



STANDARD NOTE

ON
EMPLOYEES' STATE INSURANCE SCHEME
AS ON 01.07.2021



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

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

www.esic.nic.in

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**STANDARD NOTE ON
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(As on 01.07.2021)**



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

1) General aspect of ESI Scheme

a) Coverage under ESI Act, 1948

The ESI Act, 1948 applies to factories employing 10 or more persons. The provisions of the Act are being brought into force in district area-wise in stages. The Act contains an enabling provision under which the "appropriate government" is empowered to extend the provisions of the Act to class of establishments, industrial, commercial, agricultural or otherwise. Under these provisions, the State Governments have extended the provisions of the Act to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings, newspaper establishments, educational, medical institutions employing 10 or more employees. The Central Govt. has extended the coverage under Section 1(5) to Shops, Hotels, Restaurants, Road Motor Transport establishments, Cinema including preview theatres, Newspaper establishments, establishment engaged in Insurance Business, Non-Banking Financial Companies, Port Trust, Airport Authorities, Warehousing establishments employing 20 or more Persons. Thirty-one State Governments have reduced the threshold for coverage of shops and establishments to 10 or more persons. The employees of registered factories and establishments drawing wages up to Rs. 21000/- (Rs.25,000/- for Person with Disability) are covered under the Act. The status of coverage under ESI Act, 1948 as on 01-07-2021 is as under:

SI No	Particulars	Details
1.	No. of Districts in which ESI Scheme has been notified.	583
2.	No. of Districts fully notified under ESI Act, 1948	399
3.	No. of Districts partially notified under ESI Act, 1948	184
4.	No. of employers registered under ESI Act, 1948	12.36 Lakh
5.	No. of employees registered under ESI Act, 1948	3.09 Crore
6.	No. of Insured Persons covered	3.41 Crore
7.	No. of beneficiaries	13.24 Crore

The ESI Act has been notified in the State of Arunachal Pradesh for the first time w.e.f. 01.11.2020. General information regarding implementation of ESI Scheme is placed at **Annexure-I.**

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

The ESI Act covers workers in the organized sector. As on 31.03.2020, 3.09 crores employees are covered under the Employees' State Insurance Act covering 3.41 crores insured persons family entities with total 13.24 crores beneficiaries. The remaining workers in the organized sector to which the ESI Act does not apply remain outside the social security umbrella inter-alia, due to the following reasons: -

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

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

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

The ESI Act, 1948 along with 8 other Central Labour Acts, have been subsumed in the Code on Social Security, 2020 (Act 36 of 2020). The Social Security Code 2020 has not been made effective as on 01.07.2021 The Central Govt. has notified the draft rules namely the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13.11.2020 for stakeholder consultation.

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

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

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

Central Govt. by notification shall notify the hazardous industries and life-threatening occupation.

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

2) BENEFITS PROVIDED UNDER ESI SCHEME

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

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

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

(i) MEDICAL BENEFIT

Full medical care is provided to an Insured person and his family members from the day he enters insurable employment. There is no ceiling on expenditure on the treatment of an Insured Person or his family member. Medical care is also provided to retired and permanently disabled insured persons and their spouses on payment of a token annual premium of Rs.120/-. The details about administration of Medical Benefit is given below in succeeding paragraph.

(ii) SICKNESS BENEFIT

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

After exhausting the Sickness Benefit payable upto 91 days, an insured person, if suffering from Tuberculosis/Leprosy, mental and malignant diseases or any other specified long-term disease, is entitled to Extended Sickness Benefit at a higher rate of 80% of average daily wage for a period of two years, provided he has been in continuous service for a period of 2 years or more in a factory or establishment to which the provisions of the Act applies and fulfills the contributory conditions. The list of these long-term diseases is constantly reviewed and 34 diseases are included presently. The Director General/Medical Commissioner have also been authorized to extend the benefit to Insured Persons suffering from other rare diseases.

Enhanced Sickness benefit at the rate full average daily wage is also provided to insured

person eligible to sickness benefit, for undergoing sterilization operations for family planning, for upto 7 days in case of vasectomy and upto 14 days for tubectomy, the period being extendable in cases of post-operative complications etc.

(iii) MATERNITY BENEFIT

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

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

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

Further the insured woman shall be entitled to twelve weeks of maternity benefit from the date the child is handed over to the commissioning mother after birth or to adopting mother as the case may be.

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

(iv) DISABLEMENT BENEFIT

In case of temporary disability arising out of employment injury, disablement benefit is admissible to an IP for the entire period, so certified by the Insurance Medical Officer/Insurance Medical Practitioner, for which the insured person did not work for wage. This benefit is not subject to any contributory conditions and is payable at a rate of 90% of the average daily wage. The temporary disablement benefit is however, not payable for an employment injury resulting in incapacity for less than three days excluding the date of accident.

Where the disablement due to an employment injury results in permanent, partial or total loss of earning capacity, the periodical cash payments are made to the insured persons for life depending upon the extent of loss of earning capacity, as may be certified by a duly

constituted Medical Board. The rate of Permanent Disablement Benefit is revised periodically to protect it against erosion in the value of benefit due to inflation etc. subject to availability of funds.

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

(v) DEPENDANTS' BENEFIT

Periodical payments are paid to dependants of an insured person who dies as a result of employment injury. An amount equivalent to 3/5 of dependent benefit rate is payable to the widow for life or until remarriage. Widowed mother gets an amount equivalent to 2/5 of Dependent Benefit rate for life. Each child share among themselves an amount equivalent to 2/5th of the disablement benefit. Sons get dependant benefit till 25 years of age and daughters get dependants benefit till marriage. In case the child is infirm, the benefit continues to be paid till the infirmity lasts. However, it is subject to the condition that the total dependants benefit distributed does not exceed, at any time, the full rate of disablement benefit. In case it exceeds the above ceiling; the share of each of the dependants is, proportionately reduced.

In case the insured person does not leave behind any widow or child or widowed mother, the benefit is payable to other dependants.

The rate of dependent benefit is revised from time to time to compensate for loss of its real value due to inflation etc. Last revision of DB rates was done in the year 2019.

The minimum amount of the periodical monthly payment of Dependent benefit payable to all eligible dependants shall not be less than Rs.1200/- (Rs. One thousand to hundred only).

(vi) OTHER CASH BENEFITS PROVIDED UNDER ESI ACT, 1948

(a) FUNERAL EXPENSES

Funeral expenses of Rs. 15000/- (w.e.f. 01.05.2019) is paid towards the expenditure on the funeral of a deceased insured person. The amount is paid either to the eldest surviving member of the family or in his absence to the person who incurs the expenditure on the funeral of the deceased insured person.

(b) CONFINEMENT EXPENSES

The scheme of medical bonus was introduced on 16.11.96 under Rule 56-A of the ESI (Central) Rules 1950. According to this Rule an insured woman and an insured person in respect of his wife shall be paid medical bonus on account of confinement expenses as prescribed and approved by the ESI Corporation, provided the confinement occurs at a place where necessary medical facilities under the Employees State Insurance Scheme are not available. Confinement expense are payable for two confinements only. Amount of medical Bonus under confinement expense has been increased for Rs 5000/- to Rs.7500/- w.e.f. 27.10.2020.

(vii) DETAILS OF SOME OTHER NEED BASED BENEFITS PROVIDED UNDER ESI SCHEME

(a) REHABILITATION ALLOWANCE

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

(b) MEDICAL BENEFIT TO INSURED PERSONS WHO CEASES TO BE IN INSURABLE EMPLOYMENT BECAUSE OF PERMANENT DISABLEMENT

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

(c) MEDICAL BENEFIT TO RETIRED INSURED PERSONS

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

(d) CONVEYANCE ALLOWANCE TO PDB BENEFICIARIES

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

(e) RAJIV GANDHI SHRAMIK KALYAN YOJANA (RGSKY)

Under RGSKY, which was introduced w.e.f. 01.04.2005, unemployment allowance is paid to the insured person for a maximum period of 24 months who has been rendered unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, in case contribution in respect of him/her have been paid or payable for a minimum of two years prior to the loss of employment. The Insured Person and his/her family is also entitled to medical care for a period of twelve months (w.e.f. 01.02.2009) from the date of unemployment. This allowance shall cease to be payable in case the Insured Persons gets re-employment or attains the age of superannuation or 60 years, whichever is earlier. Daily rate of Unemployment Allowance is 50% of average daily wages drawn by the IP/IW during the last four completed contribution periods, for first twelve months and 25% of average daily wage drawn by IP for the last 12 months.

(f) ATAL BEEMIT VYAKTI KALYAN YOJANA (ABVYK)

- i)** The Employees' State Insurance Corporation started ATAL BEEMIT VYAKTI KALYAN YOJANA, a welfare measure for employees covered under Section 2(9) of the ESI Act w.e.f. 01.07.2018, as a Pan India Pilot project under Section 19 of the Act. Under the scheme eligible IPs are provided cash compensation at the rate of 25% of average daily earnings up to Ninety (90) days in case they become unemployed. The relief under the scheme can be claimed after three months in one or more spells on becoming unemployed; provided the employee has completed two years of insurable employment and contributed not less than Seventy-eight (78) days in each of the four consecutive contribution periods immediately preceding to the claim of relief. The relief under the scheme can be availed once in lifetime of the IP. Atal Beemit Vyakti Kalyan Yojana was extended by the ESI Corporation for another year i.e. from 01.07.2020 to 30.06.2021 and the eligibility conditions of the scheme were relaxed along-with enhancement of the rate of relief w.e.f. 24.03.2020 as under, to provide relief to the Insured Persons who lost their jobs during COVID-19 Pandemic.
- ii)** Rate of relief was doubled, from 25% of Average daily earnings of the Insured Person to 50% of the average daily earnings of the IP during the previous four contribution periods.
- iii)** The Insured Person should have been in insurable employment for a minimum period of two years immediately before his/ her unemployment and should have contributed for not less than 78 days in the contribution period immediately preceding the unemployment and minimum 78 days in one of the three contribution periods in two years prior to unemployment. Earlier this condition was minimum contribution of 78 days in four contribution periods prior to unemployment with minimum two years insurable employment. Claim shall be due 30 days after date of unemployment. Earlier this period was 90 days.
- iv)** The claim of the IP need not be forwarded by the employer. The claim can be submitted by an IP in the prescribed claim form duly completed, directly to the ESIC Branch office.
- v)** The facility of online submission of claim for relief by the IP has also been provided to the Insured Person.
- vi)** Atal Beemit Vyakti Kalyan Yojana has again been extended for one year i.e. from 01.07.2021 to 30.06.2022 with above-mentioned relaxation in the eligibility conditions and enhanced rate of relief under the scheme.

(g) ESIC COVID-19 Relief Scheme

In order to provide help and succor to the families of the IPs who died due to COVID-19, Employees' State Insurance Corporation has started ESIC COVID-19 Relief Scheme a welfare measure for IPs who are employees under section 2(9) of the Act. Under this scheme 90% of average wages of deceased Insured Person shall be paid to the eligible dependents of the Insured Person who died due to COVID-19. The Scheme will be effective for a period of two years w.e.f. 24.03.2020. The eligibility conditions for relief under the scheme are:-

1. The IP who died due to COVID-19 disease must have been registered on the ESIC online portal at least three months prior to the date of diagnosis of COVID-19 disease resulting in his/ her death.

2. The deceased IP must have been in employment on the date of diagnosis of COVID-19 disease and contributions for at least 70 days should have been paid or payable in respect of him/ her during a period of maximum one year immediately preceding the diagnosis of COVID-19 disease resulting in death.

Main Features of the Scheme

- a) The claimant for the relief will submit their claim for relief under the scheme enclosing the COVID-19 positive report and death certificate of IP in any nearest Branch Office of ESIC. All verifications and other formalities will be done by the ESIC Branch office.
- b) Proof of the age and identity of dependants shall be given by means of Aadhar or birth certificate issued by the competent authority.
- c) The IP/IW who were availing maternity Benefit (MB) or Temporary Disablement Benefit (TDB) or Extended Sickness Benefit (ESB) and died due to COVID-19 and who fall short of the required 70 days of contribution due to being on MB, TDB or ESB , the number of days they were on MB, TDB or ESB during the period of one year prior to the diagnosis of COVID-19 will be counted for their eligibility for relief under the scheme.
- d) There may be cases of death even after recovery from COVID-19 and discharge from hospital. In such cases, if the death results within 30 days of recovery and discharge from hospital, then the case shall be decided on recommendation of a Medical board. In cases where the date of recovery from COVID-19 cannot be ascertained for want of COVID-19 negative certificate, the post COVID death up to 45 days after testing COVID-19 Positive shall be considered for relief under the scheme.
- e) Spouse of the deceased IP/IW shall be eligible for Medical care on depositing Rs 120/- in lump-sum for one year.

3. AMENDMENTS IN THE E.S.I. ACT, 1948, E.S.I(CENTRAL) RULES, 1950 & E.S.I.(GENERAL) REGULATIONS, 1950

The ESI Act, 1948, has last been amended vide ESI (Amendment) Act, 2010 and the amended provisions made applicable since 01-06-2010 for enhancing the Social Security coverage, streamlining the procedure for assessment of dues and for better services to the beneficiaries. The details of the recent amendments done in ESI (Central) Rules, 1950 and ESI (General) Regulations, 1950 is as under.

- a)** The following amendments in ESI (Central) Rules, 1950 have been recently made.
 - i)** Amendment to Rule 56-A of ESI (Central) Rules, 1950 regarding enhancing the Confinement expenses benefit amount payable for Maternity expenses availed outside ESI Dispensaries/Hospital from Rs. 5000/- to Rs.7500/- (Notification issued on 27.10.2020).
 - ii)** Deletion of Rule 51B of ESI (Central) Rules, 1950, which contained provision relating to contribution for the initial twenty-four months from date of new implementation. (Notification issued on 27.10.2020).
 - iii)** ESI Scheme has been extended to Arunachal Pradesh for the first time. A notification to this effect has been issued by the Central Government for notifying the district of

Papum Pare effective from 1st of November 2020. The Papum Pare district consists of Itanagar, which is the capital of Arunachal Pradesh.

- b) Following amendments to ESI (General) Regulations, 1950 have been made recently.
- i) Amendment in Regulation 10A regarding constitution of Local Committees.
 - ii) Insertion of new Regulation 87A, 88A, 89C, 89D regarding entitlement to Maternity Benefit.
 - iii) Extension of unemployment cash benefit namely "Atal Beemit Vyakti Kalyan Yojana" with relaxed norms introduced during COVID-19 pandemic and enhancement of benefit from 25% of wages to 50% of wages payable for 90 days of unemployment(Notification issued on 14.10.2020).

4. ADMINISTRATION

The Headquarters of ESI Corporation is located at New Delhi and has 64 field offices which includes 24 Regional Offices, and 40 Sub-Regional Offices throughout the country. There are 592 Branch offices for administration of cash benefits to Insured Persons & 68 Dispensary Cum Branch Offices (DCBO) for administration of both cash and primary medical care to Insured Persons as on 30.06.2021. The details of RO/SRO and DCBO is given at **Annexure-III**.

5. FINANCE

(i) GENERAL ASPECT:

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

The expenditure on provision of medical care (except in Delhi and dispensaries in Noida (U.P.) where the Scheme is directly administered by the Corporation was, upto March 2019, shared between the Corporation and the concerned State Governments in the prescribed ratio of 7:1. However, as per the decision taken in the 177th meeting of the Corporation held on 19.02.2019, the entire expenditure on running the ESI Scheme, up to the prescribed ceiling, shall be borne by the ESIC for three years starting from 2019-20. The maximum shareable amount is subject to the ceiling fixed by the Corporation from time to time. ESI Corporation presently has fixed the per capita ceiling of sharing expenditure with State Govts. u/s 58 (3) of ESI Act, 1948 at Rs. 3,000/- per Insured Person with sub ceiling of Rs. 1,250/- for Administration and Rs. 1,750/- for others for the year 2020-21. In addition, ESIC gives funds to states for preventive & promotive health services of Rs. 20 per IP per annum and Rs. 200/- per IP per annum as incentive for bed occupancy over 70 % in that State over and above the ceiling. ESIC gave Rs. 3,926 Cr. to states in 2020-21 (Unaudited figure). In addition, ESIC

incurred expenditure of Rs. 5,605 Cr. on ESIC hospitals, SST cases & Medical Education separately.

The details of Revenue Income and Expenditure of ESI Corporation for the FY' 2020-21 is given at **Annexure-IV**.

(ii) INVESTMENT OF ESIC FUND THROUGH PORTFOLIO MANAGERS

Prior to April 2019, ESIC was investing its surplus fund in Fixed Deposits of Public Sector Banks under Rule 27 of ESI (Central) Rules, 1950. For diversification in investment of ESIC surplus fund and better returns, Portfolio Managers have been appointed by the ESIC. Portfolio Managers have been investing ESIC surplus fund in Govt. securities, govt. Bonds AAA PSU bonds etc. as per approved investment policy w.e.f. 01st April 2019. Apart from Portfolio Managers, Custodian and External Concurrent Auditor (ECA) have also been appointed. ESIC has been able to earn an interest of 6.78 percent in Financial Year 2020-21 due to new Investment Policy.

The broad break up of investments made by ESIC as on 30-06-2021.

	Rs. in Crores
Govt. Security/Bonds / State Development Loan	72,610
AAA PSU Bonds+FD	20,592
Tri-Party Repo(TREPS), Short term FD etc.	5,501
Special Deposit Account with Govt. of India(SDA)	18,182
Total	1,16,885

In 2020-21 (Unaudited figures) ESIC received contribution of Rs. 13,788 Cr. & incurred an expenditure of Rs. 13,767 Cr. Out of total expenditure 69 % was Medical expenditure while 20 % was for giving cash benefits. The average expenditure incurred per IP was Rs. 4,037 & average contribution received was Rs. 4,043.

(iii) COLLECTION OF ESI CONTRIBUTION THROUGH OTHER NATIONALISED BANKS AND ICICI, HDFC and AXIS BANK UNDER MULTI BANK MODULE

Earlier ESIC revenue was collected through the bank branches of SBI only. For Ease of Doing Business and reduction in collection charges, it was decided to collect ESI contribution through other Nationalized Banks namely Bank of Baroda, Canara Bank, IDBI and "any Scheduled Banks authorized for Government Agency Business" at "Zero transaction charges" through their internet banking channel.

Rule 21 of ESI (Central) Rule, 1950 has been amended by replacing Nationalized Banks with "any Scheduled Banks authorized for Government Agency Business". 03 Private Banks viz. ICICI Bank, HDFC Bank and AXIS Bank which are authorised for conducting Government Agency Business by Ministry of Finance have been empaneled with ESIC for collecting ESIC revenue under Multi Bank Module.

Accordingly, collection of ESI Contribution through internet banking channel of 06 banks namely Axis Bank, Bank of Baroda, Canara Bank, HDFC Bank, ICICI bank and IDBI bank has been started.

Further, integration with other 07 Nationalized Banks namely Bank of India, Bank of Maharashtra, Central Bank of India, Indian Bank, Indian Overseas Bank, Punjab National Bank and Union Bank is under process in view of proposed common challan for ESIC & EPFO. Empanelment of Kotak Mahindra Bank is also under process as per circular of Ministry of Finance dated 24th February, 2021 and RBI guidelines dated 10th May, 2021, in this regard, in view of proposed Common ECR for ESIC & EPFO.

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

- (i) Extension of ESI scheme to the New areas and new sectors of employment is a continuous process for which medical arrangement by State Govt. is a pre-requisite. The Corporation extends the scheme in phased manner as follows:-
- a) Periodical survey is conducted by the ESIC Regional Offices/Sub Regional Offices in non-implemented area to identify the area where scheme can be extended/notified. Once the concerned state Govt. agrees to provide medical facilities, or makes a request to ESIC to arrange medical facilities in new areas, on completion of medical facilities, a notification is issued by the Central Govt. for implementation of scheme.
 - b) The threshold for coverage of factories is 10 or more persons and State Govts. have reduced the threshold limit of coverage of establishment from 20 to 10 persons or more under Sec. 1(5) of ESI Act.
 - c) The scheme has also been extended to the new sectors of employment viz. educational institutions and private medical institutions. As on 01.01.2021, 28 States/UTs have notified educational institutions whereas 27 States/UTs have notified Medical institutions. Notifying Municipal Corporations & Municipal bodies have also been taken up with the States. Haryana, Bihar & Goa have already notified the contract & casual employees of Municipal Corporation/bodies for coverage under ESI Scheme. The Central Govt. has accorded its approval under section 1(5) to all States for coverage of contract and casual employees of Municipal Corporations/ Municipal Bodies vide letter no S-38025/07/2021-SS-I dt. 09.06.2021. Hence the States can issue notification without seeking individual approval of Central Govt. for coverage of such employees.
 - d) Scheme is not applicable to Plantations and Mines etc. as they are separately covered under the respective Acts.
- (ii) The following States/UTs have not notified educational & medical institutions as establishments coverable under ESI Act, 1948:

Sl. No.	Educational Institutions	Medical Institutions
1	Arunachal Pradesh	Arunachal Pradesh

2	Gujarat	Gujarat
3	Maharashtra	Maharashtra
4	Meghalaya	Meghalaya
5	Andaman & Nicobar Island	Andaman & Nicobar Island
6	Dadar and Nagar Haveli	Puducherry
7	Daman & Diu	Dadar and Nagar Haveli
8	Lakshadweep	Daman & Diu
9		Lakshadweep

6(B) Formation of State Autonomous Body/Society by States

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

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

7.MEDICAL BENEFITS PROVIDED UNDER ESI SCHEME

A) General aspect:

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

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

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

MEDICAL INFRASTRUCTURES OF ESIC/ESIS AT A GLANCE

Total No. of ESI Hospitals	160
Hospitals run by ESI Corporation	50
Hospitals run by State Government	110
Total number of Dispensaries	1520
Total number of DCBOs	68
Total number of ISM unit	308
Total number of Sanctioned beds in ESIC/ESIS hospitals	25323
Total number of Doctors	8626
Total number of IMPs	1287

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

i) LIST OF HOSPITALS DIRECTLY RUN BY ESIC

Sl. No.	State	Place	No of Beds Sanctioned	No of Beds
				Commissioned
1.	Assam	Beltola *	50	50
2.	Bihar	Phulwari sharif *	50	50
3.	Bihar	Bihta	330	330
4.	Chandigarh (UT)	Chandigarh	100	70
5.	Chattisgarh	Raipur	100	50
6.	Chattisgarh	Korba	100	50
7.	Delhi	Basaidarapur *	1000	600
8.	Delhi	Jhilmil	300	300
9.	Delhi	Okhla	500	350
10.	Delhi	Rohini	300	300

11.	Gujarat	Bapu Nagar, Ahmedabad *	300	206
12.	Gujarat	Naroda	100	50
13.	Gujarat	Vapi	100	75
14.	Gujarat	Ankleshwar	100	100
15.	Haryana	Gurgaon *	200	150
16.	Haryana	Manesar	100	100
17.	Haryana(Med. Collage)	Faridabad	510	510
18.	Himachal Pradesh	Baddi *	100	100
19.	Jammu	Bari Brahma *	100	50
20.	Jharkhand	Namkum, Ranchi *	200	50
21.	Jharkhand	Adityapur	100	50
22.	Karnataka	Rajajinagar,Bangalore*	750	500
23.	Karnataka	Peenya	150	150
24.	Karnataka	Gulbarga	470	470
25.	Kerala	Asramam, Kollam *	200	200
26.	Kerala	Udyogmandal	100	100
27.	Kerala	Ezhukone	150	150
28.	Madhya Pradesh	Indore *	300	300
29.	Maharashtra	Andheri, Mumbai *	500	320
30.	Maharashtra	Kolhapur	100	50
31.	Maharashtra	Bibvewadi	100	50
32.	Orissa	Rourkela *	75	50
33.	Punjab	Ludhiana *	300	300
34.	Rajasthan	Jaipur *	300	300
35.	Rajasthan	Bhiwadi	50	50
36.	Rajasthan	Alwar	330	330
37.	Rajasthan	Udaipur	100	50
38.	Tamil Nadu	KK Nagar,Chennai *	400	400
39.	Tamil Nadu	Tirunelveli	100	50

40.	Telangana	S.S. Sanath Nagar	150	150
41.	Telangana	Santhnagar	1000	558
42.	Uttar Pradesh	Noida *	300	300
43.	Uttar Pradesh	Jajmau	100	50
44.	Uttar Pradesh	Sahibabad	200	100
45.	Uttar Pradesh	Sarojini Nagar, Lucknow	150	75
46.	Uttar Pradesh	Varanasi	150	150
47.	Uttar Pradesh	Bareilly	100	50
48.	Uttrakhand	Rudrapur	100	50
49.	West Bengal	Joka, Kolkata *	650	470
50.	Odisha	Angul	100	50

***Model Hospital**

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

Sl. No.	State	Name of Hospital	Bed Strength
	Andhra Pradesh		
1		Visakhapatnam	30
2		Rajamahendravaram	50
3		Tirupati	50
4		Vijayawada	110
Total			240
	Asam		
5		Tinsukia (Annexe ESIS Hospital)	Currently non-functional
	Bihar		
6		<i>DalmiaNagar</i>	Currently non-functional
7		<i>Munger</i>	Currently non-functional
	Goa		
8		Margao	100
Total			100
	Gujarat		
9		Baroda	200
10		Bhavnagar	30
11		Jamnagar	50
12		Kalol	40
13		Rajkot	50
14		Rajpur Hirpur	50
15		Surat	22
Total			442

	Haryana		
16		Ballabgarh	50
17		Bhiwani	50
18		Jagadhari	80
19		Panipat	75
Total			255
	Himachal Pradesh		
20		Parwanoo	50
Total			50
	Jharkhand		
21		Maithan	110
Total			110
	Karnataka		
22		Belgaum	50
23		Dandeli	25
24		Devangare	100
25		Hubli	100
26		Indiranagar	210
27		Shahbad	Currently non-functional
28		Mangalore	100
29		Mysore	100
Total			685
	Kerala		
30		Alleppy	55
31		Ernakulam	100
32		Feroke	100
33		Mulamkunnathukam	110
34		Olarikara	102
35		Palakkad	50
36		Perookada	128
37		Thottada	50
38		Vadavathur	65
Total			760
	Madhya Pradesh		
39		Bhopal	100
40		Dewas	50
41		Gwalior	100
42		Indore (T.B.)	75
43		Nagda	50
44		Ujjain	50
Total			425
	Maharashtra		
45		Aurangabad	100
46		Chinchwad (Pune)	100
47		Kandivali	300

48		MGM	650
49		Mulund	400
50		Nagpur	200
51		Nasik	100
52		Sholapur	150
53		Thane	100
54		Ulhasnagar	100
55		Washi	100
56		Worli	650
Total			2950
Odisha			
57		Kansbahal	50
58		Bhubaneshwar	100
59		Choudwar	100
60		Jaykapur	25
61		Brajarajanagar	Currently non-functional
62		Barbil	Currently non-functional
63		Rajgangpur	
Total			275
Puducherry			
64		Gorimedu Hospital	75
Total			75
Punjab			
65		Amritsar	125
66		Hoshiarpur	50
67		Jalandhar	100
68		Mandi Gobindgar	30
69		Mohali	30
70		Phagwara	50
Total			385
Rajasthan			
71		Bhilwara	30
72		Jodhpur	25
73		Kota	60
74		Pali	20
Total			135
Tamil Nadu			
75		Ayanavaram, Chennai	616
76		Hosure	50
77		Madurai	209
78		Salem	50
79		Sivakasi	100
80		Tirucharapally	50
81		Coimbatore	330

82		Vellore	50
		Total	1455
Talengana			
83		Nacharam	450
84		Nizamabad	50
85		R.C. Puram	100
86		Sirpurkagarnagar	62
87		Warangal	50
		Total	712
Uttar Pradesh			
88		Agra	100
89		Aligarh	60
90		Azad Nagar, Kanpur (Chest)	100
91		Kidwai Nagar	100
92		Modi Nagar	100
93		Naini Allahabad	100
94		Pandunagar, Kanpur	130
95		Pipri	60
96		Saharanpur	50
97		Sarvodyanagar, Kanpur (MAT)	100
		Total	900
West Bengal			
98		Asansol	100
99		Baltikuri	230
100		Bandel	250
101		Bellur Belly	200
102		Budge-Budge	300
103		Durgapur	150
104		Gourhati	216
105		Kalyani	250
106		Kamarhati	350
107		Manicktola	422
108		Sealdah	254
109		Serampore	216
110		Uluberia	216
		Total	3154
		Grand Total	13108

B) Primary Care

i) Service Dispensaries

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

ii) Dispensary Cum Branch Office (DCBOs)

ESI Corporation in its 174th Meeting, held on 29th May 2018, decided that a Dispensary cum Branch Office (DCBO) to be opened in all notified districts which will be directly run by ESI Corporation. DCBOs are planned to supplement existing Primary Medical Care Services administered by State Govts. so as to add to the quality & quantity of such Primary Medical Care services. At present, DCBOs has been made functional in 68 districts. The district wise details of DCBO is given at **Annexure-III**.

iii) Hospital OPDs:

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

iv) Additional Primary Care arrangements:

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

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

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

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

C) Secondary Medical Care: In-patient services are being provided through a chain of **160** ESI hospitals spread across the country which includes **50** directly run ESI hospitals & **110** State ESI hospitals with a total bed strength of 21072. The services

which are not available in ESIC/ESIS hospitals are provided through cashless tie-up arrangements with reputed private hospitals.

D) Tertiary Medical Care

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

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

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

F) AYUSH MEDICAL SERVICES

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

G) OPENING OF ESIC HOSPITALS TO NON-INSURED PERSONS

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

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

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

- i)** ESIC Hospital, Bihta, Bihar
- ii)** ESIC Hospital, Naroda Gujarat
- iii)** ESIC Hospital, Ankleshwar, Gujarat
- iv)** ESIC Hospital, Gulbarga, Karanataka

- v) ESIC Hospital, Andheri, Maharashtra
- vi) ESIC Hospital, Kolhapur, Maharashtra
- vii) ESIC Hospital, Bibvewadi, Pune, Maharashtra
- viii) ESIC Hospital, Bhiwadi, Rajasthan
- ix) ESIC Hospital, Jaipur, Rajasthan
- x) ESIC Hospital, Alwar, Rajasthan
- xi) ESIC Hospital, Lucknow, U.P.
- xii) ESIC Hospital, Kanpur, U.P.
- xiii) ESIC Hospital, Varanasi, U.P.
- xiv) ESIC Hospital, Bareilly, U.P.
- xv) ESIC Hospital, Rudrapur, Uttarakhand

8. SETTING UP OF ESIC HOSPITAL & ESI DISPENSARIES

i) GENERAL POLICY

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

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

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

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

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

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

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

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

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

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

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

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

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

Sl. No.	State	Location	Bed strength
1	Andhra Pradesh	Guntur	100
2	Andhra Pradesh	Vizianagaram	100

3	Andhra Pradesh	Kakinada	100
4	Andhra Pradesh	Penukonda	100
5	Andhra Pradesh	Vishakhapatnam	400
6	Andhra Pradesh	Sri City, Nellore	100
7	Andhra Pradesh	Atchyutapuram	30
8	Bihar	Muzzafarpur	100
9	Chhatisgarh	Bhillai	50
10	Chhattisgarh	Raigarh	100
11	Delhi	Narela	30
12	Goa	North Goa	100
13	Gujarat	Alang	50
14	Haryana	Bahadurgarh	100
15	Haryana	Bawal	100
16	Himachal Pradesh	Kala Amb	30
17	Jammu & Kashmir (UT)	Ompura, Srinagar	100
18	Jharkhand	Deoghar	100
19	Karnataka	Doddabalapur	100
20	Karnataka	Bommsandra	200
21	Karnataka	Shivamoga	100
22	Karnataka	Narsapura	100
23	Karnataka	Haroholli	100
24	Karnataka	Bellary	100
25	Kerala	Perambavoor	100
26	Leh (UT)	Leh	30
27	Madhya Pradesh	Pithampur	100
28	Odisha	ESIC SS hospital, Jagannath Prasad, Bhubaneswar	150
29	Odisha	Duburi	50
30	Rajasthan	Bikaner	100
31	Rajasthan	Chittorgarh	30

32	Tamil Nadu	Tirupur	100
33	Tamil Nadu	Sriperumbudur	100
34	Tamil Nadu	Dindigul	100
35	Tamil Nadu	Vaniyamvadi	100
36	Tamil Nadu	Tuticorin	100
37	Tamil Nadu	Kanyakumari	100
38	Telangana	Ramagundam	100
39	Uttar Pradesh	Meerut	100
40	Uttar Pradesh	Firozabad	30
41	Uttar Pradesh	Gajraula	30
42	Uttarakhand	Dehradun	100
43	Uttarakhand	Sidkul area Haridwar	300
44	West Bengal	Siliguri	100
45	West Bengal	Haldia	100
46	West Bengal	Garshyamnagar	100

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

Sl. No.	State	Date of implementation of ESI Scheme	Nos. of Insured Persons	No. of		
				Hospitals	Dispensaries	IMP
1	Arunachal Pradesh	01.11.2020	-	-	1(DCBO)	-
2	Assam	28.09.1958	2,81,292	1	26	15
3	Manipur	01.06.2018	954	-	1(DCBO)	-
4	Meghalaya	28.09.1980	15,647	-	2	-
5	Mizoram	01.12.2015	1,181	-	1	-
6	Nagaland	01.03.2008	3,268	-	3	-
8	Tripura	01.01.2009	15,707	-	1	-

9. OCCUPATIONAL DISEASE CENTRES (ODCs)

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

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

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

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

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

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

10. EXPENDITURE ON MEDICAL CARE

The expenditure on medical care to the Insured Persons and their family is shared between the ESIC and respective State Govt. under the provisions of Section 58(3) of the ESI Act in the ratio of 7:1. ESIC share is being paid to the State Govt. in advance through "On Account" payment. ESI Corporation in its 177th meeting held on 19/02/2019 has decided to bear State Govt. 1/8th share of medical expenditure to empower State Govt. financially, to formulate policies and plan expenditure towards upgrading the medical services in state run ESI hospitals/dispensaries. The Corporation funding of 100 % shall be for three years i.e. FY 2019-20 to 2021-22 and on actual expenditure made by the State Govt. or the ceiling amount, whichever is less.

Further, in order to facilitate State Governments for making adequate provision of medical services to ESI beneficiaries, Chairman, ESIC, in supersession of all previous communication

regarding modalities for release On Account payment has approved revised policy for releasing On Account payment to State ESI Scheme / Society w.e.f. FY 2021-22 in following manner:

A. Modalities for fund allocation/release for FY 2021-22 onward:

- i) No change in overall ceiling of ₹3,000/- per IP per annum. However, various Sub-ceiling under this broader ceiling of ₹3000/- are as under.
 - a) Annual ceiling on entitlement for medical care expenditure has been enhanced to ₹2,600 per IP per annum from existing ceiling of ₹2150/- with maximum sub ceiling of ₹1,300 for expenditure under "Administration" head.
 - b) Entitlement of ₹200 per IP per annum for incurring expenditure under Project Implementation Plan (PIP).
 - c) Entitlement of ₹ 200 per IP per annum on pro-rata basis based on extent of implementation of ESIC Dhanwantari module in State ESI hospitals & dispensaries during previous financial year.
- ii) Additional Entitlement of ₹200 per IP per annum as incentive, over and above the ceiling of ₹3,000/- where bed occupancy in all the State ESI Hospitals is more than 70% during the concluded financial year.
- iii) Additional entitlement of ₹20 per IP per annum, over and above the ceiling of ₹3,000/- for expenditure under preventive and promotive health services.
- iv) i) a) will be on basis of utilisation of funds, as explained at "C" below, while release of funds against, i) b), c) and ii) and iii) will be on basis of claims by States.

B. Modalities for calculation of Budgetary Estimates (BE) for "On Account" payment to State ESI Schemes.

The release of funds and review of expenditure as well approval of BE will be made in the meeting with the State Govt. in the month of March & October.

Entitlement of State ESI Schemes shall be estimated based on average of actual per IP expenditure incurred during last three completed financial year. As increase in medical expenditure ceiling has been enhanced from ₹2,150/- to ₹2,600/- (which is around 21% increase), the average of actual per IP expenditure will be enhanced by 21% to arrive at budgetary estimate (BE) for FY' 2021-22.

Illustration: - If average per IP expenditure incurred during last three completed (2017-18, 2018-19 and 2019-20) year is ₹100 then Per IP Budget Estimate 2021-22 will be fixed as ₹100 + ₹21 i.e. ₹121/-.

For calculation of Budgetary Estimate (BE) of subsequent financial years, average of actual expenditure will be enhanced by 10% considering cost of inflation and increase in nos. of IPs subject to prevailing maximum ceiling.

In case the State Govt. desires additional allocation of funds over and above the approved BE for the year but within its overall entitlement, it may submit a proposal with justification with details of expenditure and utilization certificate for the purpose of Revised Estimate by October. The proposal will be submitted before Director General for approval. Further, the

Director General may also be authorized to approve re-appropriation of budget among States from within the total approved budget for any financial year.

The preparation of the revised estimates for On Account payment to State should be done by 30th November and budgetary provision circular with details instructions and guidelines must be issued by 15th December prior to subsequent financial year.

C. Modalities for release of "On Account" payment.

Out of the calculated budgetary estimate (BE) as above, after holding 10% of BE for release subsequent to submission of Audit certificate, 90% shall be released in two installments by the 15th of April and October, as per following:

- i) First Instalment (April to September):** 50% of 90% of BE shall be released by 15th April after adjustment for unutilized fund (if any) which was provided to State ESI Scheme for one year prior to preceding financial year as reflected through its utilization certificate. Due date for UC will be 30th September of following year.

Illustration 1- for calculating first instalment for FY 2021-2022, if the 90% of BE amount is ₹100/- and during one year prior to preceding financial year (FY 2019-20), ESI Scheme has spent ₹80 out of released amount of ₹90, then First instalment calculation shall be 50% of 100 – (₹90 - ₹80) i.e. ₹50 – ₹10 = ₹40/-.

- ii) Second Instalment (October to March):** Remaining 50% of 90% of BE shall be released by 15th October. While releasing 2nd installment following may be taken care of:
- a) In case of unspent balances of one year prior to the preceding F.Y. get spent in previous F.Y. as reflected through utilization certificate (due date of is 30th Sept of following year), adjustment made during 1st installment may also be released in addition to 2nd installment.
 - b) In case in the review meeting with State in the 1st week of October of financial year, it reveals that the 50% of fund released during 1st installment not exhausted till the end of 30th sept, 2nd installment may be given in proportionate basis.

Further, the adjustment of released instalment amount and utilisation certificate from financial year 2021-22 onwards will be carried out as under:

1st instalment: Released during April, 2021 – UC of FY 2019-20.

1st Instalment: Released during April, 2022 – UC of FY 2020-21.

1st Instalment: Released during April, 2023 – UC of FY 2021-22 and so on.

- iii) Additional Instalment:** The State Govt. may be allowed to submit additional requirement of fund through submission of revised estimate as explained in Para B above. Additional fund, if approved, shall be released by 31st December of the same financial year subject to total allocation of the year being within the entitlement of ceiling amount including sub-ceiling.

- iv) No sub-ceiling for Others head:** At present payment to States are done within a sub-ceiling of Administration & Others (Drugs & Dressing etc.) in an effort to control

excess expenditure on salaries in the ratio of 50:50. Instances have been seen where some of the State are incurring expenditure on Others above the sub-ceiling entitlement. It is proposed that the ceiling of Others may not be restricted subject to within the overall entitlement ceiling to encourage expenditure on service to IPs with ceiling on Administrative expenditure to continue.

- v) **PIP Fund Instalment:** To avail the Project Implementation Plan (PIP) fund, the State Government shall submit plan in advance by 15th Oct for subsequent financial year. This will be examined at ESIC Hqrs'. level and after getting approval from Director General, the sanction will be communicated to State Government by 31st Dec for subsequent financial year. Utilisation Certificate in case of PIP may be taken by considering period of 12 months before preceding year. While sanction for the subsequent financial year will be communicated to the States before commencement of the financial year, the release will be spread over the year irrespective of any ceiling of 90% with audit certificate to be furnished with On Account payment audit certificate.
- vi) **Full & final Settlement:** Audit certificate of concerned financial years shall be required for release of balance fund spent by State ESI Scheme subject to various sub-heads and broader ceiling.

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

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

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

services. Implementation of all such measures is being regularly monitored at ESIC Hqrs. Office through regular Video Conference meetings with ESIC hospitals across the country.

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

12. MEDICAL EDUCATION

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

i) PG Institutes:

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

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

ii) Medical Colleges:

ESIC has established and is running 06 ESIC Medical Colleges at Rajaji Nagar, Bangalore (Karnataka); K. K. Nagar, Chennai (TN); Joka, Kolkata (WB); Gulbarga (Karnataka); Faridabad (Haryana) and Sanathnagar, Hyderabad (Telangana).

In the academic year 2020-21, 4th Batch of UG (MBBS) students has been admitted at ESIC Medical College, Rajajinagar, Bangalore after grant of recognition of MBBS Courses in 2017. 3rd Batch of UG (MBBS) students has been admitted at ESIC Medical Colleges at K.K. Nagar, Chennai; Joka, Kolkata & Gulbarga, Karnataka after grant of recognition of MBBS Course in 2018. 1st Batch of UG (MBBS) students has been admitted at ESIC Medical College Faridabad, Haryana after grant of recognition of MBBS Courses in 2020. 5th batch of UG (MBBS) students has been admitted at ESIC Medical College at Sanathnagar, Hyderabad.

iii) Dental Colleges:

ESIC is running 02 Dental Colleges at Rohini, Delhi and Gulbarga, Karnataka. Dental college at Rohini, New Delhi entered its 11th year of commencement. 4th Batch of BDS students (2020-21) has been admitted at ESIC Dental College, Gulbarga.

iv) Nursing College:

ESIC is running 02 Nursing Colleges at Indranagar, Bangalore, Karnataka and Gulbarga, Karnataka. ESIC Nursing College, Indranagar, Bangalore has been started in 2013-14 and ESIC Nursing College, Gulbarga, Karnataka has been started in 2015-16.

v) Para Medical Institute:

Para Medical Courses were started (2019-20), i.e. Diploma in OT & Anaesthesia Technology; and Diploma in Medical Records Technology, at ESIC Para-medical Institute, Gulbarga, Karnataka. New courses were added in 2020-21 i.e. Diploma in Medical Laboratory Technology, Diploma in Medical Imaging Technology, Diploma in Ophthalmic Technology, Diploma in Health Inspector, Diploma in Dental hygiene and Diploma in Dental Mechanics.

vi) Start of DNB Courses:

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

vi) Proposed ESIC Medical Colleges - Transfer of existing infrastructure to State Governments / Starting MBBS course in existing infrastructure:

Due to review of decision by the Corporation regarding Medical Education, the proposed ESIC Medical Colleges at (i) Coimbatore, Tamilnadu (ii) Paripally, Kerala and (iii) Mandi, Himachal Pradesh have been transferred to respective State Governments under MoU in 2015 (Paripally) and 2016 (Coimbatore, Mandi). The State Governments have started MBBS courses at these locations.

Meanwhile, in continuation of starting medical services at associated Hospitals of proposed Medical College Alwar, Rajasthan and Bihta, Patna, Bihar, ESIC has submitted applications to NMC for starting MBBS courses at these locations from 2021-22. Appropriate steps are being taken to meet regulatory requirements in this regard, on continuing basis.

13. PROPERTY MANAGEMENT DIVISION

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

(i) General Policy: -

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

(ii) List of major projects under execution during 01-01-2020 to 01-07-2021

Sl.No.	MEDICAL EDUCATION & RELATED WORKS
1	PGIMSR & Renovation of ESIC Hospital, Andheri, Mumbai.

Sl.No.	Hospitals/Dispensaries
1	Construction of Hospital at Nacharma, Hyderabad, Telangana.
2	PG Institute cum Medical College, ESI Hospital at Basaidarapur, New Delhi.
3	Upgradation & renovation of 50 to 100 bedded Hospital at Bibvewadi, Pune(Maharashtra)

4	Construction of 100 bedded Hospital at Adityapur, Jharkhand
5	Construction of 100 bedded Hospital at Haldia, W.B
6	Construction of 100 bedded Hospital at Ranchi, Jharkahand (expandable to 200 beds)
7	Renovation of existing Hospital and setting up of 50 bedded SST facilities at Pandu Nagar, Kanpur, Uttar Pradesh
8	Construction of ESI Hospital at Okhla, Delhi
9	Construction of 50 Bedded ESI Hospital at Phulwarisharif, Patna, Bihar(Expandable to 100 Bedded)
10	Construction of 100 bedded Hospital at Raipur, Chhattisgarh.
11	Construction of 50 bedded Hospital at Asansol, W.B.
12	Construction of 100 bedded Hospital at Siliguri, W.B
13	ESIC Ayush Hospital, Narela, Delhi
14	Construction of 100 bedded Hospital at Raigarh, Chhattisgarh
15	Construction of 30 bedded ESI Hospital (Upgradable to 100 beds) at Bikaner, Rajasthan
16	Construction of Dispensary at Neemrana, Rajasthan
17	Construction of Dispensary at Sitapura, Rajasthan
18	Construction of 100 bedded Hospital at Bhilai, Chhattisgarh.
19	DIMS Building, Haryana
20	Construction of Model Dispensary, Pydibhimavaram
21	Construction of 200 bedded Hospital at Surat, Gujarat.
22	Construction of 100 bedded Hospital at Doddabalapur, Karnataka.
23	100 Bedded ESI Hospital at Kakinada Andhra Pradesh
24	100 Bedded ESI Hospital at Rajamahendravaram Andhra Pradesh
25	Construction of back side Road and allied services at ESIC Medical college and Hospital Bihta, Patna.
26	Renovation Work of existing ESIC Hospital at Kolhapur, Maharashtra.
27	Special Repairs works of existing old building of ESI Hospital at Malkapuram, Vishakhapatnam Andhra Pradesh.
28	Construction of 100 Bedded ESI Hospital at Shivamogga, Karnataka.
29	Dispensary at Gorakhpur, Uttar Pradesh

S.N	Laying of foundation stone for construction of ESIC/ESIS hospital during 01/01/2019 TO 01/07/2021
1	Foundation Stone for 100 bedded ESI Hospital at Kakinada, A.P
2	Foundation Stone for 100 bedded ESI Hospital at Bareilly
3	Foundation Stone for 100 bedded ESI Hospital, Ompura, J&K

E) Capital Construction outlay

The details of fund sanctioned for Construction of Hospitals, Annexes, Dispensaries and other offices is as follows:-

Sl.No.	Name of the Project	Amount sanctioned (Rs. In Crores)
1.	Medical Institute	229.06
2.	ESI Hospitals/Dispensaries/Offices of Directorate of ESI Scheme/Central Medical Stores etc.	2566.63
3.	Regional Offices/Branch Offices/Staff Quarters	--
	Total	2795.69

14. INDIAN SYSTEMS OF MEDICINE

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

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

- i)** In order to encourage the State Government to run the AYUSH units, the ESI Corporation in its 134th meeting held on 21.12.2005 has decided to bear the entire expenditure for the first five years on setting up of new AYUSH units in the States.
- ii)** ESI Corporation further decided in its 166th meeting under implementation of reform agenda ESIC 2.0 for expansion of AYUSH facilities in ESIC, ESIS Hospitals and Dispensaries and formulated ESI policy on AYUSH on 30.11.2015.
- iii)** ESI Corporation formulating Central Ayurvedic Rate Contract for supply of good quality Ayurvedic drugs for procurement in all its hospitals and dispensaries in order to ensure the quality. DG ESIC Ayurvedic Rate Contract in under progress.
- iv)** ESI Corporation is formulating Central Homeopathic Rate Contract for procurement of Homeopathic drugs in all ESIC/ESIS Hospitals and Dispensaries.

- v) ESIC has been participating in International Arogya fair, Ayurveda Parv, exhibitions and health melas displaying the progress of AYUSH and popularizing AYUSH services available across the country.

The details of AYUSH facilities available in ESIC and ESIS Hospitals and Dispensaries as on 01.07.2021 is at **Annexure – 'V'**.

15.RECOVERY OF CONTRIBUTION AND DETAILS OF PROSECUTION CASES

i) Recovery of contribution

A total contribution of Rs. 13787.79 Crores was collected during the year 2020-2021 against the target of Rs. 12500 Crore. The contribution income for April, and May 2021 is Rs 2165.87 Crores. Target for the current financial year is Rs. 14500 Crore. The contribution income also includes the contribution income recovered from the defaulting employers by the Recovery Officers.

Arrear of contribution amounting of Rs. 4459.69 Crores is outstanding as on 31.03.2021. An amount of Rs 2163.49 Crores is irrecoverable arrear at present, due to various reasons which are furnished as under: -

a) Details of Arrears not recoverable as on 31/03/21

(Amount Rs. in Crores)

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

b) Dues from sick industries

I)Cases in respect of Factories/Estts. Registered with BIFR/NCLT but rehabilitation scheme yet to be sanctioned	129.64
II) Factories/Establishments which have been declared sick but rehabilitation scheme has been sanctioned.	90.63
Total	220.27

c) Recoverable arrear

Employers whereabouts known but unit is closed	143.47
Recoverable dues pending for recovery action with Recovery Officer	2152.73
Total	2296.20
Grand Total (a+b+c)	4459.69

i) PROSECUTION CASES

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

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

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

With an aim to achieve the objective of simplifying business regulations, a transparent inspection policy, with system driven triggers equipped with relevant norms and criteria, has been framed by ESIC, with due approval of Ministry of Labour and Employment, Govt. of India. The scheme envisages objective criteria for selection of the units for inspections and in cases of complaints, to ensure more accountability, transparency and to minimize frequent inspection of the same unit. It also emphasizes the objective of conducting inspections/investigations, only on the basis of evidence based inputs after analyzing the field level data. To deal with complaint cases and in pursuance of the Govt. of India policy for making transparent and accountable Labour Inspection system, Central Analysis and Intelligence Unit (CAIU), has been setup by ESIC at headquarters. The mandate is, to analyze the available data of compliance/to call for additional information if required from the field offices with reference to the complaint and decide the necessity of the investigation/inspection of records against such complaint. A detailed methodology for selection criteria of the cases by the CAIU has been worked out accordingly. Field offices have been directed to forward all such complaints to CAIU that cannot be redressed without investigation/inspection of records relating to default in compliance by factories/establishment, along with the feedback/recommendation in the matter.

Besides, field offices have also been advised to review the cases identified under System Driven Inspection Criteria as per provisions made in Inspection Policy of ESIC and the Guidelines/Instruction issued by headquarters on functioning of CAIU and send such cases to CAIU for inspection approval with full justification. During the year 2020, total 1894 complaints/references received in CAIU, in which 67 received from Ministry and PMOPG Portal, 20 received from RTI Portal. Out of which 618 cases have been approved from inspection/Investigation/Surprises Physical Verification, after analysis of data of compliance.

17.PUBLIC GRIEVANCES REDRESSAL MACHINERY SET-UP IN ESIC

- i)** The ESI Corporation being a premier social security Organisation is catering to the needs of more than 13 crores of ESI Beneficiaries i.e. about 10% of the population of the country. Being a service Organisation ESIC is handling numerous Public grievances/queries from its stake-holders throughout the year.
- ii)** In pursuance of the instructions issued by the Directorate of Public Grievances, Govt. of India, the Corporation is making all out efforts for qualitative and speedy redressal of all the Public Grievances received.
- iii)** Public Grievances are received through various channels like Telephone, Postal, Email, CPGRAMS, Santusht portal, social networking etc.
- iv)** The Corporation monitors Public Grievances through a vast network of designated Public Grievance Officers posted in all the field offices/ESIC hospitals.
- v)** To provide guidance, urgent and correct information to the stake holders/beneficiaries and making the grievance filing easy and convenient, the Corporation has set up a 24 hour Toll-Free helpline number 1800-11-2526 through which Stakeholders & public can register their grievances telephonically and get a grievance registration number for the same. They can also seek status of their grievance from this helpline by providing such

grievance registration number. This facility has helped those IPs/IWs who are either illiterate or lacking writing/computer skills. The following no. of calls received during the year 2020 & 2021:

Year	Total no. of Calls received
2020	314576
2021(upto 30.06.2021)	176783

vi) Measures taken to expedite settlement of PG cases

All out efforts are made to redress all grievances at the earliest and within the maximum time limit of 30 days. As a result the Corporation has been able to settle following number of grievances received on CPGRAMS portal satisfactorily during the year 2020 & 2021.

Year	Brought forwarded	Received	Settled	Average Disposal Time (Days)	Pending
2020	266	6434	6482	14	218
2021(upto 30.06.2021)	218	5627	5501	8	344

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

18. PUBLIC RELATIONS

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

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

19. COMPLIANCE UNDER RTI ACT, 2005

- i)** The Right to Information Act 2005 has been implemented in all offices in ESI Corporation including ESI Hospitals and Dispensaries directly run by the Corporation.
- ii)** Central Public Information Officer (CPIO) have been designated in all Regional/Sub-Regional/Divisional Offices/Hospitals, Dispensaries, Branch offices Directorate (Medical) Delhi, Directorate (Medical) Noida/NTA and Hqrs. Office. Appellate Authority has also been designated for each office.
- iii)** The applicant may give the application for information under RTI Act, 2005 along with payment of Rs.10/- by way of depositing in cash or challan or banker's cheque or Indian Postal Order or DD drawn in favour of ESIC fund Account Number-1. Payment can also be made by the applicant online through the payment link of RTI Portal.
- iv)** The information to the applicant is ordinarily provided in the form in which it is sought.
- v)** Manual of the Right to Information has been published as per provisions of RTI Act, 2005, 13404 requests for information were received during the period 01.01.2020 to 30.06.2021 out of which information was provided in 11795 cases, 104 cases transferred to CPIOs of other Public Authorities and 124 cases were rejected.
- vi)** 1353 Appeals were also received during this period out of which 1221 Appeals decided.
- vii)** The name and the address of the Appellate Authority is mentioned in the reply/decisions communicated to the applicant.

20. TRAINING

i) Details of Training Academy

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

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

1. ZTI (North Zone) at R.O. Delhi.
2. ZTI (South Zone) at ESIC Medical College Gulbarga.
3. ZTI (West Zone) at R.O. Mumbai.
4. ZTI (East Zone) at R.O. Kolkata.

ii) Training Programme

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

iii) Keeping pace with the times

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

During the period April 2021 to June 2021 online training for 71 days has been imparted to 5743 participants.

21. FUNCTIONS OF PROCUREMENT CELL & RATE CONTRACT CELL

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

- i) Monitoring statutory adherence to Government of India Public Procurement Policy guidelines and Make in India policy 2017.**

- ii) Sanction / Approval for procurement of equipment proposals received from ESIC PGIMSRs and ESIC Hospitals (Equipment beyond DOP of Dean / Medical Superintendents and not existing in norms).
- iii) Enhancement of Delegation of powers of Deans/Medical Superintendents of ESI institutions in respect of procurement of equipment.
- iv) Updation / Revision of medical equipment norms for ESI Institutions.
- v) Requirement Compilation, GeM Coordination for procurement modalities.
- vi) Payment Process for equipment procured through GeM, issues resolution.
- vii) Post contract management and issues resolution for equipment procured through e-tender.
- viii) Dealing complaints pertaining to equipment procurement received from user units.
- ix) Policy matters related to equipment procurement.

The important policy decisions taken in view of COVID 2nd wave for facilitation of essential supplies and management of COVID pandemic and Procurement of equipment for efficient delivery of medical services and infrastructure development in ESIC institutions are at **Annexure- VI.**

(b) RATE CONTRACT CELL

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

S. No.	DG ESIC Rate Contract	Validity of RC	No. of Items approved
1	DG ESIC RC No. 142 to 146	Valid upto 31.08.2021	286 items
2	DG ESIC RC No. 142A to 146A	Valid upto 31.08.2021	200 items
3	DG ESIC RC No. 147	Valid upto 29.08.2021	66 items
4	DG ESIC RC No. 142B to 146B & 147A	Valid upto 29.03.2022	186 items
5	DG ESIC RC for Orthopaedic Implants (Trauma)	Valid upto 29.07.2021	229 items
6	DG ESIC RC for Surgical Consumables & disposables	Valid upto 29.07.2021	168 items

22) Super Specialty Treatment Cell:

- i) ESI Corporation in its 143rd Meeting has approved Super Specialty Treatment (SST) on cashless basis to its beneficiaries w.e.f. 01.08.2008. This SST is being provided through the tie-up arrangement with Corporate/Trust/ Private Hospitals at CGHS rates. The expenditure on SST is borne by the ESI Corporation only over and above the ceiling prescribed for expenditure on medical care from time to time. Subsequently, Hospitals were empaneled and ESI beneficiaries were referred as per the ESIC guidelines issued on time to time basis. The SST Cell, Hqrs. Office facilitate and ensure smooth and seamless delivery of Super Specialty services to all beneficiaries across India. These services are provided in house at selected location of ESIC Hospitals and through a network of empaneled tie up Medical Institutions across India.
- ii) **Initiative taken during 2020-21:** In the 180th Meeting of ESI Corporation held on 07.01.2020, it was decided that 100% bills under CGHS rates should be paid upfront within a specified time limit as scrutinized by UTI(ITSL). The bills should be paid within 15 days of the receipt of the hardcopy of the bill. The 80% amount of non-CGHS bills as scrutinized by UTI(ITSL) should be paid upfront without further scrutiny. For balance amount of 20% of non-CGHS bills, random scrutiny may be done.

iii) The key changes post the above decision are enumerated below:

Types of bills	Upfront payment	Pre-payment processing	Post payment scrutiny (system generated random selection of bills module developed by UTI & ITC)
CGHS package bills	100% of the UTI recommended amount	NIL	<ul style="list-style-type: none">At least 10% of bills less than 1 lakh eachAt least 50% of bills more than 1 lakh each
Non CGHS package bills	80% of the UTI recommended amount	Full scrutiny before release of balance 20% of UTI recommended amount	NIL

(iv) Other Key features:

For referral generation to tie-up hospitals, the online referral number generated through HIS system (Dhanwantri) will be used to fetch the demographic details as in Panchdeep into UTI system.

- Digital signatures for tie-up hospitals for uploading of bills.

- Tie-up hospitals to ensure proper documentation and detailed referral letter to avoid inconvenience to the patient/beneficiary.

In addition to above, Ministry of Health & Family Welfare during COVID 19 pandemic had issued various directions & advisories which have been duly adopted and circulated by ESIC for all its empaneled hospitals and stakeholders so as to provide upmost medical facilities to its beneficiaries. Recently the following policy changes have been initiated by SST Cell Hqrs. Office and have been duly intimated to all stake holders through web site upload.

23 RECRUITMENT DIVISION

Recruitment Division conducts publishing of vacancies in various teaching faculties, medical, para-medical, administrative and technical cadres; holding examination, interviews, compilation, declaration and publication of results, Recruitment Division carried out following activities in the year 2020.

a) Medical Posts

Sl. No.	Post	No. of vacancies	Present Status
1	Recruitment of IMO Gr. II for 17 regions. (Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamilnadu, Uttar Pradesh, West Bengal)	771	Result of written examination for all 17 Regions were declared on 7 th Feb., 2019. Recruitment process completed for all 17 states by January, 2020.
2.	Recruitment of Specialist Grade-II (Jr. Scale) for Chhattisgarh and Uttarakhand regions.	22	Interviews for Chhattisgarh region was initially scheduled in February 2021 but were cancelled due to Covid situation. Interviews for both the regions are being re-scheduled.

b) Administrative & Ministerial Posts

Sl. No.	Post	No. Of vacancies	Details of Recruitment	Present Status
1	Recruitment to the post of UDC & Steno	UDC-1719 Steno-151	Advertisement released on 01.03.2019	On-line Phase I Pre-Exam held on 14.07.2019. for the post of UDC/Steno. On-line Phase II, Main Exam held on 01.09.2019 for the post of UDC.

				Phase III Computer Skill Test for UDC & Phase II Computer skill test/Stenography test for the post of steno held on 20.10.2019 & 01.12.2019. Final Result was declared by various regions in February and March 2020.
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c) Limited Departmental Competitive Examination

Sl. No.	Recruitment Activity	Details of Recruitment	Present Status
1.	Advance Increment Test for existing Stenographers.	Advance Increment Test was conducted 02.11.2020.	Result of successful candidates was declared on 01.02.2021.
2.	Half Yearly Computer Skill Test for Employees appointed to the post of UDC on the Compassionate Ground/under Sports Quota	Half Yearly Computer Skill Test conducted on 25.02.2020.	Result of successful candidates was declared on 24.07.2020.
3.	Half Yearly Computer Skill Test for Employees appointed to the post of UDC on the Compassionate Ground/under Sports Quota	Half Yearly Computer Skill Test conducted on 25.02.2021.	Result of successful candidates was declared on 05.04.2021.

24. INFORMATION & COMMUNICATION TECHNOLOGY DIVISION

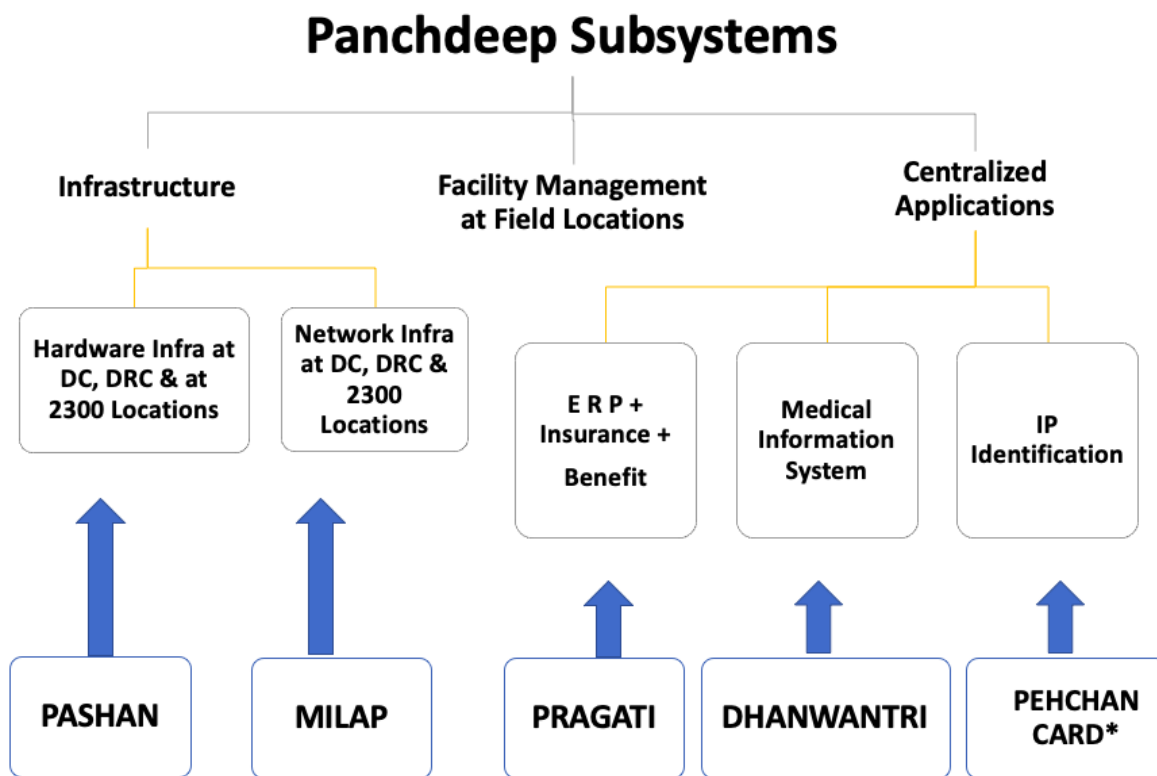
In order to provide hassle-free health and social security services to the stakeholders as well as for transforming its business into total e-governance, ESIC rolled out a very ambitious project "Panchdeep" through a national digital network, on a big bang approach, in all the 2300+ locations. Project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

connectivity, Facility management and IT Infrastructure procurement in all 2300 locations, for 5 years. Presently it is being maintained (O & M) on best efforts basis through a System Integrator.

(i) PANCHDEEP PROJECT 1.0 BREAK-UP

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

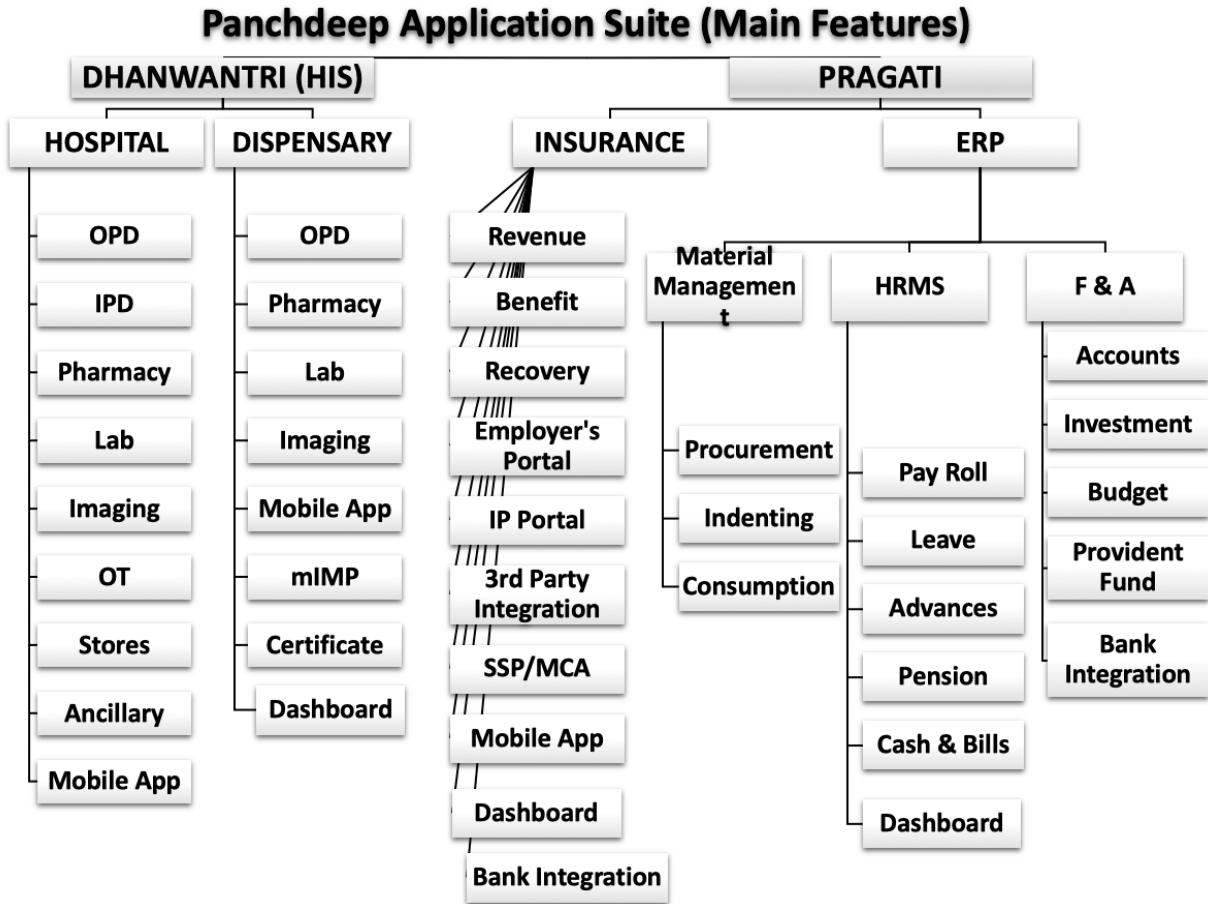
(ii) PANCHDEEP 1.0 SUB-SYSTEMS



* Pehchan Scheme (Smart Card & Biometry) was discontinued with the initiation of Aadhaar Scheme of Govt. Alternate Paper e-Pehchaan started without Biometry. 2

(iii) PANCHDEEP APPLICATION SUITE (SALIENT FEATURES)

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



The Enterprise Intelligence (BI) solution is deployed to meet the analytical and business intelligence requirements of the ESIC. The solution consolidates the data from different business functions and provides a single source of truth to the end users for multi-dimensional analysis along various parameters. It includes an Enterprise Data Warehouse coupled with an interactive Reporting and Analytical application. There are in total 100+ daily, monthly and adhoc reports and dashboards available in the system to users in their respective area of work for decision making.

Presently, while running status quo, the Operation & Maintenance Support for Data Centre & Disaster Recovery Centre is outsourced to a Service Provider. O & M also includes support for all Panchdeep Applications and 3rd party Integration and consultancy support to ESIC for taking AMC, ATS for Middleware and Hardware at DC /DRC as & when required at an

additional cost to ESIC. Provisioning of additional Resources as per requirement on commercial terms for Technology improvement and Application Change Requests, on the defined rates are additional activities for piecemeal enhancement. However, Field locations Hardware, Network, Bandwidth (Including DC & DRC), Facility Management are out of scope of the service provider and are to be done by ESIC. Similarly the onus of procurement of IT assets and renewal of AMC, ATS, License subscription of these assets is lying with ESIC. The connectivity solution through SDWAN in all the locations is done by another third-party vendor.

As on 01.07.2021, following new value-added provisions have been made for ease of doing business by the stakeholders:

(iv) Recent Beneficiary-centric value-added initiatives undertaken through IT Enablement, ESIC

- a. As on 01.07.2021, following new value-added provisions have been made for ease of doing business by the stakeholders:
- b. Now, the beneficiaries can submit Claims online under **Atal Bimit Vyakti Kalyan Yojana (ABVKY)** scheme. The beneficiaries need not visit their ex-employers for validation of their Claim applications, nor they are required to visit any of the ESIC offices, in person, to submit claim documents.
- c. **Panchdeep Module has been integrated with PMJAY** for real-time eligibility check before availing services through 'Ayushman Bharat' in specified districts helping Insured Persons.
- d. A **Performance Dashboard** is published in www.esic.in depicting status on various Key Performance Indicators, adding value to the organization's credibility and deliverables.
- e. For the target delivery of benefits to the bonafide Beneficiaries and for dissemination of information from time to time, the **Mobile numbers of the beneficiaries have been seeded** (2.61 Crores, as on date).
- f. The **Bank Accounts** of the beneficiaries have been seeded to prevent duplication of bank credentials and for ensuring target delivery of cash benefits. (2.67 Crores, as on date).
- g. The provision of Bulk uploading and seeding of Bank account details of existing IPs/Employees has been made in Panchdeep application to facilitate employers update data of the existing beneficiaries, quickly.
- h. **E-Payment facility** has been provisioned for direct disbursement of benefits to the bank accounts of beneficiaries through SBI gateway.
- i. For the convenience of the Employers / establishments, ESIC has integrated with different Banks for online payment of contribution by the employers using Internet Banking (Corporate and Retail) for Real time remittance.
- j. UTI-ITSL has been a partner of ESIC as 3rd party **Bill Processing Agency** for processing and scrutinizing of online claims and bills of private hospitals from where the ESI procures medical services in special cases (mainly for tertiary care services). The software module of UTI-ITSL has been successfully integrated with various modules of 'Panchdeep' for efficiency and transparency in delivery of **cashless** hired services to the beneficiaries.

This has also facilitated online quick referral of beneficiaries, processing, scrutinizing and clearing of payment against the bills raised.

- k. **The 'Ask An Appointment' Mobile App** has been developed for seeking appointment in Dispensaries and Hospitals. A beneficiary, who has been referred to a hospital online by a dispensary doctor, can seek an appointment for registration in OPD of a referred department, of a referred hospital, on a particular day. Dispensaries and Hospitals are being trained in phased manner to adopt these provisions.
- l. ESIC has given an option to Employers to create their account on **National Career Services (NCS)** Portal on single click through Employer portal in www.esic.in. This integration of ESIC with NCS helps Employers to further post the vacancies in their industries on NCS portal resulting in value addition proposition to the beneficiaries.
- m. The www.esic.in is being gradually made **multilingual**. To start with provision for selection of Marathi, Punjabi, Telugu, Tamil, Malayalam, Gujarati & Kannada languages have been made in the IP Portal in addition to Hindi and English.
- n. **The UMANG Mobile App:** Many Value-added information and functionalities are provided to the beneficiaries through the Unified Mobile Application platform for New-age Governance (UMANG) of Government of India. Any ESI centre / tie-up hospital can be searched through the app, based on distance and /or services available therein.
- o. **DHANWANTRI Mobile App:** The Dhanwantri Mobile App is meant for ESIC & ESIS Doctors, Insurance Medical Practitioners (mIMPs), etc. It helps Doctors prescribe/capture pre-defined terms of drugs, diagnosis and tests. The App has International Classification of Diseases (ICD 10) and the Systemic Nomenclature of Medical and Clinical Terminology (SNOMED-CT) for capturing of terms, without typing by the physicians.
- p. **Changing Dispensary by IP at ease:** New Facility has been provisioned for the Insured Persons to generate request online, at his comfort to Change Dispensary / IMP Clinic of his choice, subject to the permissible limit and conditions. This shall empower the beneficiary to access services at ease and prevent his unnecessary travels to the offices/ employer.
- q. **Multilingual SMSs to the IPs:** The Beneficiaries are being facilitated for opting language in which value-addition SMSs may be sent to them. **Now IP can choose or change Language of his choice** for receiving SMSs. He shall have any one of the 12 different languages to choose, in addition to the National Language. By default, it shall be in Hindi for North India and in English for South India. The module is made ready and deployed. However, translation of SMSs in regional languages are in progress and shall be implemented soon.
- r. **COVID-19 Dashboard in www.esic.in:** A new value-added feature has been implemented for the benefit of the citizen of the Nation to help during these difficult periods of the COVID-19 Pandemic. An information Dashboard has been developed which depicts the near-Realtime status of the availability of vacant beds, oxygen and ICU facilities. RT-PCR testing capability, availability and Vaccination programme related information. Even though, it is a small step, but it has earned wide appreciation from the patients and attendants requiring such information.

25 **e - Procurement/Government at e-Market Places/ Swachhta Action Plan (SAP)**

i) e-Procurement

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

ii) Government at e-Market Places

As per direction of Govt. of India Circular No. F-13/4/2017-PPD (PT) dated 3rd May, 2016 all procurements have to made through GeM. Accordingly, ESIC issued a Circular No. D-13/11/All India Circular/2016-Genl. Dated 25-07-2017 for making it compulsory for all ROs/SROs/Hospitals to purchase all goods available on portal through GeM. Accordingly, ESIC is complying the directive of Govt. of India.

iii) Swachhta Action Plan (SAP)

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

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

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

1.	General Information regarding ESI Scheme	Annexure - I	50-53
2.	Benefits & Contributory conditions	Annexure – II	54-59
3.	List of Regional Office/Sub-Regional Office/DCBO	Annexure – III	60-64
4.	Revenue & Expenditure of Corporation	Annexure – IV	65
5.	Progress made under ISM/AYUSH as on 01.07.2021.	Annexure – V	66-68
6.	Policy decisions taken in view of COVID 2nd wave for facilitation of essential supplies and management of COVID pandemic	Annexure – VI	69-71
7.	Process of formulation of Rate Contract	Annexure - VII	72-73

26(I) (A)

GENERAL INFORMATION REGARDING EMPLOYEES' STATE INSURANCE SCHEME

1. COVERAGE UNDER THE ESI ACT, 1948:

- i)** The Act is applicable to factories employing 10 or more persons.
- ii)** Under Section 1(5) of the Act, the Scheme has been extended to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings and newspaper establishments employing 10 or more coverable employees in 29 States/UTs. (Except – Arunachal Pradesh, Manipur, Andaman & Nicobar Island, Chandigarh, Dadar & Nagar Haveli, Daman & Diu and Lakshadweep, Maharashtra)
- iii)** The Scheme has further been extended under Section 1(5) of the Act to Educational Institutions in 27 States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Andaman & Nicobar Island, Chandigarh, Dadar and Nagar Haveli, Daman & Diu and Lakshadweep) and to Private Medical Institutions in the States/UTs. (Except - Arunachal Pradesh, Gujarat, Maharashtra, Manipur, Andaman & Nicobar Island, Dadar and Nagar Haveli, Daman & Diu, Lakshadweep and Puducherry)
- iv)** The scheme is also being extended to contract & casual employees of Municipal Corporation & Municipal bodies
- v)** The existing wage-limit for coverage under the Act, is Rs. 21,000/- per month w.e.f. 01.01.2017(Rs. 25000/- per month in case of persons with disability)

2. AREAS COVERED.

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

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

Out of the 34 notified States & UT's, entire area in 12 states/UT's are notified for coverage under ESI Scheme.

3. RECENT INITIATIVES FOR EXPANDING COVERAGE UNDER THE SCHEME.

Under ESIC 2.0, the scheme is being implemented in Complete Districts where the scheme was partially implemented in centers (381 Districts). In respect of non-implemented districts, the scheme is being extended to their Districts Hqrs. area first & subsequently scheme shall be extended to the entire District.

The Scheme has been extended to 399 Complete Districts & in 184 districts where it is partially implemented in Districts Hqrs. Area & prominent industrial Centers.

To expand the coverage of ESIC to the entire nation covering all Districts by 2022.

Annexure-I(B)

STATISTICAL DATA REGARDING ESI SCHEME (ALL INDIA)

S. No.	Heads	ALL INDIA	
		As on 31.03.2019	As on 31.03.2020
1	No. of Employees covered	31401920	30966930
2	No. of I.P's Covered	34967080	34144140
3	No. of Beneficiaries	135672270	132479263
4	No. of Insured Women	5120174	6265035
5	No. of Emolyers' registered	1211174	1236565
6	No. of Contributing Employer		603300

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

RO/SRO-WISE NO. OF EMPLOYERS, CONTRIBUTING EMPLOYERS EMPLOYEES, INSURED PERSONS & INSURED WOMEN AS ON 31.3.2020						
Sl. No	State/ Region/ Area	Total Employers	Contributing Employers	No. of Employees	No. of Insured Persons	No. of Insured Women
1	2	3	4	5	6	7
	ANDHRA PRADESH					
1	i)VIJAYAWADA	23858	11758	585820	632300	169788
2	ii)TIRUPATHI	9684	3867	243100	268360	80328
3	iii)VISAKHAPATNAM	12121	5753	367650	404930	87013
4	ASSAM, MEGHALYA, NAGALAND, TRIPURA MIZORAM & MANIPUR	16897	6823	296740	318050	49651
5	BIHAR	16453	6182	314600	339530	27843
6	CHANDIGARH(UT)	5921	3069	153510	167850	25268
7	CHATTISGARH	18748	9159	454510	502700	54549
	DELHI					
8	i) RAJENDER PLACE	23707	10722	397070	432500	53915
9	ii)NAND NAGARI	16109	6035	162570	180360	19656
10	iii) ROHINI	20061	11645	230330	253120	30014
11	iv) OKHLA	23559	11598	654990	730370	72665
12	GOA	7496	4111	186460	209270	37279

	GUJARAT					
13	i) AHMEDABAD	32980	17630	769220	847240	95995
14	ii) ALKAPURI BARODA	13676	8498	405090	458440	40313
15	iii) SURAT	12844	6446	381150	416610	38252
	HARYANA					
16	i) FARIDABAD	30039	16504	751690	863960	96444
17	ii)GURGOAN	24568	10906	1089230	1269080	125460
18	iii)AMBALA	17641	7786	247790	273060	30513
19	H.P.	9413	4999	310200	348140	46747
20	J & K	5808	2594	121980	133440	16501
21	JHARKHAND	22252	9194	414550	446260	53482
	KARNATAKA					
22	i) BINNY PETH	33853	15104	1024980	1144200	311573
23	ii) HUBLI	14210	7922	328320	351580	82956
24	iii)PEENYA	16119	8007	479880	538170	185360
25	iv)BOMASUNDRA	16951	7591	728830	818540	230711
26	v) GULBARGA	8299	3772	161200	175680	25680
27	vi) MYSORE	7194	3782	234120	256820	93966
28	vii) MANGALORE	6586	4473	189680	200880	80806
	KERALA & MAHE					
29	i)THRISSUR	7081	4960	151890	162850	74273
30	ii)ERNAKULAM	16390	9733	402950	437870	156566
31	iii)KOLLAM	8571	4133	137350	155810	97205
32	iv) KOZHIKODE	10320	5392	160380	171050	74791
33	v) THIRUNANTHANPURAM	6575	3078	136720	147430	64872
	M. P.					
34	i) INDORE	24215	10912	628560	693540	96200
35	ii)BHOPAL	13180	5950	325050	350900	46676
	MAHARASHTRA					
36	i) LOWER PAREL	30932	11707	534300	583040	85176
37	ii) MAROL	32189	14727	811110	876870	143457
38	iii) THANE	29968	15562	763880	830820	108613
39	iv) NAGPUR	14795	7292	334620	357570	31955

40	v) AURANGABAD	10900	5600	271740	302830	30517
41	vi) PUNE	50768	24248	1393050	1530890	218209
42	vii) NASIK	8140	4791	196960	216600	22008
43	ODISHA	27855	11938	685850	741390	73544
44	PUDUCHERRY & AN Islands	4708	2224	106460	117690	37575
	PUNJAB					
45	i)CHANDIGARH (PUNJAB)	15937	8430	420520	466900	78606
46	ii)JALANDHAR	11388	6984	274230	295520	60124
47	iii)LUDHIANA	17082	10208	379320	420470	60392
	RAJASTHAN					
48	i)JAIPUR	38888	20727	898030	1002260	109789
49	ii)UDAIPUR	7951	4502	204640	226500	28267
50	iii)JODHPUR	11669	6587	176920	196220	24650
51	SIKKIM	668	368	25760	27980	7727
	TAMIL NADU					
52	i) CHENNAI	62420	27140	1827520	2040390	605999
53	ii) TRIRUNELVELLI	9916	5118	179120	191840	78651
54	iii) SALEM	15308	7934	374910	415530	111966
55	iv) COIMBATORE	26163	14427	778640	874830	309661
56	v) MADURAI	16388	8968	415990	447100	185460
57	TELANGANA	63510	28946	1665170	1835360	427980
	UTTAR PRADESH					
58	i)KANPUR	25301	10967	461300	496080	44192
59	ii) VARANASI	5401	2584	121620	129490	11039
60	iii) NOIDA	36971	18227	1151620	1307670	153818
61	iv) LUCKNOW	17427	7190	476250	515080	46614
62	UTTRAKHAND	15611	7518	558640	644060	86035
	WEST BENGAL					
63	i) KOLKATA	52577	27007	1312490	1387180	157262
64	ii) BARRACKPORE	10242	5595	308970	323190	37323
65	iii) DURGAPUR	12113	5696	229140	241900	15115
	ALL INDIA	1236565	603300	30966930	34144140	6265035

26(II) BENEFITS & CONTRIBUTORY CONDITIONS

Sl. No.	Name of the benefit (s)	Contributory conditions	Duration of Benefit	Quantum of Benefit
(i) (a)	SICKNESS BENEFIT	Payment for at least 78 days in the relevant contribution period	91 days in any two consecutive benefit periods.	(70% of daily average wages)
(b)	EXTENDED SICKNESS BENEFIT (For 34 specified long-term diseases)	Continuous employment for a period of two years and contribution for 156 days in four consecutive contribution periods.	Two years (Maximum)	80% of daily average wages
(c)	ENHANCED SICKNESS BENEFIT (for undergoing sterilization operation for family welfare.)	Same as for Sickness Benefit.	7 days for vasectomy and 14 days for tubectomy; extendable in cases in post-operative complication etc.	100% of daily average wages
(ii)	DISABLEMENT BENEFIT	There are two types of benefits comes under Disablement Benefit which are as under: -		
(a)	TEMPORARY DISABLEMENT BENEFIT	He/ She should be an employee on the date of employment injury.	Till the incapacity lasts.	90% of the daily average wages
(b)	PERMANENT DISABLEMENT BENEFIT	-do-	For life	Depends upon the loss of earning capacity of the workers which is determined by a Medical Board.
(iii)	DEPENDANTS BENEFIT	The deceased should be an employee on the date of fatal accident.	<ol style="list-style-type: none"> 1. To widow/widows for life or until remarriage 2. To widowed mother during life. 3. to legitimate or adopted son until he attains the age of twenty five years. 4. To legitimate or adopted daughter till marriage. 5. To legitimate or adopted son or daughter wholly dependent on the earning of the insured 	90% of the daily average wages to be divided amongst the dependents in the prescribed ratio.

			<p>person at the time of his/her death, who have attained the age of twenty-five years and are infirm, till infirmity lasts.</p> <p>5. To other dependents for life or till marriage or upto the age of 18 years, as the case may be</p>	
(iv)	MATERNITY BENEFIT	<p>Payment of contribution for 70 days in immediately preceding two consecutive contribution periods.</p>	<p>An Insured Woman shall be entitled to maternity benefit for 26 weeks of which not more than 8 weeks can precede the expected date of confinement. A commissioning mother who as biological mother wishes to have a child and prefers to get embryo implanted in any other woman and(ii) a woman who legally adopts a child upto 3 months of age is also made entitled for maternity benefit for 12 weeks. 6 weeks for miscarriage and additional one month for sickness arising out of pregnancy confinement, premature birth of child or miscarriage. Provided also that the insured woman having two or more than two surviving children shall be entitled to receive maternity benefit during a period of twelve weeks of which not more than six weeks shall preceded the expected date of confinement. These Rules may be applicable in respect of the cases where the IW deliver a child on or after 20.1.2017 or her expected date of confinement falls on 20.1.2017 or thereafter.</p>	<p>100% of daily average wages.</p>

(v)	FUNERAL EXPENSES	He should be an insured person on the date of death.		Actual expenditure on funeral not exceeding Rs. 15,000/- w.e.f. 01.05.2019.
(vi)	REHABILITATION ALLOWANCE	Entitlement to medical benefit or if disabled due to employment injury.	For each day on which insured person remains admitted in Artificial Limb-Centre for fixation/repair or replacement of artificial limb.	At 100% of daily average wages.
(vii)	MEDICAL BENEFIT TO RETIRED/ DISABLED INSURED PERSONS AND HIS/ HER SPOUSE	<p>On payment of Rs.10/- p.m. in lump-sum for one year in advance</p> <p>(I) by insured persons who retire from insurable employment on attaining the age of superannuation or under VRS or prematurely after being in insurable employment for not less than five years</p> <p>(ii) by insured persons who cease to be in insurable employment on account of permanent disablement due to an employment injury.</p> <p>(iii) This benefit is also be made available to widows of Insured Person, who are in receipt of dependent benefit, on payment of contribution as prescribed under Rule 60 till the date on which IP/IW would have vacated the employment on attaining the age of superannuation,</p>	<p>Period for which contribution is paid.</p> <p>IPs are entitled for full medical care for self and spouse only, Period for which contribution is paid, till attaining the age of superannuation.</p>	Full Medical care.
(viii)	CONFINEMENT EXPENSES	To an Insured Woman or an I.P. in respect of his wife incase facilities for confinement are not available in ESI Institutions.	Up to two confinements only.	Rs. 7500/- per case.

(ix)	VOCATIONAL REHABILITATION ALLOWANCE SKILL DEVELOPMENT SCHEME UNDER R.G.S.K.Y.	Not more than 45 years of age and disability not le than 40% due to Employment Injury	All the days of training in Vocational Rehabilitation Centre	Rs. 123/- per day or the actual amount charged by Vocational Rehabilitation Centre, whichever is higher.				
(x)	UNEMPLOYMENT ALLOWANCE	An I.P. who has lost employment due to closure of factory, retrenchment or permanent disablement of at least 40% arising out of non-employment injury and the contribution in respect of him have been paid/payable for a minimum of two years prior to the loss of employment.	Maximum period of two year during life time.	<p>IP/IW would get the benefit as per the following slab:</p> <table border="1" data-bbox="1133 464 1437 678"> <tr> <td data-bbox="1133 464 1292 554">0 to 12 months</td> <td data-bbox="1292 464 1437 554">13 to 24 months</td> </tr> <tr> <td data-bbox="1133 554 1292 678">50% pf the last Av. Daily wages</td> <td data-bbox="1292 554 1437 678">25% of the last Av Daily wages</td> </tr> </table>	0 to 12 months	13 to 24 months	50% pf the last Av. Daily wages	25% of the last Av Daily wages
0 to 12 months	13 to 24 months							
50% pf the last Av. Daily wages	25% of the last Av Daily wages							
(xi)	VOCATIONAL REHABILITATION SKILL DEVELOPMENT SCHEME (UNDER RAJIV GANDHI SHRAMIK KALYAN YOJANA)	IP/IW should be in receipt of Unemployment Allowance under Rajiv Gandhi Shramik Kalyan Yojana	Short duration of ten weeks or other longer duration courses of upto six months at Advance Vocational Training Institutions.	Entire fee charged by the Institutions is to be paid by the Corporation. To and for Rail/Bus fare to IP/IW who has to travel to attend the training programme at AVTIs as charged, is reimbursed.				
(xii)	NEW ADDITION	Conveyance Allowance	--	Under this Scheme, PDB beneficiaries are paid Rs. 100/- as conveyance allowance on their personal visit to Branch Office for submission of life certificate once in a year.				
(xiii)	ATAL BIMIT VYAKTI KALYAN YOJANA (ABVKY)	The scheme provides relief namely `Atal Beemit Vyakti Kalyan Yojana in the form of cash compensation up to Ninety (90) days, once in a lifetime, to be claimed after three months of being rendered unemployed in one or more spells for being rendered unemployed; provided the employee should have completed two years of insurable employment and have	Cash compensation up to Ninety (90) days, once in a lifetime, to be claimed after three months in one or more spells for being rendered unemployed. During Covid-19 pandemic the relief can be claimed one month after unemployment.	Per day Rate of relief under ATAL Bimit Vyakti Kalyan Yojan is 25% of average earning per day during the immediately preceding four consecutive contribution periods. During Covid-19 pandemic the rate of relief has been enhanced to 50% of average daily earnings of I.P.				

		<p>contributed not less than Seventy eight (78) days in each of the four consecutive contribution periods immediately preceding to the claim of relief. The relief shall not exceed twenty-five per cent (25%) of the average earning per day.</p> <p>To provide relief to the IPs who lost their jobs during Covid-19 pandemic, the eligibility conditions has been relaxed to 78 days contribution in two contribution periods. One immediately preceding the unemployment & one out of three remaining contribution period in 2 years prior to unemployment. Rate of relief has also been enhanced from 25% of average daily earning to 50% of average daily earning of the IP.</p>		
XIV	ESIC COVID-19 RELIEF SCHEME	<p>Employees' State Insurance Corporation has started ESIC COVID-19 Relief Scheme under which 90% of average wages of deceased Insured Person shall be paid to the eligible dependents of the Insured Person who died due to COVID-19. The Scheme will be effective for a period of two years w.e.f. 24.03.2020.</p> <p>Eligibility conditions are as under:-</p> <p>(1) The IP who died due to COVID-19 disease must have been registered on the ESIC online portal at least three months prior to the date of diagnosis of COVID-19 disease</p>	<ol style="list-style-type: none"> 1. To spouse for life. 2. To widowed mother during life. 3. To legitimate or adopted son until he attains the age of twenty five years. 4. To legitimate or adopted daughter till marriage. 5. To legitimate or adopted son or daughter wholly dependent on the earning of the insured person at the time of his/her death, who have attained the age of twenty-five years and are infirm, till infirmity lasts. 5. To other dependents for life or till marriage or upto the age of 18 years, as the case may 	90% of the daily average wages to be divided amongst the dependents in the prescribed ratio.

		resulting in his/ her death. (2) The deceased IP must have been in employment on the date of diagnosis of COVID-19 disease and contributions for at least 70 days should have been paid or payable in respect of him/ her during a period of maximum one year immediately preceding the diagnosis of COVID-19 disease resulting in death.	be	
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ANNEXURE-III**26(III) List of Regional Office/Sub-Regional Office/Dispensary-cum-Branch Office****(a) List of Regional Office/Sub-Regional Office:**

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

28	KERALA	THRISSUR	RO
29		THIRUVANANTHAPURAM	SRO
30		KOLLAM	SRO
31		ERNAKULAM	SRO
32		KOZHIKODE	SRO
33	MADHYA PRADESH	INDORE	RO
34		BHOPAL	SRO
35	MAHARASHTRA	MUMBAI	RO
36		MAROL	SRO
37		THANE	SRO
38		PUNE	SRO
39		NAGPUR	SRO
40		AURANGABAD	SRO
41		NASIK	SRO
42	ODISHA	BHUBANESHWAR	RO
43	PUDUCHERRY	PUDUCHERRY	RO
44	PUNJAB	CHANDIGARH	RO
45		JALANDHAR	SRO
46		LUDHIANA	SRO
47	RAJASTHAN	JAIPUR	RO
48		JODHPUR	SRO
49		UDAIPUR	SRO
50	TAMILNADU	CHENNAI	RO
51		COIMBATORE	SRO
52		MADURAI	SRO
53		TIRUNELVELI	SRO
54		SALEM	SRO
55		TRICHY	SRO
56	TELANGANA	HYDERABAD	RO
57	UTTAR PRADESH	NOIDA	SRO
58		KANPUR	RO
59		LUCKNOW	SRO

60		VARANASI	SRO
61	UTTARAKHAND	DEHRADUN	RO
62	WEST BENGAL	KOLKATA	RO
63		BARRACKPORE	SRO
64		DURGAPUR	SRO

(b) District wise functional DCBOs

S.No.	State/UT	NAME OF THE DISTRICT	LOCATION
1	Assam	DARRANG	1. MANGALDOI
2	Andhra Pradesh	GUNTUR	2. GUNTUR
		CHITTOOR	3. TIRUPATI
		SRIKAKULAM	4. SRIKAKULAM
		ANAKAPALLE	5. ANAKAPALLE
3	Arunachal Pradesh	ITANAGAR	6. PAPUMPARE
4	Andaman & Nicobar Island	PORT BLAIR	7. PORT BLAIR
5	Bihar	BHAGALPUR	8. BHAGALPUR
		BEGUSARAI	9. BEGUSARAI
		BHOJPUR	10. ARA
6	Gujarat	BHAVNAGAR	11. BHAVNAGAR
		BHARUCH	12. ANKELSHWAR
		VALSAD	13. VAPI
7	Haryana	FARIDABAD	14. FARIDABAD
		BAHADURGARH	15. JHAJJAR
8	Himachal Pradesh	MANDI	16. MANDI
9	J&K	SRINAGAR	17. SRINAGAR
		UDHAMPUR	18. UDHAMPUR
		REASI	19. KATRA
		KATHUA	20. KATHUA
		SAMBA	21. BARIBRAHMA
10	Jharkhand	EAST SINGHBHUM	22. GHATSHILA
11	Karnataka	CHIKKABALLAPURA	23. CHIKKABALLAPURA
		CHAMRAJNAGAR	24. CHAMRAJNAGAR
		KODAGU	25. KODAGU
		UTTARA KANNADA	26. UTTARA KANNADA

			27. CHIKKAMAGLURU
12	Kerala	IDDUKKI	28. MUNNAR
13	Madhya Pradesh	KHARGONE	29. SANAWAD
		NEEMUCH	30. KHOR
		SAGAR	31. BINA
14	Maharashtra	MUMBAI	32. COLABA
		AURANGABAD	33. WALUJ
		BULDHANA	34. KHAMGAON
		GONDIA	35. GONDIA
		SANGLI	36. SANGLI
		RAIGARH	37. PANVEL
		CHANDRAPUR	38. KORPANA
		WARDHA	39. WARDHA
		YAVATMAL	40. YAVATMAL
		PALGHAR	41. PALGHAR
		THANE	42. MURBAD
		NASIK	43. SINNAR
15	Manipur	WEST IMPHAL	44. WEST IMPHAL
16	Orissa	SUNDERGARH	45. VEDVYAS
17	Punjab	BARNALA	46. BARNALA
		PATIALA	47. RAJPURA
18	Rajasthan	JHUNJHUNU	48. JHUNJHUNU
		CHITTORGARH	49. CHITTORGARH
		AJMER	50. AJMER
		PALI	51. PALI
		JODHPUR	52. JODHPUR
		UDAIPUR	53. UDAIPUR
19	Tamilnadu	CHENNAI	54. Ambattur Industrial Estate
20	Telangana	HYDERABAD	55. SANATHNAGAR
		KUMARAMBHEEM ASIFABAD	56. SIRPUR KAGHAZNAGAR
		MAHABUBNAGAR	57. MAHABUBNAGAR
		NIZAMABAD	58. NIZAMABAD
		PEDDAPALLI	59. RAMAGUNDAM

		SANGAREDDY	60.	SADASIVPET
		WARANGAL URBAN	61.	WARANGAL
		YADADRI BHUVANAGIRI	62.	BIBINAGAR
		RANGAREDDY	63.	L.B. Nagar
21	Uttar Pradesh	KANPUR DEHAT	64.	KANPUR DEHAT
		HAPUR	65.	HAPUR
22	West Bengal	MALDA	66.	MALDA
		24 SOUTH PARGANAS	67.	FALTA
		BANKURA	68.	BANKURA
	TOTAL DCBO	FUNCTIONAL	68	

ANNEXURE-IV**26(IV) REVENUE & EXPENDITURE OF CORPORATION**

S.No.	Particulars	Amount (Rs. in Lakhs)
1	Revenue of ESI Corporation	
	Actual from 1.4.2020 to 31.3.2021	2109113.32
	Revised Estimates for 2020-2021	1861561.00
	Budget Estimates for 2021-22	2033914.00
2	Total Expenditure (Revenue Accounts)	
	Actual from 1.4.2020 to 31.3.2021	1376712.82
	Revised Estimates for 2020-2021	1503069.40
	Budget Estimates for 2021-22	1751318.82
3	Total Expenditure (Capital Accounts)	
	Actual from 1.4.2020 to 31.3.2021	48170.91
	Revised Estimates for 2020-2021	110316.80
	Budget Estimates for 2021-22	186548.00

ANNEXURE-V**26(V) PROGRESS MADE UNDER AYUSH AS ON 01.07.2021****STATEMENT SHOWING TOTAL FACILITIES PROVIDED IN (AYUSH) AYURVEDIC, YOGA, UNANI, SIDDHA & HOMEOPATHY IN THE VARIOUS STATES OF THE COUNTRY AS ON 01/07/2021 in ESIC AND ESIS.****A) AYURVEDIC**

Sr. No.	State	No. of units in Disp./Hospitals	No. of Ayurvedic Physician	No. of beds in hospitals
1.	Andhra Pradesh	06	06	-
2.	Assam	01	01	02
3.	Bihar	03	03	-
4.	Delhi	22	22	10
5.	Goa	01	01	-
6.	Gujarat	52	32	25
7.	Haryana	06	06	-
8.	Himachal Pradesh	02	02	-
9.	Jammu & Kashmir	01	01	01
10.	Jharkhand	02	02	05
11.	Karnataka	03	04	-
12.	Kerala	15	15	33
13.	Madhya Pradesh	01	01	-
14.	Maharashtra	10	11	
15.	Orissa	02	02	-
16.	Punjab	09	05	02
17.	Rajasthan	02	03	03
18.	Tamil Nadu	09	10	-
19.	Telangana	01	01	-
20.	Uttar Pradesh	15	10	-
21.	West Bengal	05	05	-
	Total	168	142	81

Panchkarma Therapy:

- ESICH Chandigarh
- ESICH Faridabad, Haryana
- ESICH Bapu Nagar, Ahmadabad
- ESICH Lucknow (U.P.)
- ESICH K.K. Nagar, Chennai
- ESICH Ezhukone- Kerala
- ESICH Rajaji Nagar, Bangalore
- ESIH Gujarat -08

Kshar Sutra

- ESICH Beltola - Assam
- ESICH Bapunagar, Ahmadabad
- ESICH Bari Brahmna Jammu & Kashmir

B) YOGA

Sr. No.	STATE	NO. OF YOGA CENTRE
1.	Assam	01
2.	Delhi	02
3.	Gujarat	09
4.	Haryana	02
5.	Jharkhand	01
6.	Kerala	03
7.	Madhya Pradesh	01
8.	Orissa	01
9.	Rajasthan	01
10.	Tamil Nadu	04
11.	Telangana	01
12.	Uttar Pradesh	02
13.	West Bengal	01
	Total	29

C) UNANI

Sr. No.	State	No. of Units Disp./Hospitals	No of Unani Physician	No. of beds in Hospitals
1.	Bihar	01	01	-
2.	Tamil Nadu	02	02	-

D) SIDDHA

Sr. No.	State	No. of Units Disp./Hospitals	No of Siddha Practitioners	No. of beds in Hospitals
1.	Tamil Nadu	27	27	-

E) HOMEOPATHY

Sr. No.	State	No. of units in Disp./Hospitals	No. of Homeopathic Physician	No. of beds in hospitals
1.	Andhra Pradesh	06	06	-
2.	Assam	01	01	-
3.	Bihar	02	01	-
4.	Delhi	14	14	-
5.	Goa	01	01	-
6.	Gujarat	03	03	-
7.	Haryana	03	03	-
8.	Himachal Pradesh	01	01	-
9.	Jharkhand	01	01	-
10.	Karnataka	02	02	-
11.	Kerala	16	16	03
12.	Madhya Pradesh	01	01	-
13.	Maharashtra	01	01	
14.	Punjab	02	02	-
15.	Rajasthan	02	02	-
16.	Tamil Nadu	04	04	-
17.	Uttar Pradesh	14	14	-
18.	West Bengal	07	07	-
	Total	81	80	03

26(VI) Policy decisions taken in view of COVID 2nd wave for facilitation of essential supplies and management of COVID pandemic

S.No	Procurement of Equipment for management of COVID upsurge and efficient delivery of medical services
1	Instructions of GeM on provisions for swift procurement in current COVID upsurge vide circular dt 04.05.2021
2	Approval for Revision of Special Delegation of Power to Purchase Committee in respect of procurement for COVID supplies from Rs. 2.5 Lacs to Rs. 10 Lacs for ESIC Hospitals for a period of 02 months 07.05.2021 to 06.07.2021
3	Guidelines for acceptance of COVID related donation supplies from Central Govt. , State Govt., PSUs , Autonomous Bodies, NGOs inter alia by ESIC Institutions vide circular dt 13-05-2021
4	Exemption of procurement through GeM portal for COVID related items extended till 30.06.2021 vide letter dt 02.06.2021
5	Based on requirements for COVID related emergency purchases, following equipment were approved/sanctioned for respective ESIC user units under GFR Rule 166: 1.Extra Corporeal Membrane Oxygenator: ESIC Medical College Hospital Sanathnagar 2.Echocardiographic Machine Intracardiac Echo (Portable) : ESIC Medical College Hospital Sanathnagar 3. Plasma steriliser - ESIC Medical College Hospital KK Nagar 4. Echo Cardiography - ESIC Medical College Hospital KK Nagar 5. Mobile Digital Radiography System - ESIC Medical College Hospital KK Nagar 6. Microdebrider with Microdrill - ESIC Medical College Hospital KK Nagar 7. HD camera endoscopic set- ESIC Medical College Hospital KK Nagar 8. The GeneXpert System-IV-4 - ESIC Medical College Hospital KK Nagar 9. Ventilator servo- I (Neonatal and infant)- ESIC Medical College Hospital KK Nagar 10. D-Type Oxygen Cylinder- ESIC Hospital Bapunagar 11. Liquid Medical Oxygen (LMO Tank)- ESIC Hospital Rohini 12. Neonatal Ventilator- ESIC Medical College Hospital Kalaburagi
6	In light of preparation for anticipated third wave, following equipment have been approved to establish COVID Negative Ward & Paediatric ICU Ward at ESIC Hospital Sahiabad Hospital Sahiabad : 1. Bubble CPAP 2. HHHFNC

Policy decisions in respect of Procurement of equipment for efficient delivery of medical services and infrastructure development in ESIC institutions:

S.No.	Subject	
1	Enhancement of ceiling of Delegation of Power (DOP) of Deans ESIC Medical Colleges and MS of ESIPGIMSRs with respect to procurement of Equipment from Rs. 50lakh/Unit to Rs.2 Crore per equipment.	
2	Enhancement in ceiling with respect to Procurement of all Equipment from existing Rupees Fifty Lakhs to Rupees Two Crore per equipment to MSs of non-teaching ESIC Hospitals with bed strength of 300 or more and where Super specialty Services are to be started.	
3	Instruction for Custom Bid, User Manual for Custom Bid for Services & Custom catalogue creation in respect of Department of Expenditure Circular, issued vide letter dt 10-02-2021	
4	Standardization of Specifications for establishing Monoplane Cardiac Cath Lab With Digital Subtraction Angiography	
5	Clarifications in respect of Delegation of Powers DOP to Deans MSs of ESI institutions for procurement of equipment	
6	Revision/Updation of medical equipment norms for the Department of: Dermatology, Venereology & Leprosy for ESIC/ESIS institutions	
7	Equipment Sanctioned in last six months	
	Equipment	Hospital
	Monoplane Cardiac Cath Lab with Digital Subtraction Angiography	Jaipur
	High Speed Electric drill	Basaidarapur
	Operating Microscope	Joka
	OCT Machine	Basaidarapur
	Anesthesia Work station	Ranchi
	Hormone Analyzer	Ranchi
	C-Arm	Sanathnagar
	Monoplane Cardiac Cath Lab with Digital Subtraction Angiography	Faridabad.
Monoplane Cardiac Cath Lab with Digital Subtraction	Sanathnagar	

	Angiography		
	CT 64 Slice	Alwar	
	CT 64 Slice	Bihata	
	Digital Radiography Fluoroscopy System	Faridabad	

26(VII) PROCESS OF FORMULATION OF RATE CONTRACT

- i) Rate Contract Cell frames the list of drugs / items to be included in the Rate Contract through detailed deliberations and the recommendations of a broad-based Drug Selection Committee **consisting of representative of various State Directorates, Specialists & Drug Controller** duly constituted by Director General, ESI Corporation.
- ii) Tenders are invited through e-publishing & open advertisement (through ESIC website, e-procurement site & CPPP Portal) from general firms through two bid system i.e. Technical and Price Bid.
- iii) Rate Comparative is prepared and vetted by Finance & Accounts.
- iv) Final Rate Contract is awarded after due approval from Competent Authority.

1) Eligibility Criteria for Vendor selection:

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

Currently approved Eligibility criteria for Tender Enquiry are:

- i. Item wise **Turnover** based on annual expenditure incurred in the financial year for the item
- ii. Item wise **EMD** based on annual expenditure incurred in the financial year for item in the form of DD / BG / FDR
- iii. Item wise **Performance Security Deposit** in the form of DD / BG / FDR

2) All important Government of India Policy decisions are incorporated in the Tender

Enquiries before published:

- i. Addition of Force majeure clause
- ii. Addition of Mandate Form
- iii. Addition of Make in India Policy

3) Important additions:

- i. Integrity Pact has been adopted first time in current Tender Enquiries i.e. 142C to 146C & 147B
- ii. Procurement of all CPSU drugs through GeM Portal only under PPP.

4) Monitoring of regular uninterrupted supply of quality items.

5) Monitoring of availability of essential drugs & other items at ESIS dispensaries and hospitals across India.

6) State Medical Officer nominated as Nodal Officer of contact with respective DIMS & ESIS to co-ordinate and expediate issues with ESIS.

7) Video Conferencing to expediate pending bills of DG ESIC RC approved vendors & resolution of other issues inter alia.

- 8) Procedural co-ordination with SCoGeM to facilitate all procurement of drugs/other issues inter alia.
- 9) Drugs which are Not Supplied / Part Supplied by CPSU firms under PPP through GeM Portal, will be procured through DG ESIC RC 147 & 147A.
- 10) Punitive action against Rate Contract Holders for not adhering to the Terms & Conditions of the Rate Contract. (Non-supply, non-adhering to quality etc.)
- 11) Regular Updation / amendment in rates/ mfg. site/pack size etc. for facilitating delivery across India from time to time.
- 12) Active facilitation for procurement of Covid related drugs issuing instructions adherence to the prescribed procedure ensure maintaining adequate stock and quality medicines for smooth delivery of services to ESI beneficiaries from time to time. Details are as under:
 - i. Procurement of medicines for efficient service delivery in Covid upsurge
 - ii. Adherence to timelines of delivery by Approved DG ESIC Rate Contract Pharmaceutical Firms during Lockdown period
 - iii. Exemption of procurement through GeM Portal for Covid related items