1950 for paym	ent of cash be	nefit in the	event of death	* Required Fields			
Name :*				Relation	iship with	Please Select 💌				
Percentage Alloted :*										
Address of Nomin	nee	_								
Address 1 :*				State :*		Please Select				
Address 2 :				District	:*	Please Select 💙				
Address 3 :]		Pincode	• :*					
Phone No. :	·			Mobile	No.:	91 .				
Select to Updat	te/Delete									
		Add More	Remove	Save	Close	_				
DISCLAIMER: Content of	wned, maintained and update	d by Employee's State Insurance C	orporation. Copyr	ight © 2009, ESI	C, India. All F	Rights Reserved. Best viewed in 1024 × 768 pixel	ls, Designed and Developed			





4.1.3.4.3.1.1.2 Link2 to enter the Family Particulars of the Insured Person

A DE LA DE L	ESIC Insurance Corporation										
User Login:	User Login: dev247 Wed 30 Deo 2009, 11:21:28 AM 🏠 🚱 🔍 📸										
Add Fai	nily Particulars Of Insur	ed Person - Form 1A					*Required Fields				
Select	*Name	*Date of Birth	*Relationship with the Employee	Whether residi	ing with him/her?	If No,State place	of residence				
				Yes	No	State	District				
			Please Select 💌	0	۲	Please Select 💙	Please Select 💌				
	Add More Save Close										
DISCLAIME	SCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation, Copyright 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 × 788 pixels, Designed and Develope										

4.1.3.4.3.1.2 Track Registration

If he clicks "Yes", one section will be displayed asking the Employee Id and Date of Appointment.

Employ	Employees' State Insurance Corporation			
User Login: dev247		Wed 30 Dec 2009, 11:22:10 AM 🏠 🔞 🔍 📑		
	Track Registered Employees			
	Close			

Only Employee id is mandatory .After entering the details click "Continue" button. Then the Form -1 Screen with the already registered details will be displayed.

View1:





ESIC Employees' State Insurance	Insurance					
User Login: dev247				Wed 30 Dec 2009, 11:28:15 AM	🙆 🛛 🔍 🗁	
Employees Registration Form-1					* Required Fields	
Insured Person's Particulars						
Is IP Disabled:	🔿 Yes 💿 No		Type of Disability:	Please Select	~	
Select Certificate:			Browse Upload			
Name :	NAME]	Name of father Husband	Father		
*Date of Birth :	03/12/2009					
Marital Status:*	M ○ U ○ W		Sex:*	⊙ M ○ F		
Present Address						
Address 1:*	Add1]	Pin Code:*	345555		
Address 2:			Phone No.:	· .		
Address 3:			Mobile No.:	91 -		
State:*	Andhra Pradesh	~	Email:			
District:*	Hyderabad	*				
Copy Present Address to Permanent Address						
Permanent Address						
Address 1:*	Add1]	Pin Code:*	345555		
Address 2:]	Phone No.:	· .		
Address 3:]	Mobile No.:	91 -		
State:*	Andhra Pradesh	*	Email:		6	

View2:

State:*	Andhra Pradesh 🗸		Email:]	
District:*	Hyderabad 🗸]			-	
Dispensary Or IMP:	O Dispensary O IMP		Please Select 💌			
Copy Present Address to Permanent Address:	⊖Yes ⊙No		I			
Current Employer's Particulars			In case of any Previous employment please fill up the details below:			
Employer's Code No.:	54001236650000202	Check	Employer's Code No.:]	
*Date of Appointment:	17/12/2009 📰		Previous Insurance No.:]	
*Name of the Employer:	Test 123		*Name of the Employer:]	
Address of the Employer			Address of the Employer			
*Address 1:	Harippad		*Address 1:]	
Address 2:			Address 2:]	
Address 3:			Address 3:]	
*State:	Andhra Pradesh 🗸 🗸		*State:	Please Select	~	
*District:	Guntur		*District:	Please Select	~	
*Pin Code:	456666		*Pin Code:]	
Email			Email]	
Phone No.:	·		Phone No.:	·		
Mobile No.:	91		Mobile No.:	91 -		
Have Previous Employer:	🔿 Yes 💿 No					
Details of Nominee :	Enter Details Here					
Family Particulars of Insured Person:	Enter Details Here					
I Hereby Declare that the Statement Given Abo	ve is Correct to the Best of My I	Knowledge a	and Belief. I Also Undertake to Inti	mate Changes.		
		Update				
		-				

2 Note: Only if the declaration part of Form-1 is selected, the Update button will be enabled.





	Tamirrada	Y	Email:		
strict:*	Ariyalur	~		_	
spensary Or IMP:	💿 Dispensary 🔘 IM	P	Please Select 💙		
opy Present Address to Permanent Address	: OYes 💿 No				
rrent Employer's Particulars			In case of any Previous emplo	yment please fill up the o	letails below:
nployer's Code No.:	52001000120000101	Check	Employer's Code No.:		
ate of Appointment:	02/12/	2009 📰	Previous Insurance No.:		
lame of the Employer:	M/S Factory without p	30VV6	*Name of the Employer:		
ddress of the Employer			Address of the Employer		
ddress 1:	S		*Address1:		
ddress 2:	S		Address 2:		
ddress 3:	D		Address 3:		
tate:	Tamil Nadu	~	*State:	Please Select	*
istrict:	Ariyalur	~	*District:	Please Select	~
in Code:	454	4346	*Pin Code:		
nail	AA@DFDF.CI		Email		
none No.:	64565 .	55454345	Phone No.:	· · · · · · · · · · · · · · · · · · ·	
obile No.:	91	3545454545	Mobile No.:	91 -	
ave Previous Employer:	🔿 Yes 💿 No				
etails of Nominee :	Enter Details Here				
mily Particulars of Insured Person:	Enter Details Here				
I Hereby Declare that the Statement Given A	bove is Correct to the Be	st of My Knowledge	e and Belief. I Also Undertake to In	timate Changes.	
		Update			

4.1.4 Employer Main Screen

After entering some data user can temporarily save the data by clicking the "Save" button. In the Next Login he will get the "Employer Main" page with the link "Continue Pending Registration" instead of "Registration of new unit" link enabled(Figure 4.1.4.a).

User Login:	dev248		Tue 29 Dec 2009, 10:10:47 AM	h 0 9 E
		Employer Main Screen		
		Continue Pending Registration		
		Employee Registration		
		Annual Information Return		
		Registration of New Sub Unit		
		Employer Initiated Request for Change		
		Edit Employee Details		
		Edit Employees' Family Details		
		Edit Employees' Nominee Details		
		Pending IP Registrations		
		Print Counter Foil		
		List of Employees		
		View Registered SubUnits		
		View SubUnits		
		Change Employer Status		
		Form 12		
		Form 6		
		Form 37		
		Task Details		
		Lock Registration		

Figure 4.1.4.a





On clicking on this link it will get navigated to the employer registration screen -Form01 with the previously saved data.

4.1.5 Continue Employer Registration

The under each tab the data entered so far will be displayed. Refer figure 4.1.5.a

an Login: dov/2/8				Wed 20 Dec 2000, 2:47:40 J	
er Login. devz40				wed so bed 2009, 3.47 .40 P	- M 🕐 🔨 🗹
	Farm 04			riit Details Enipioyer Details Pa	achesti Details Enipioyee Deta
Imployer Registration	- Form 01				* Required Fields
1 llame of the CEac	tony 💿 Fetablishment	sdaasd]
2. Complete Postal Ad	dress of the Factory / Establishmen	it:]
Address 1:*	address1		Pin Code:*	654323	
Address 2:			Phone No.:	·	
Address 3:			Mobile No.:	91 .	
State:*	Kerala 🔽		Fax No.:	· .	
District:*	Ernakulam 💌		Email:	yyy@gmail.com	
3. Police Station:*	Central police station				
4. Name of					
💿 Town			 Municipality 		-
O Revenue Village			🔿 Ward		
Taluk			• Hudbast No		
Taluk			Revenue		
			Demarcation		
5.(a) Whether the Build	ling / Premises of Fact / Estt. is Own	ned or Hired:*	💿 Owned 🔘 Hired		
5.(b) If Hired or There i	is a Change in the Name of Unit / Ow	nership, Please Indicate Below*			
5.(b)(i) ESI Code No. If (Covered Earlier:		○ Yes ⊙ No		
5.(b)(ii) Date from Whic	h Earlier Fact/Estt. Closed Down:				
		1771 I (7 I o			

Figure 4.1.5.a

He can then complete it and Click "Submit" button in the last tab for submitting the Form.





ESIC Employees' State Insurance Corporation			Insurance		
User Login: dev246		Wed 30 Dec 2009, 3:50	11 PM 👘 🙆 🔍 📸		
		Unit Details Employer Details	Fact/Estt Details Employee Details		
Employer Registration - Form 01			* Required Fields		
14.(a) Whether any Work/Business Carried Out Through:	 Contractor Immediate Employer None 	14.(b) Nature of Work/Business:			
15.(a) EPF Code IIo.:		15.(b) Issuing Authority :			
16. No. of Employees Employed for Wages Directly and Through Immediat (Whether permanent or temporary manual/clerical/supervisor, connected raw materials or distrubution or sale of product/service)."	e Employers on the Date of Application with the administration or purchase of	Click Here to Enter Details			
17. Give First Date Since when 10/20**or More Coverable Employees under	ESI Act were employed for wages:*				
18. Total Wages Paid in the Preceding Month:		Click Here to Enter Details			
19.Employee Declaration Form:		Click Here to Enter Details			
20.(a) Branch Office :*	20.(b) Inspection Division :*	Please Select 💌			
I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office/Sub-Regio					
Save	Submit Clear Cancel				
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurar	ice Corporation. Copyright⊚2009, ESIC, India. All Developed by Wipro LTD.	Rights Reserved. Best viewed in	1024×768 pixels, Designed and		

Figure 4.1.5.b

2 **Note:** Only if the declaration part in the last tab -"Employee Details" of Form -1 is selected, the Submit button will be enabled.

4.1.6 Registration Success Message

If the registration succeeds the Success Message is displayed with the ESIC Code Number.

Employees' State Insurance Corporation	Ins	Insurance					
r Login: dev247	Wed 30 Dec 2009, 2:47:17 PM	<u>ି</u> ଜୁ ଦ୍ 🛃					
gistration > Employer Registration >Success							
Confirmed Registration with ESIC							
You have been Successfully Registered with ESIC with Code Numb	ber 54001236660001302						
Form C11 will be Send to your Email Id short.	ly						
Print 🔊 View Pay Initial Contribution							

Figure 4.1.6

After viewing the message user can click on the "Ok" button. It will get navigated to the employer main screen with rest of the options enabled.

User can also click the "Pay Initial Contribution" Link and pay the advance contribution.





4.1.7 Registration Failure Message

ESIC Employees' State Insurance Corporation	Insurance
User Login:	Wed 6 Jan 2010, 12:22:56 PM 🛛 🐴 🔞 🔍 🚉
Registration > Employer Registration >Failure Registration with FSI	2 Failed
Sorry I Registration	Failed
For Assistance Please contact: 1800-11-2526(toll free) of	n all working hours i.e 9.00 AM to 5.00PM.
HOME	
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright@2 bu/Winno I TD	009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Designed and Developed

Figure 4.1.6

User can navigate to the home page by clicking on the "Home" Link

4.1.8 Employer Main Screen

On clicking OK button on Registration Success Screen, it navigates to this employer main screen.

ESIC Employees' State Ins	surance Corporation	Insurance		
User Login: dev247		Wed 30 Dec 2009, 2:47:49 PM	🟠 😧 🔍 🗁	
	Employer Main Screen			
	Employer Registration			
	Employee Registration			
	Annual Information Return			
	Registration of New Sub Unit			
	Employer Initiated Request for Change			
	Edit Employee Details			
	Edit Employees' Nominee Details			
	Pending IP Registrations			
	Print Counter Foil			
	List of Employees			
	View Registered SubUnits			
	View SubUnits			
	Change Employer Status			
	View All Details Entered During Registration			
	Form 12		×	

Figure 4.1.7

4.1.9 Employee Registration





On click on the Employee Registration link it will get n avigated to the Track Employee Registration Screen. This will be explained in depth in the employee registration document.

4.1.10 Annual Information Return

On Clicking the "Annual Information Return" Link in the employer main screen, it will get navigated to the Annual Information Return-Form01A Screen

Annual Information Return must be submitted by the Employer u sing Form 01A. This information is requested from the Employer to keep his records up -to-date. The form requests the reason for change which will be captured during the change transaction. This form has to be submitted by 31st of January every year. Upon updating the new information, the old information will not be deleted but retained as history

It is given under 2 tabs –Address Details & Other Details

4.1.10.1 Address Details

View 1:

🗿 Annual_Info_Return - M	🗿 Annual_Info_Return - Microsoft Internet Explorer provided by Wipro Technologies								
<u>File E</u> dit <u>V</u> iew F <u>a</u> vorites	Tools Help		🥂 🖉						
🕒 Back 🝷 🐑 👻	🙆 🏠 🔎 Search 🤺 Favorites 📢	19 🗟 - 🌺 🖃 - 📃 🎎 🔒							
Address 🖉 http://10.222.2.250	/Esici_v20/Employer/Annual_Info_Return.aspx		🔽 🄁 Go Links 🎽						
User Login: dev245			Wed 6 Jan 2010, 2:52:16 PM 🛛 🚹 🔞 🔍 酔						
Registration > Annual Info Return									
			Address Details Other Details						
Annual Information Return - I	Form 01A		* Required Fields						
Employer's Code No.:		54001236680001302							
Name of the*									
 Factory 		test							
Establishment									
Complete Postal Address of	Factory/Establishment								
Address 1:*	test	Pin Code:*	693258						
Address 2:		Phone No.:							
Address 3:		Mobile No.:	81.						
State:*	Kerala	Fax No.:	· · · · · · · · · · · · · · · · · · ·						
District:*	Alappuzha	Email:							
Police Station:*	test								
Name Of									
💿 Town		 Municipality 							
ORevenue Village		OWard							
💿 Taluk		• Hudbast No							
🔘 Tahsil		O Revenue Demarcation							
Details of Bank Account									
Select	Account No*	Name of Bank*	Name of the Branch [*]						
	324	test	test						
			⊻						
C Done			🥥 Internet						





4.1.10.2 Other Details

View 1: ESIC Employees'	State Insurance Cor	poration					Insura	nce	
Registration > Annual Info Return					Wed	6 Jan 2010, 2:60:03	PM 🗊	° 😢 🔍 📑	>
							Address Details	Other Details	
Annual Information Return - Form	n 01A							* Required Field	s
 ● Income Tax ● GIR Ho.* 			AAAAA1231A	Income Tax * • Ward • Circle • Area		test			-
In Case of Factory Whether Lice	nse Issued Under Section	2(m)(i) or	2(m)(ii) of the Factories Act.1948	⊙Yes ○No					
Power Connection No.:			Sanctioned Power Load:			Issuing Authorit	ty:		Ц.
Constitution of Ownership:*				Private Ltd Comp	any <mark>1</mark>	~			_
Give Name/Father's Name/Age a Address, No of Employees and I Office/Sales Office/Administrativ	nd Present & Permanent r Person Responsible for Da /e Office/Others:*	esidential iy to Day Fi	address of:" untioning of Head Office/Registered (Office/Branch	Click He	re to Enter Details re to Enter Details			-
Whether Any Work/Business Carried out Through :	 Contractor ImmediateEmployer None 				Give Na Work/B	ture of Such usiness :			
Select the Branch Office and Insp	ection Division								
Branch Office :*	Ernakulam	~			Inspect	ion Division :*	Ernakulam	~	
✓ I Hereby Declare that the Stat	ement Given Above is Cor	rect to the	Best of My Knowledge and Belief. I	Also Undertake to	Intimate	Changes.			
			Submit Clear Can	sel 1					~

Figure 4.1.9.2.a

/iew 2:									
ESIC Employees'	State Insurance Corporat	ion					1	nsura	nce
User Login: dev245						Wed	6 Jan 2010, 2:50:13 P	м 🏠	0 9 🖙
Registration > Annual Info Return								delvere Deteile	Other Details
Annual Information Return - Forr	n 01A						P	duress Details	* Required Fields
• Income Tax • GIR Ho.*		AAAAA123	1A		Income Tax * • Ward • Circle • Area		test		
In Case of Factory Whether Lice	nse Issued Under Section 2(m)(i)) or 2(m)(ii) of the	Factories Act.1	1948	⊙Yes ○No				
Power Connection No.:		Sanctioned	Power Load:				Issuing Authority	•	
Give Name/Eather's Name/Age a	nd Present & Permanent resider	tial address of:*			Private Ltd Con	Click He	re to Enter Details		
Address, No of Employees and I Office/Sales Office/Administrativ	Person Responsible for Day to Da ve Office/Others:*	y Funtioning of H	ead Office/Regi	istered 01	ffice/Branch	Click He	re to Enter Details		
Whether Any Work/Business Carried out Through :	 Contractor ImmediateEmployer None 					Give Na Work/B	ture of Such usiness :		
Select the Branch Office and Insp	pection Division								
Branch Office :*	Ernakulam 🔽					Inspect	ion Division :*	Ernakulam	~
☑ I Hereby Declare that the Stat	ement Given Above is Correct to	the Best of My Ki	nowledge and	Belief. I A	lso Undertake 1	to Intimate	Changes.		
		Submit	Clear	Cance	el				
ISCLAIMER: Content owned, maintai	ned and updated by Employee's State	Insurance Corporati	on. Copyright@2 by Wipro LTD.	009, ESIC,	, India. All Rights	Reserved. Be	st viewed in 1024 × 76	8 pixels, Design	ed and Developed

Figure 4.1.9.2.b





After entering the entire details user has to click on "Submit" button to submit the form.

When this form is submitted, it is checked if it is an address change. If the address change requires a change in the Region – then the Employer is asked to re-register again. The new registration code no. will be linked to old registration no., to trace the history of the Employer.

If there is no change in the Region, then it is checked if there ne eds to be a change in Branch Office and Inspection Division. If yes, then it is done so and the respective Employer, old and new Branch Offices and Inspection Divisions are notified.

4.1.10.3 Annual Information Submission Success Message

ESIC Employees' State Insurance Corporation	Ins	urance
Jser Login: dev247	Wed 30 Dec 2009, 2:57:49 PM	👌 0 ° 🖄
Registration > Annual Information Return Submit >Success		
Annual Information Return Submission		
Your form has been submitted successfully	(
ОК		
ISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All	II Rights Reserved. Best viewed in $1024 imes 768$ pixels	s, Designed and Develope

Figure 4.1.9.3

If the user clicks Ok, it will get navigated to the Employer Main Screen.

Failure to file the Annual Information return will result in a note letter being sent as a warning by the respective R.O./S.R.O. The Employer is requested to submit the returns within 1 5 days. If he fails to submit again, then a show cause notice is sent to him. Copies of the note letter and show cause notice are also sent to the Inspector.

4.1.10.4 Annual Information Re- Submission Message

After the submission, If the link is clicked again then the below message will be shown.

ESIC Employees' State Insurance Corporation	Ins	urance
User Login: dev247	Wed 30 Dec 2009, 4:50:56 PM	🚹 😧 🔍 🗁
Registration > Annual Information Return Submit >Success		
Annual morthation Return Subhrission		
You have already submitted Form 01A for this yea	ar!!!	
ок		
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright@2009, ESIC, India. All F by Wifpro LTD.	Rights Reserved. Best viewed in 1024 × 768 pixels	, Designed and Developed







On clicking the OK button it will get navigated to the employer main page.



4.1.11 Registration of new sub unit

On Clicking on "Registration of new sub unit" link in the employer main page, it will ge t navigated to Sub unit Registration page.

When a registered Unit has another sub-unit dealing with Marketing, Sales or Administration, the subunit is also required to be registered under ESIC. Upon registration of such a sub-unit, a Sub-Code is generated. Sub-code should be issued only by the region where sub-unit is situated. As the main unit is already registered under ESIC, no eligibility checks are performed. Once the form is accepted the Sub-Code is generated and the Employer notified of the same by e-mail or post, as requested.

This page includes 2 tabs - "Address details" & "Other details".

4.1.11.1 Address Details





SubUnitRegistration - Microsoft Internet Explorer provided by Wipro Technolog	ies				Ð	×
<u>File Edit View Favorites Tools H</u> elp					_	
Search 🔹 💿 - 💌 😰 🏠 🔎 Search 📌 Favorites 🤣 😥 - 🌺 [🖻 • 📃 🎉 💪					
Address 🕘 http://10.222.2.250/Esici_v20/Employer/SubUnitRegistration.aspx				 > 	Go Links	»
ESIC Employees' State Insurance Corporation			Insu	ıran	c e	^
User Login: dev247		Wed 30 Dec 2009	, 3:00:10 PM	<u>6</u> 0	🔍 🖾	
			Address [Details Ot	ner Details	
Registration of New Sub Unit				* R	equired Fields	
Type of Office for which Sub Code is Required:*	Please Select V					
Region under which the Subunit is covered:"	Please Select 💌					
Code No. alloted to the Main Unit:*	54001236660001302					
Details of the Main Unit of Factory/Establishment						
Name of the Main Unit of Fact/Estt.:	sffas					
Address 1:	street #120	State:	Kerala			
Address 2:		District:	Ernakulam			
Address 3:		Pin Code:				
Phone No.:		Mobile No.:	91 .			
Fax No.:		Email:				
Name of the Regional/Sub Regional Office from where Code No. Alloted to the Main Unit:	Thrissur					
Does an office exist in the area where sub unit code is being requested?"	● No Yes					
Reset	t Cancel					
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyr	ght © 2009, ESIC, India. All Rights Reserv	ed. Best viewed in	1024 imes 768 pixels,	Designed an	d Developed	
by Wipr) LTD.					

Figure 4.1.10.1

4.1.11.2 Other Details

ESIC Employees' State Insurance Corporat	ion					Insura	nce
User Login: dev245					Wed 6 Jan 2010), 2:58:38 PM	0 🔍 🖙
						Address Details	Other Details
Registration of New Sub Unit							* Required Fields
Date of Start of New Sub Unit:"							
Location for which Sub Code No. is Required:*							
Place from where compliance will be made:							
No. of Employees Drawing Wages Upto Rs.10,000.00 Per Month:*							
No. of Employees Drawing Wages More Than Rs.10,000.00 Per Mo	onth:*						
Nature of Work:"		Educational Ir	nstitutions 💌		Category of Work:*	Please Select	~
Particulars of the Official Responsible for Compliance Under ESI A	let						
Name of the Official:*					Designation:*		
Address 1:*					State:*	Andhra Pradesh	~
Address 2:					District:*	Please Select 💌	
Address 3:					Pin Code:*		
Phone No.:		· .			Mobile No.:	91 -	
Fax No.:		· .			Email:		
Select the Branch and Inspection Division							
Branch Office :*		Please Sel	ect 💌		Inspection Division :*	Please Select	¥
	Submit	Reset	Print	Cancel			
DISCLAIMER: Content owned, maintained and updated by Employee's State	Insurance C	orporation. Copyr by: Win	right © 2009, ESI) ro I TD	C, India. All R	ights Reserved. Best viewed i	n 1024×768 pixels, Design	ed and Developed

Figure 4.1.10.2





4.1.11.3 Sub Unit Registration Success Message

	ESIC Employees' State Insurance Corporation	Insurance
User Login:	ba100 Wed 6 Jan 2010, 8:18:02 PM	\$ 0 € ₽
Registration	Employer Registration > Success Confirmed Registration with ESIC	
	You have been Successfully Registered with ESIC with Code Number 54541236450020102	
	OK	
DISCLAIMER: I	Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 × 7	68 pixels, Designed and Developed by

Figure 4.1.11

4.1.12 Employer Initiated Change Request

On clicking the "Employer Initiated Change Request" Link on the employer main screen, it will get navigated to Form 01 C provided by ESIC. If the Employer wishes to inform a change in his registered details, he can make use of this form.

Along with the changes he has to submit the necessary documents as proof. View1:

ESIC Employees' State Ins	urance Corporation		Ins	irance
User Login: dev247			Wed 30 Dec 2009, 3:20:40 PM	👌 0 🔍 🖙
Employer > Employer Initiated Change Request				
Employer Initiated Request for Changes in F	Registered Details - Form-01 C			* Required Fields
Select a Property to Edit:*	Please Select		🔽 🗾	
Hame of the* Factory Establishment	sffas			
Complete Postal Address of Factory/Establ	lishment	1		
Address 1:*	street #120	Pin Code:*	682503	
Address 2:		Phone No.:		
Address 3:		Mobile No.:	91 -	
State:*	Kerala	Fax No.:		
District:*	Ernakulam	Email:		
Police Station:*	adfffffffff			
Name Of				
Town		Municipality		
O Revenue Village		⊖ Ward		
Taluk		Hudbast No		
🔿 Tahsil		O Revenue Demarcation		
Constitution of Ownership:*		Public Ltd Company		~

Figure 4.1.11.a





View2:

ddress 1:*		street #120		Pin Co	de:*		682503		
ddress 2:				Phone	No.:				
ddress 3:				Mobile	No.:		91 -		
tate:*		Kerala	~	Fax No					
istrict:*		Ernakulam	~	Email:					
olice Station:*		adffffffffffff]					
me Of				-					
● Town ○ Revenue Village]	unicipality ard				
● Taluk ○ Tahsil					idbast Ho venue Demarca	tion			
onstitution of Ownershi Attach copy of memoran	p:* dum & articles of Associa	ation/Partnership D	eed/Resolut	tion): Public	Ltd Company				1
ame/Address(s) of Pres irectors/Managing Partic perative Society :*	ent Proprietor/Managing ers/Secretary of the Co-	Click Here to Enter	Details						
etails of Bank Account									
Select*	Account No*			Hame	of Bank*		Name	of the Branch*	
		222		fddsf			sddf		
			Add R	Remo	ive				
elect the Branch and Insp	ection Division								
ranch Office :*		Ernakulam	~		Inspection Divi	sion :*	Ernakulam	~	
oof Of Change:									
ttach Proof Of Change He	ere:*			Browse					

Figure 4.1.11.b

After entering all the details, user has to click on the "Submit" button to submit the entire details.

After verification & Approval of submitted data, the previous data is stored as history and new changes updated. A confirmation of the change is also notified to the Employer via e -mail or post, as requested.

4.1.12.1 Employer Initiated Change Request - Success Message

On successful submission of change request the following success message will be displayed.

ESIC Employees' State Insurance Corporation	Ins	urance
User Login: dev247	Wed 30 Dec 2009, 3:23:54 PM	👌 🛛 🍳 🖒
Registration > Employer Initiated Change Request Submit >Success		
Submission Of Employer Initiated Change Reg	uest	
Your Change Request is submitted successfully and is pending for	approval from Regional Office.	
ОК		
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India	a. All Rights Reserved. Best viewed in 1024 $ imes$ 768 pixels	, Designed and Developed

Figure 4.1.11.1





4.1.13 Edit Employee Details

This Page is to modify IP details. This will be explained in depth in employee registration document.

4.1.14 Edit Employee's Family Details

This Page is to modify employee's family member details. This will be explained in depth in employee registration document.

4.1.15 Edit Employee's Nominee Details

This Page is to modify employee's nominee details. This will be explained in dept h in employee registration document.

4.1.16 Pending IP Registrations

This Page is to view employee registration status. This will be explained in depth in employee registration document.

4.1.17 Print Counter Foil

This Page is to print registered employee's counter foils. This will be explained in depth in employee registration document.

4.1.18 List of Employees

This Page is to list the employees. This will be explained in depth in employee registration document.

4.1.19 View Registered Sub Unit

/*This Link is not working*/

4.1.20 View all details entered during registration

On clicking on the link "View all details entered during registration" in employer main page it will navigates to the search page Refer fig 4.1.19.a.

In this page the employer code is automatically displayed and there is a provision to enter the factory name. Click on "View Details" button. The details will be displayed in the same screen. Refer fig 4.1.19.b.





ESIC Employees' Sta	te Insurance Corporation	Ins	urance
User Login: dev247		Wed 6 Jan 2010, 4:01:58 PM	🔓 🛛 🤇 📸
Staff Menu > Search Employer	SearchEmployer		
Search an Employer			* Required Fields
Employer Code:	54001236660001302 Factory llame:		
	View Details		
Employer Details			
	Close		
DISCLAIMER: Content owned, maintained a	ind updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Res	erved. Best viewed in 1024×768 pixe	s, Designed and Developed

Figure 4.1.19.a

ESIC Employees' State	e Insurance	e Corporation					Ins	urai	nce	
User Login: dev247						Wed 30 Dec	2009, 3:29:17 PM	(1)	0 9	\square
		Se	archEn	nplo	yer					
Staff Menu > Search Employer Search an Employer								×	Required	Fields
Employer Code:		54001236660001302			Factory Name:					
			View Det	tails						
Employer Details										
Employer Code No.		Name of I	act/Estt.		Region Nam	e	View	Employer		
54001236660001302		sff	as		Thrissur			View		
			Close]						
DISCLAIMER: Content owned, maintained an	d updated by Er	nployee's State Insurance Co	rporation. Copyrig by Wipro	ht @ 2009 LTD.	I, ESIC, India. All Rights Rese	rved. Best view	ed in 1024 x 768 pixel:	s, Designed	and Deve	eloped

Figure 4.1.19.b

If the user wants to view the registration de tails of the employer, then click on the "View" link in the View Employer column. On clicking the view link it will get navigated to the employer registration - Form 01 view page. Refer Figure 4.1.19.c.





User Login: dev247			Wed 30 Dec 2009, 3	:29:38 PM	1	۹ 🖙
	ViewEmplo	overDetails				
		,				
Registration> Employer Registration			Unit Details Employer De	stails Fact/Estt Det	ails Empl	oyee Details
Employer Registration						
1.(a) Name of the Factory / Establishment	sffas					
2. Complete Postal Address of Factory / Establishment	street #120 Ernakulam Kerala Pin-Code:892503 Phone: Mobile: Fao:					
2. Police Station:	adiiiiiiiiiiii					
4. Name of:						
Town		Muncipality				
Taluk		Hudbast No.				
5.(a) Whether the Building/Premises of Factory/Establishment is Owned or Hired:	Owned					
5.(b) If Hired or There is a Change in the Name of Uni	/ Ownership, Please Indicate Below					
(1) ESI Code No. If Covered Earlier:	54001236660001302					
(2) Date From Which Earlier Factory/Establishment Closed Down:						
5.(c) Terms and Conditions Under which Property Accquired/Taken on Lease (Enclosed Copy of Agreement/Relevant Deed):	Click Here to View					
	Cle	ise				
DISCLAIMER: Content owned, maintained and updated by Em	ployee's State Insurance Corporation. Copy	right © 2009, ESIC, India. All	Rights Reserved. Best viewed in 10)24×768 pixels, De	signed an	id Developed

Figure 4.1.19.c

Similarly data will be shown in all the 4 tabs. After viewing all the details click "Close button".

4.2 Login landing page for ESIC Official

		Employee	s' State I	nsurance C	orporatio	on		Hindi English
	A Jree Stores							Welcome
Home	About us 🔻	Write to us 🔹	Acts	* ESI Schemes	▼ IP Regis	stration Re	ecruitment	Tender
						Login: Password: Login as:	esic1 ••••• ESIC Officia	Login
Welcome to Employees Sta	Employees' Stat	e Insurance Cor ration, through mo	Chinta rporation rre than thirty ya	se Mukti !	over	Search	SIC Servic	ne Application es are now available online Search
energy curing systems a energy curing systems a solutions. Import 2005 ESI int use in new p small scale p	as continued to anys o und thousands of UV sy terms, and remains the ant milestones in our h roduces a smaller an roduct and process de roduction, <u>Read More</u>	stems installed wor stems installed wor a only fully integrate istory are given bel d lower cost high v velopement. They	Idwide, ESI is the ad company that ow: oltage Electron can further be	ne acknowledged lea t provides both EB a Beam system desig used for pilot purpo:	ider in for for ses and	News & Ever ESIC starts new Medical scheme in India that one The Hon' Directo	tts 25.05.200 "Pensioner's Medii that's one of it's ki s such scheme has or General"	2 al Scheme. This is a nd. This is first time been implemented. Read More





In Case of Successful ESIC Official Login, it will get navigated to the Landing Page in Figure 4.2.

	To A State			Welcome, test
Home About	us 🔻 Write to us 🔻	Acts 🔻 ESI Schemes 🔻 IP Re	egistration Recruitment	Tender
Employer - IP Registration			a	
Registrations	Updation	Declarations	2	25.05.2009
Register with ESIC	Update Accident details	IP Declaration	ESIC star Medical Medical s	
Register your Employees	Update IP Family Details	Annual Returns	it's kind. India that	
List OF Declaration			ESIC cond Eye Cl	24.05.2009 ducts week long Free heck up Camp
Contributions	Verification	Miscelleneous		Read More
Monthly Contribution	Abstention Verification	Report Grievances	🔊 Public	ations
Suppliament Contribution		Track Grievance Status	- Annu - ESI 8 - Dowr - Impr - Eye 0 - Rean - ESIC	al Newsletter Samachar Iloads(User Forms) ortant Circulars Check up Report uitment Report : Annual Budget
			🔊 Relate	ed Links
			🔊 Usefu	I Information

Figure 4.2

4.2.1 Employer Main Screen

This is the employer main page with all the links for the ESIC Official enabled.

"Annual Information Return" Link which is used in the employer login will be disabled in ESIC Official login. Also Task details link which is disabled in Employer Login will be enab led in ESIC Official login. So here the user can view tasks assigned to him by using this link.





igin: ESIC1		Thu 7 Jan 2010, 10:38:42 AM	ं 🙆 🔞 🔍 🖥
	Employer Main Coroon		
	Employer Main Screen		
	Donistration Of New Unit		
	Employee Registration		
	Annual Information Return		
	Pagietration of New Sub Unit		
	Employer Initiated Request for Change		
	Employer initiated request or change		
	Edit Employees' Family Details		
	Edit Employees' Nominee Details		
	Pending IP Registrations		
	Print Counter Foil		
	List of Employees		
	View SubUnits		
	Change Employer Status		
	Search Employer		
	Form 12		
	Form 6		
	Form 37		
	Task Details		

4.2.2 Registration of new unit

On clicking this link it will get navigated to a page for selecting the mode of employer registration. Refer figure 4.2.2.

ESIC Employees' State Insurance Corporation	Ins	urance
User Login:	Fri 8 Jan 2010, 12:03:13 PM	👌 🛛 🔍 🗁
Employer > Select Employer Registration Mode		
Select Employer Registration Mode		
Register a New Employer		
Continue Cancel	All Diskle Damand, Dash dinus dia 4004 m760 si ula	Designed and Developer
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright @ 2009, ESIC, India	. All Rights Reserved. Best viewed in 1024 x 768 pixels	, Designed and Develope

Figure 4.2.2

On clicking on "**Continue**" button the registration process happens. Registration process is same as in employer login. Refer **Registration of Unit** section for Employer login (Section 4.1.2 - 4.1.7).

4.2.3 Employee Registration

This link can be used to register employees. This Registration process is also same as the employee registration in Employer Login Refer section 4.1.8. The only difference is in Track Registration screen which comes immediately after this link click. In this Scre en since the user is ESIC Official he has to enter the Employer /Subunit Code also. Refer figure 4.2.3





ESIC Employees' State Insurance Corporation		Insurance
User Login: ESIC1	Fri 8 Jan 2010, 12:22:4	бРМ 🛛 🟠 🕐 🔍 📸
Track Registered Employees Employer/Subunit Code Ho* Is the LP already registered: Continue Close		
Click here to view the details		
DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation, Copyright@2009, ESIC, India, All Rights R	eserved. Best viewed in 1024 x	< 788 pixels. Designed and Developed

Figure 4.2.3

4.2.4 Registration of New Sub Unit

On clicking this link it will get navigated to sub unit Registration Screen. This is same as the sub unit registration in Employer Login. Refer 4.1.10 - 4.1.10.3

4.2.5 Employer Initiated Request for Change

On clicking this link it will get navigated to employer initiated request for change Screen. Refer 4.1.11 – 4.1.11.1

4.2.6 Edit Employee Details

On clicking this link it will get navigated to the "Edit Employee Details" Page. This Page is to modify IP details. This will be explained in depth in employee registration document.

4.2.7 Edit Employee's Family Details

On clicking this link it will get navigated to the "E dit Employee's Family Details" Page. This Page is to modify employee's family member details. This will be explained in depth in employee registration document.

4.2.8 Edit Employee's Nominee Details

On clicking this link it will get navigated to the "Edit Employee's Nominee Details" Page. This Page is to modify employee's nominee details. This will be explained in depth in employee registration document.

4.2.9 Pending IP Registrations

On clicking this link it will get navigated to the "Pending IP Registrations" Pag e. This Page is to view employee registration status. This will be explained in depth in employee registration document.





4.2.10 Print Counter Foil

On clicking this link it will get navigated to the "Counter Foil" Page. This Page is to print registered employee's counter foils. This will be explained in depth in employee registration document.

ESIC Employees' State Ins	surance Corporati	on			Insu	irance
User Login: ESIC1				Thu 7 Jan 2010, 5:37	:44 PM	🟠 🛛 🔍 📸
View/Generate Counterfoils for Register	ed Employees					
Search By						
Employer's Code :	5200100013000	1011		Employee's I.P No. :		
Employer's Name :				Employee's Name :		
Employees Registered Between :	01/01/2000	iii and 07/01/2010		Show		
DISCLAIMER: Content owned, maintained and upd	ated by Employee's State	Insurance Corporation. Copyright © 2009 by Wipro LTD.	, ESIC, India. All Right	s Reserved. Best viewed in 102	4×768 pixels,	Designed and Developed

4.2.11 List of Employees

On clicking this link it will get navigated to the Page which list the employees. This will be explained in depth in employee registration document.

4.2.12 View Sub Units

/* to be updated*/

4.2.13 Change Employer Status

Click on "Change Employer Status" link .It will get navigated to the change employer status page. Here the ESIC official can change the status of Employer. Refer Figure 4.2.13





ESIC Employees' State Ins	urance Corporation			Ins	urance
User Login: ESIC1				Thu 7 Jan 2010, 5:33:28 PM	👌 0 🔍 🗁
Employer > Change Status					
Employer Status Change					* Required Fields
Enter Employer's Code No. Whose Status	leeds to be Changed":	Submit			
Employer's Name:					
Current Status:					
Change Status To:	Select	*			
Effective From:					
Reason for Status Change:			 V 		
Enclosure Documents:				Browse	
		ОК			
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Figure 4.2.13

4.2.14 Search Employer

To Search an employer ESIC Official uses this link. Here he has to enter employer code, Factory name and region name .Only region name is mandatory. Refer Figure 4.2.14.a

ESIC Employees' Sta	te Insurance Corporation		Ins	urance	
User Login: ESIC1				Thu 7 Jan 2010, 5:28:49 PM	👌 🛛 🔍 📸
	Se	earchEn	nplover		
Staff Menu > Search Employer Search an Employer					* Required Fields
Employer Code:]	Factory Name:		
Region Name: *			Please select 💙		
		Searc	h		
Employer Details					
		Close	•		
ISCLAIMER: Content owned, maintained	and updated by Employee's State Insurance C	orporation. Copyrig	ht © 2009, ESIC, India. All Rights Res	served. Best viewed in 1024 x 768 pixel	s, Designed and Develope

Figure 4.2.14.a

After the **Search** button click, the details like employer code, Name of Factory, Region Name will be viewed below in tabular structure. Refer Figure 4.2.14.b





ESIC Employees' Sta	te Insurance Corporation		Ins	surance
User Login: ESIC1			Fri 8 Jan 2010, 2:52:10 PM	🚹 🛛 🔍 🗁
Staff Menu > Search Employer	SearchEm	nployer		
Search an Employer				* Required Fields
Employer Code:	52001000130001011	Factory Name:		
Region Name: *	Search	Hyderabad 💌		
Employer Details				
Employer Code No.	Name of Fact/Estt.	Region Name	Vie	w Employer
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Figure 4.2.14.b

By clicking the "View" link in the View Employer column, it will get navigated to the View page of employer registration screen with 4 tabs. Under each tab the details of the particular employer will be displayed. The view pages are given in figure 4.2.14.c, figure 4.2.14.d, figure 4.2.14.e and figure 4.2.14.f.

User Login: ESIC1			Fri 8 Jan 2010, 2:6	52:55 PM	<u>ት ወ ዓ ଅ</u>
	ViewEmplo	yerDetails			
Registration> Employer Registration			Unit Details Employer De	stails Fact/Estt Deta	ails Employee Detai
Employer Registration					
1.(a) Name of the Factory / Establishment	Pamba Electronics				
2. Complete Postal Address of Factory / Establishment	Gundur Hyderabad Andhra Pradesh Pin-Code:486778 Phone: Phone: Fax:				
2. Police Station:	Hyd				
4. Name of:					
Town		Muncipality			
Taluk		Hudbast No.			
5.(a) Whether the Building/Premises of Factory/Establishment is Owned or Hired:	Owned				
5.(b) If Hired or There is a Change in the Name of Unit	/ Ownership, Please Indicate Below				
(1) ESI Code No. If Covered Earlier:	0				
(2) Date From Which Earlier Factory/Establishment Closed Down:					
5.(c) Terms and Conditions Under which Property Accquired/Taken on Lease (Enclosed Copy of Agreement/Relevant Deed):	Click Here to View				
	Clos	e .			
DISCLAIMER: Content owned, maintained and updated by Em	ployee's State Insurance Corporation. Copyri	ight@2009, ESIC, India. All I	Rights Reserved. Best viewed in 10)24×768 pixels, Des	signed and Develop

Figure 4.2.14.c





ser Login: ESIC1						F	i 8 Jan 2010, 2:53:06 I	PM 🗄) 🛛 🔍 🚰
		V	'iewEmp	loverDet	tails				
				,					
Registration > Employer Registration						Unit Detail	Employer Details	Fact/Estt Details	Employee Detail
						orine Diotain	Employer Detaile		
mployer Registration									
6 All Operational Pank Assounts	aadad ta ba liatad ba	low							
a. All Operational bank Accounts	leeded to be listed be	IOW							
Account Number:	4567	Name of th	he Bank:	H	IDFC N	lame of the	Branch:		Kochi
	Gir No:						HJKL03456L		
	8. Is Multinational:						No		
8.(a) Exact Na	ture of Work/Busines	s Carried On:				Comm	ercial Establishments		
9. Date of Comm	nencement of Factory	/Establishme	nt:			12/5/	1995 12:00:00 AM		
10.(a) Whether Registered U	nder Factories / Shop a	Estt / Other ((Please Specify)				Other		
10.(b)Select the	Licence and Enter the	Details Below	w:			Fa	tony License No.		11.4
License No.:	4003	Date:	10.(c) Please Give	Which Ever Appl	icable		Licensing Aut	nority:	нуд
Тах Туре.	Tax No.			and a star star	Date		Issuing	J Authority	
Commercial:									
State Sales:								•	
Centeral Sales:								•	
Any Other:								-	
nployer Registration									
1. Whether Power is Used For M	anufacturing Process	as per Sectio	n-2(k) of the Factor	v Act:	No				
11.(a) If So, Since when:					12/1/1989 12:	00:00 AM			
1.(b) In case of Factory Whether	Licensed Issued Unde	r Section 2(m	ı)(i) or 2(m)(ii) of th	e Factories	No				
Act.1948:		34	Sanctioned Rower	Load		45 le	euina Authorita		Hvd
2.(a) Constitution of Ownership:		04	Sanctoned Fower	Load.	Private Ltd Co	mpany is	saing Additing.		riya
2.(b) Give Name/Father's Name/A	ge and present & per	manent reside	ential address of:						
Name:	Sasi		Father's Name	•	Nair				
Designation: Present Address:	MD Hyderab ad		Age: Permapent Ad	draeet	56 Kottavam				
Flesent Audress.	Hydelabad		Permanent Au	uress.	Kottayani				
12	.(c) Name, Father's Nai	ne, Age, Pres	ent and Permanen	t Address of the	Manager Declar	ed Under t	he Factories Act:		
Name:		Sarala		Father's Name:				Hari	
Designation:		MD		Age:				45	
Present Address:		Hyderabad		Permanent Add	ess:			Banglore	
,	13. Address(es), No of	Employees At	ttached With Each :	such Office and P	erson Respons	ible For Th	e Office of The:		
Address1:	Bandlore		Fax	Number:					
Address2:	Dangiole		Pho	one Number:					-
Address3:			Mo	bile Number:					_
State:	Karnataka		Off	ice Type:					3
District:	Bangalore		No.	or Employees:					05
r in coue.	434000		Pel	son responsible	•				1.101
				Close					

Figure 4.2.14.e





User Login: ESIC1						Fri 8	Jan 2010, 2:53:30	PM 🔮		٩ [
ViewEmployerDetails											
Registration> Employer Registration Employer Details Employer Details Employee Details Employee Details									atails		
Employer Registration											
14.(a) Whether Any Work/Busin 45.(a) EDE Code No.	ess Carried out Through:		Contractor		14.(b) Give I	lature of Such	Work / Busines	s:			
15.(a) EPF Code no.:	Employed For Wages Directly and Th	and housed	liste Empleyer	e en ábe D	15.(D) ISSUI	ig Authority:					
(Whether Manual/Clerical/Super Temporary)	rvisor, Connected with the Administr	ation or Purcl	hase of Raw M	aterials or	Distribution	or Sale of Proc	luct/Service, Wh	ether Permane	nt or		
A	s on Date	Tota	al No of Employ	/ees		No of Employees Drawing Wages Rs 10000/- or less					
		Male	Female	Total		Male	Male Fem			1	otal
Employed Directly By the Princi	pal Employer	456	567	1023		56			70		126
Through Immediate Employer/0	Contractor	0	0	0		0	1		0		0
Total		456	567	1023		56	i		70		126
17. Total Wages Paid in the Pred	eding Month										
					Tota Wage:	l Wages s	Paid to Employee	es Drawing Wa	jes Rs 1	10000) I	- or ess
To Employees Employed Direct	ly By The Principal Employer:				45000	D				46	600
To Employees Employed Throu	gh Immediate Employer/Contractor:					D					0
Total :					45000	D				46	600
18. Give First Date Since When	10/20 Coverable Employees Under E	SI Act Were Ei	mployed for W	ages :	12/5/1995 12	2:00:00 AM					
Branch Office :	Balanagar	Inspection Di	vision :				Adoni Divisior	n			
			Close								
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Figure 4.2.14.f

4.2.15 Task Details

The ESIC Official can view the tasks assigned by clicking the "Task Details" Link . Click the link .It will get navigated to a page with tasks list on the left side. Refer Figure 4.2.15

ESIC Employees' State Insurance Corporation	Insui	r a n c e
User Login: ESIC1	Thu 7 Jan 2010, 4:22:31 PM	🏠 😧 🔍 📸
Registration		
Form01 Approval		
Form01A Approval		
DBClaimRequestProcessing		
DBClaim Processing		
RevenueActionLetterCreation		~





Click on a particular task then the corresponding details will come on the right side of the screen. For e.g. If the user clicks on the task-Form01 Approval ,then the employer Codes which are yet to be approved will be listed on the right side of the screen. Refer Figure 4.2.15.a

ESIC		Inc	urance
Employees' State Insuran	nce Corporation	1113	urunce
User Login: ESIC1		Thu 7 Jan 2010, 4:23:26 PM	🚹 🛛 🔍 🖾
Registration			=
Form01 Approval	Employer Code is: 54001236660000203		
Form01A Approval	Employer Code is: 52001000130001011		
DBClaimRequestProcessing			
DBClaim Processing			
RevenueActionLetterCreation			×

Figure 4.2.15.a

User can click on the Employer Code one by one & can do the Approval /Reject Task.

By clicking one particular employer code, it will get navigated to the Form01 Screen which has details under 4 tabs. By clicking each tab the user can view the details.





ESIC Employees' State Insuran	ice Corporation	Ins	urance
User Login: ESIC1		Thu 7 Jan 2010, 4:23:26 PM	🗿 Q 🔍 🗁
Registration			=
Form01 Approval	Employer Code is: 54001236660000203		
Form01A Approval	Employer Code is: 52001000130001011		
DBClaimRequestProcessing			
DBClaim Processing			
RevenueActionLetterCreation			~

4.2.15.1 Form 01 Approval Task

Details of that particular Employer can be viewed by clicking the tabs- Unit Details, Employer Details, Fact/Estt Details and Employee Details.

4.2.15.1.1 Unit Details Tab





User Login: ESIC1			Fri 8 Jan 2010, 2:	52:55 PM	<u>(</u>) Q 🗞	
ViewEmployerDetails							
Registration> Employer Registration			Unit Details Employer De	etails Fact/Estt De	etails Em	ployee Detail:	
Employer Registration							
1.(a) Name of the Factory / Establishment	Pamba Electronics						
2. Complete Postal Address of Factory / Establishment	Hyderabad Andhra Pradesh Pin-Code:466778 Phone: Mobile: Fax:						
2. Police Station:	Hyd						
4. Name of:							
Town		Muncipality					
Taluk		Hudbast No.					
5.(a) Whether the Building/Premises of Factory/Establishment is Owned or Hired:	Owned						
5.(b) If Hired or There is a Change in the Name of Unit	/ Ownership, Please Indicate Below						
(1) ESI Code No. If Covered Earlier:	0						
(2) Date From Which Earlier Factory/Establishment Closed Down:							
5.(c) Terms and Conditions Under which Property Acquired/Taken on Lease (Enclosed Copy of Agreement.Relevant.Deed);							
	Cle	ose					
DISCLAIMER: Content owned, maintained and updated by Em	ployee's State Insurance Corporation. Copy	right@2009, ESIC, India. All	Rights Reserved. Best viewed in 10	024×768 pixels, D	besigned a	and Develope	

Figure 4.2.15.1.1

4.2.15.1.2 Employer Details Tab

ESIC Employees' Stat	te Insurance Co	orporation					I	nsura	nce
User Login: ESIC1							Thu 7 Jan 2010, 4:24:58 Pl	м 🏠 (0 🔍 🗁
Registration> Employer Registration							Unit Details Employer Details Fe	act/Estt Details Er	nployee Details
Employer Registration									
6. All Operational Bank Accounts nee	ded to be listed be	low							
Account Number:	12345	Name of the	Bank:		HDFC	Nam	e of the Branch:	Kakkan	ad
	7 (a)Gir Ho:						BLEPS1068L		
	7.(b)Ward			eads					
8	. Is Multinational:			No					
8.(a) Exact Natur	e of Work/Business	Carried On:		Leather And Rubber					
9. Date of Commen	cement of Factory /	Establishment	:	12/2/2009 12:00:00 AM					
10.(a) Whether Registered Under	r Factories / Shop &	Estt / Other (Pl	ease Specify)	Other					
10.(b)Select the Lic	cence and Enter the	Details Below:					Factory License No.		
License No.:	4567	Date:	12/1	2009 12:0	0:00 AM		Licensing Author	ity:	Govt
T T	T	1	10.(c) Please Give V	/hich Eve	r Applicable	D. d.	• •		
Tax Type.	Tax No.					Date	Issuing A	utnority	
State Sales:									
Centeral Sales:									
Any Other:	-								
10.(d) Maximum No. of Persons Tha	t can be Employed (on Any One Day	r, as Per License:				0		

Figure 4.2.15.1.2





4.2.15.1.3 Fact/Estt Details Tab

View 1:										
ESIC Employee	s' State Insurance (Corporatio	n					Insurar	ice	
User Login: ESIC1						T	'hu 7 Jan 2010, 4:25:1	I3 PM 🛛 🏠 🌘) 🔍 📴	
Registration> Employer Registration	n					Unit Detail:	s Employer Details	Fact/Estt Details Emp	loyee Detail:	
Employer Registration										
11. Whether Power is Used Fo	r Manufacturing Process	as per Secti	ion-2(k) of the	e Factory Act:	No					
11.(a) If So, Since when:					12/1/200	9 12:00:00 A	м			
11.(b) In case of Factory Whether Licensed Issued Under Section 2(m)(i) or 2(m)(ii) of the Factories Act.1948:						2(m)(i)				
11.(c) Power Connection No.:		45	Sanctioned	Power Load:		45	Issuing Authority	/:	govt	
12.(a) Constitution of Owners	hip:				Private Ltd Company					
12.(b) Give Name/Father's Nan	ne/Age and present & per	manent resi	idential addre	ess of:						
Name:	Hari		Father's	s Name:	Hari					
Designation:	MD		Age:		46					
Present Address:	Present		Permar	ient Address:	Permanent					
	12.(c) Name, Father's Na	me, Age, Pre	esent and Pei	manent Address of the N	Aanager D	ectared Und	ier the Factories Ad	a:		
Name:		Vishnu		Father's Name:				Father		
Designation:		MD		Age:				56		
Present Address:		Present		Permanent Address:	S: Permanent					
	13. Address(es), No of	Employees	Attached Wit	h Each such Office and Pe	rson Resp	onsible Fo	r The Office of The:			
Address1:	Head Office			Fax Number:					· ·	
			Fig	ure 4.2.15.1.3	.a					

View 2:

User Login: ESIC1 Thu 7 Jan 2010, 4:28:53 PM 🏠 😨 🔍) ९ 🖻			
Registration> Employer Registration							Unit Details	Employer Details	Fact/Estt Details Emp	loyee Detail	
Employer Registration											
11. Whether Power is Used For Ma	nufacturing Process as	s per Sect	ion-2(k) of the	e Factory Act:		No					
11.(a) If So. Since when:						12/1/200	9 12:00:00 AI	M			
11.(b) In case of Factory Whether I Act.1948:	icensed Issued Under	Section 2	(m)(i) or 2(m)	(ii) of the Facto	ories	2(m)(i)					
11.(c) Power Connection No.:		45	Sanctioned	Power Load:			45	Issuing Authority	<i>r</i> :	govt	
12.(a) Constitution of Ownership:						Private Li	td Company				
12.(b) Give Name/Father's Name/A	ge and present & perm	anent res	idential addre	ess of:							
Name:	Hari		Father's	s Name:		Hari					
Designation:	MD		Age:			45	5				
Present Address:	Present		Perman	nent Address:		Permane	ermanent				
12.	(c) Name, Father's Name	e, Age, Pr	esent and Per	rmanent Addro	ess of the M	anager De	eclared Und	er the Factories Ac	t:		
Name:		Vishnu		Father's Nar	me:				Father		
Designation:		MD		Age:	56				66		
Present Address:		Present		Permanent	Address:				Permanent		
1	3. Address(es), No of E	mployees	Attached Wit	h Each such Of	ffice and Per	son Resp	onsible Fo	The Office of The:			
Address1:	Head Office			F	ax Number:						
Address2:				P	hone Numbe	er:					
Address3:				IV	Aobile Numbe	er:					
State:	Andhra Pradesh			0	office Type:					2	
District:	Hyderabad			N	lo. of Employ	ees:				45	
					D						

Figure 4.2.15.1.3.b





4.2.15.1.4 Employee Details Tab

In the last tab- "Employee Details", there will be buttons like Approve, Reject and Cancel. The Official can verify the data and Approve /Reject the Form01. Figure 4.2.15.1.4.a and Figure 4.2.15.1.4.b are 2 views of the same screen.

view 2	1:										
All and a second	ESIC Employees	' State Insurance Corporation							Insu	uran	c e
User Login:	ESIC1						Thu 7	7 Jan 2010, 4:29	029 PM	👌 🔞	م 🔊
Registratio	on> Employer Registration	ו				ι ι	Unit Details	Employer Deta	ils Fact/Estt [Details Emplo	yee Details
Employer	Registration										
14.(a) Wh	ether Any Work/Busin	ess Carried out Through:		Contractor		14.(b) Give Na	ture of Such	Work / Busin	ess:		
15.(a) EPF	F Code No.:					15.(b) Issuing	J Authority:				Govt
16. Total (Whether Tempora	Number of Employees r Manual/Clerical/Supe rry)	Employed For Wages Directly and Throu rvisor, Connected with the Administration	igh Immed on or Purcl	liate Employers nase of Raw Ma	s on the Da aterials or	ate of Applicati Distribution or	on "Sale of Proc	luct/Service, V	Vhether Perr	manent or	
	4	ls on Date	Tota	al No of Employ	ees	No of Employees Drawing Wages Rs 10000/- or less					
		Male Female Total									
	Employed Directly By the Principal Employer 4568 558 5122			Female	Total		Male			Female	Total
Employe	d Directly By the Princi	ipal Employer	Male 4566	Female 556	Total 5122		Male 66			Female 56	Total 122
Employe	d Directly By the Princi Immediate Employer/	ipal Employer Contractor	Male 4566 0	Female 556 0	Total 5122 0		Male 66 0			Female 56 0	Total 122 0
Employe Through Total	d Directly By the Princi Immediate Employer/	ipal Employer Contractor	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122		Male 66 0 66			Female 56 0 56	Total 122 0 122
Employed Through Total 17. Total	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre	pal Employer Contractor seding Month	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122		Male 66 0 66			Female 56 0 56	Total 122 0 122
Employed Through Total 17. Total	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre	pal Employer Contractor ceding Month	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122	Total Wages	Male 66 0 66 Wages I	Paid to Employ	vees Drawing	Female 56 0 56 g Wages Rs	Total 122 0 122 122 10000/- or less
Employed Through Total 17. Total To Emplo	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre syees Employed Direct	ipal Employer Contractor ceding Month ity By The Principal Employer:	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122	Total Wages 463335	Male 66 0 66 Wages I	Paid to Employ	yees Drawing	Female 56 0 56 g Wages Rs	Total 122 0 122 122 10000/- or less 5343687
Employed Through Total 17. Total To Emplo	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre syees Employed Direct syees Employed Throu	ipal Employer Contractor ceding Month ity By The Principal Employer: igh Immediate Employer/Contractor:	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122	Total Wages 453335 0	Male 66 0 66 Wages I	Paid to Employ	yees Drawing	Female 56 0 56 g Wages Rs	Total 122 0 122 10000/- or less 5343667 0
Employed Through Total 17. Total To Emplo To Emplo	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre sysees Employed Direct sysees Employed Throu	pal Employer Contractor ceding Month tly By The Principal Employer: ugh Immediate Employer/Contractor:	Male 4566 0 4566	Female 556 0 556	Total 5122 0 5122	Total Wages 453335 0 453335	Male 66 0 66 Wages I	Paid to Employ	yees Drawing	Female 56 0 56 g Wages Rs	Total 122 0 122 10000/- or less 5343667 0
Employed Through Total 17. Total To Emplo To Emplo Total : 18. Give F	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre oyees Employed Direct oyees Employed Throu First Date Since When	pal Employer Contractor ceding Month tly By The Principal Employer: Igh Immediate Employer/Contractor: 10/20 Coverable Employees Under ESI /	Male 4666 0 4666	Female 556 0 556 mployed for W	Total 5122 0 5122	Total Wages 463335 0 463335 12/2/2009 12:1	Male 66 0 68 Wages I	Paid to Employ	yees Drawing	Female 56 0 56 g Wages Rs	Total 122 0 122 10000/- or less 5343667 0 5343667
Employee Through Total 17. Total To Emplo To Emplo Total : 18. Give F Branch O	d Directly By the Princi Immediate Employer/ Wages Paid in the Pre sysees Employed Direct sysees Employed Throu First Date Since When ffice :	pal Employer Contractor ceding Month ity By The Principal Employer: Igh Immediate Employer/Contractor: 10/20 Coverable Employees Under ESI / Perumbavoor	Male 4668 0 4668	Female 656 0 556	Total 6122 0 6122	Total Wages 453335 0 463335 12/2/2009 12:1	Male 66 0 66 Wages I	Paid to Employ	yees Drawing	Female 56 0 58 g Wages Rs	Total 122 0 122 10000/- or less 6343667 0 6343667

Figure 4.2.15.1.4.a

View 2:





User Login: ESIC1					Thu 7	Jan 2010, 4:29:	39 PM 🐴	0	۹ 🗫
Registration> Employer Registration Unit Details Employer Details Fact/Est Details Employee							oyee Details		
Employer Registration									
14.(a) Whether Any Work/Business Carried out Through:		Contractor		14.(b) Give Na	ture of Such	Work / Busine	ss:		
15.(a) EPF Code No.:				15.(b) Issuing	Authority:				Govt
16. Total Humber of Employees Employed For Wages Directly and Throu (Whether Manual/Clerical/Supervisor, Connected with the Administratio Temporary)	igh Imme on or Pur	diate Employer :hase of Raw M	s on the Da aterials or	ate of Applicatio Distribution or	on Sale of Prod	luct/Service, W	hether Permane	t or	
As on Date	То	tal No of Employ	/ees	No	of Employe	es Drawing Wa	iges Rs 10000/- oi	less	
	Mal	e Female	Total		Male		F	male	Total
Employed Directly By the Principal Employer	456	6 556	5122		66			56	122
Through Immediate Employer/Contractor		0 0	0		0			0	0
Total	456	6 556	5122		66			56	122
17. Total Wages Paid in the Preceding Month									
				Total Wages	Wages F	Paid to Employ	ees Drawing Wag	es Rs	10000/- or less
To Employees Employed Directly By The Principal Employer:				453335					5343667
To Employees Employed Through Immediate Employer/Contractor:				0					0
Total :				453335					5343667
18. Give First Date Since When 10/20 Coverable Employees Under ESI #	Act Were	Employed for W	ages:	12/2/2009 12:0	0:00 AM				
Branch Office : Perumbavoor	Ins	pection Divisior	e i				Kozhikode		
Remarks		∧							
	Approve	Reject	Cance	el					
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Figure 4.2.15.1.4.b

2 Note: Only in the last tab click, the buttons -Approve, Reject and Cancel will be displayed.

4.2.15.2 Task –Form 01 Rejection

If he clicks on Reject the Form 01 will be rejected.

ESIC Employees' State Insurance Corporation	Ins	urance
User Login: ESIC1	Thu 7 Jan 2010, 4:48:35 PM	🚹 📀 🔍 🖆
Registration > Form 01 Approval >		
Form 01 Rejected		
ОК		
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4.2.15.3 Task –Form 01 Approval

If he clicks on Approve the Form 01 will be approved.





ESIC Employees' State Insurance Corporation	Insurance
User Login: ESIC1	Thu 7 Jan 2010, 4:49:14 PM 🏻 🏠 🔞 🔍 🛣
Registration > Form 01 Approval >Success	
F	orm 01 Approved
	ОК
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If Ok is clicked it will get Navigated to employer main Screen. From there the user can navigate to any page by clicking any of the links or he can log off the account.