



Edit IP Particular Details through IP Portal

Agenda



Overview

Process of Update Particulars through IP Portal

View Status of the submitted Requests on IP Portal

Update IP Particulars Workflow in Employer Portal

View Status of the submitted Requests on Employer Portal



Overview



Edit IP Particulars through IP Portal - Overview

This document is prepared in order to explain the workflow for edit/update of IP particulars through IP Portal. Once the Insured Person updated the particulars, an online request will be generated and forwarded to Employer.

IP will update following Detail Type particulars of Insured Persons:--

- Personal Details
- Dispensary details
- Address Details
- Nominee Details
- Family Details
- Bank Details

Once the changes in IP particulars has been done through IP portal then a verification request will goes to the Employer Portal. Employer have a provision to Forward/Reject the request. Once the request verified by employer then forward to the Branch Office for final approval.

If any change request already raised by IP against the same detail type and its pending for approval, then the IP will not be allowed to raise the change request against that same details type.

On IP Portal, IP have a provision to view the status under notification section of the raised change request.



Edit IP Particular Details through IP Portal – Process flow



Open IP Portal through www.esic.gov.in

Seats allocated for Ward of IP is active from 04.05.2023 to 17.05.2023 at 23-59 hrs for Academic Session 2023-24. - Click here to Apply

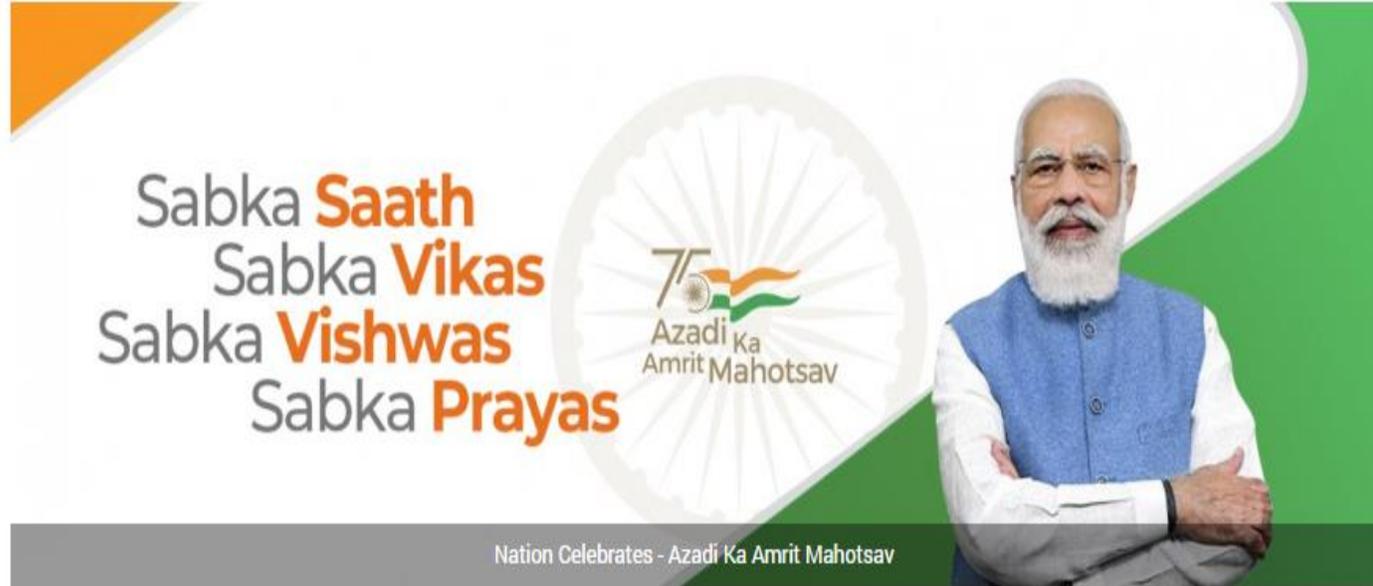
- Services ▾
- Information ▾
- Announcement ▾

New Update

Tender

Gem Bid of Biomedical Waste Management Service

Trending on ESIC



Step 1: Insured Person Login with URL: www.esic.gov.in and click on Insured Person/ Beneficiary Icon.

Step 1

Quick Finder Select Offices / Hospitals ▾ Select State ▾ Search

- Employer Login
- Insured Person / Beneficiary**
- Insurance Medical Practitioner
- mEUD
- ESIC Staff / Pensioner
- Lawyer



IP Portal Login Screen

Insured Person/Beneficiary Portal

The Employees' State Insurance Act, 1948,
 An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.

Language/भाषा: English

Insured Person / Beneficiary Login

Insured Person ESI Staff

Username*

Password*

Captcha* Refresh

[Sign Up](#) [Forgot Password](#)

[IP Portal Secure Login Help File](#)

Notes: IP can set the Password using Sign Up link.

- On Clicking Insured Person Icon, User takes a login with their respective credential.

Step 1: User select Insured Person radio button as IP login.

Step 2: Enter the Username as 10-digits IP no. and a valid Password set for the Username.

Step 3: Enter above mentioned Captcha.

Step 4: After entering all required fields, Click on LOGIN button.



IP Portal Home Screen

ESIC Employees' State Insurance Corporation

Insured Person Details

User ID: 1115103876

Change Password

Language/भाषा: English

Insured Person Details		Language/भाषा: English	
Details			
Insured Person Name	TESTEE	Insurance Number	1115103876
UHID Number	JK01.0000000291	Date of Birth	29/01/1980
Dispensary Name	Ramagundam, AP (ESIS Disp.)	Disability Type	-- N.A --
Dispensary For Family	Wilson Garden, KA (ESIS Disp.)	Registration Date	28/11/2019
First Date Of Appointment	20/11/2019	Current Date of Appointment	01/10/2021
Mobile Number	*****1353	Account Number	*****5335
Email :	-- N.A --	UAN :	987654321012

- After Login in Portal, He/She will get List of services available on IP Portal.

Step 1: Click on Update Particulars link to add/update the details.

Insured Person

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)
- [Dhanwantri - Your e-Health Records](#)
- [Beneficiary Feedback Form](#)
- [Update Preferred Language of SMS](#)
- [View Med 11 Certificate](#)
- [Download Forms](#)
- [View/Print e-Pehchan Card](#)
- [Update Particulars](#)

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#)
- [Notifications - Status of Requests](#)

Step 1

Notes: Update Particulars detail request will be forwarded to the Employer.



Update Particulars Screen – Personal Details



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Update Particulars

* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will get the tagged Employer Code.

Step 1: Select Personal Details radio button to edit Personal Details



Personal Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Detail

Login User : Home | Logout

Edit Personal Details Of Insured Person * Required Field

Insured Person's Number : 1115103876

1. IP Name: *	TESTEEEE	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	Choose File N... Upload
3. Date of Birth: *	29/01/1980	4. Name of*	testingnew
5. Marital Status:*	Widow	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
6. Gender:*		<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG	
7. Date of Appointment:*		8. UAN Number:*	987654321012 Edit
Type of Proof:*	Married	Type of Proof:	---Please Select---
9. Proof of Evidence: *	Widower chosen Upload	10. Proof of Evidence2:	Choose File No file chosen Upload

Note:Document type allowed pdf, jpg & jpeg.
 Note:Max size of the documents should be 200KB.

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Update
Close

- On selection of Personal Details, User will get the screen to edit personal information.
- User can able to update all the Required Fields marked as * sign.



Personal Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 🏠 📄

Edit Personal Details Of Insured Person * Required Field

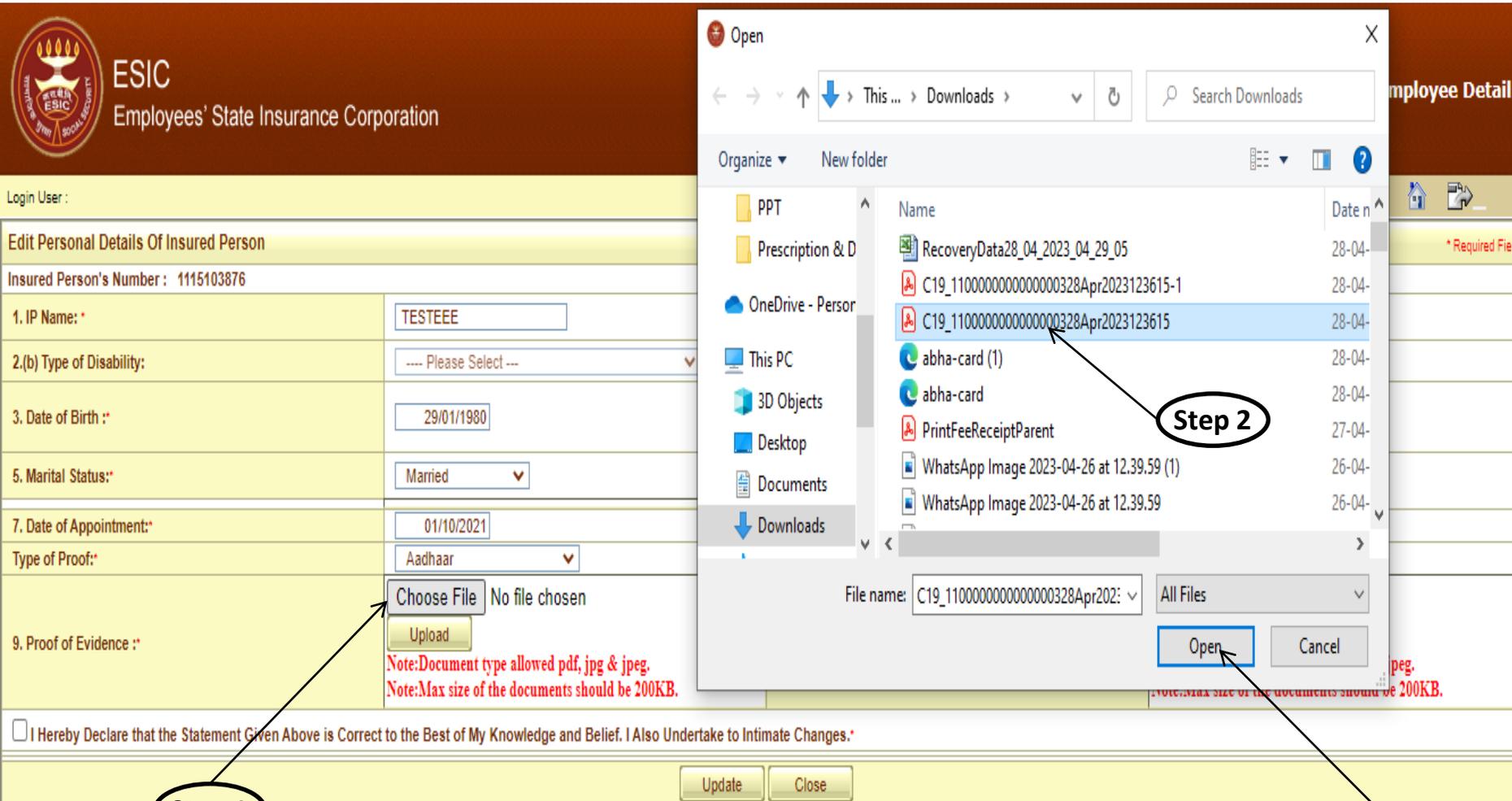
Insured Person's Number : 1115103876

1. IP Name: *	TESTEEEE	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth: *	29/01/1980	4. Name of:	testingnew
5. Marital Status:*	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
6. Gender:*		<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG	
7. Date of Appointment:*	01/10/2021	8. UAN Number:*	987654321012 <input type="button" value="Edit"/>
Type of Proof:*	---Please Select---	Type of Proof:	---Please Select---
9. Proof of Evidence :*	<div style="border: 1px solid black; padding: 5px;"> <p>---Please Select---</p> <p>---Please Select---</p> <p>Aadhaar</p> <p>Driving License</p> <p>PAN Card</p> <p>Passport</p> <p>Ration Card</p> <p>Voter ID</p> <p>BPL Certificate</p> <p>Birth Certificate</p> <p>Death Certificate</p> <p>Passbook/Chequebook</p> </div>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="color: red; font-size: small;">Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</p>

I Hereby Declare that the Statement Given Above is Correct to my Best Belief. I Also Undertake to Intimate Changes.*

• After changing any kind of details, User will select the Type of Proof from drop down.

Personal Details Update Screen



ESIC Employees' State Insurance Corporation

Login User :

Edit Personal Details Of Insured Person

Insured Person's Number : 1115103876

1. IP Name : * TESTEEE

2.(b) Type of Disability: ---- Please Select ---

3. Date of Birth : * 29/01/1980

5. Marital Status : * Married

7. Date of Appointment : * 01/10/2021

Type of Proof : * Aadhaar

9. Proof of Evidence : *

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Update Close

Open

File name: C19_11000000000000000328Apr202: All Files

Open Cancel

Step 1 Step 2 Step 3

- Once user select the type of proof, he/she will attach the required document.
 - Document allowed as pdf, jpg & jpeg format with size not more than 200KB.
- Step 1:** User click on choose button for attaching the document.
- Step 2:** User select the document already saved in mention format from system.
- Step 3:** Then click on Open button to finally attach it.



Personal Details Update Screen

ESIC Employees' State Insurance Corporation

Employee Details

Login User :

Edit Personal Details Of Insured Person * Required Field

Insured Person's Number : 1115103876

1. IP Name :*	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="29/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:**	Married	6. Gender:**	<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG
7. Date of Appointment:**	<input type="text" value="01/10/2021"/>	8. UAN Number:**	<input type="text" value="987654321012"/> Edit
Type of Proof:**	Aadhaar	Type of Proof:	---Please Select---
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> sign.jpeg Remove <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

- After attaching the document, user will upload the document.

Step 1: User click on Upload button for uploading the document.

Step 2: User select the declaration check box for his/her consent.

Step 3: Finally click on Update button to raise the request for change.

Step 2

Step 3



Reference number generated successfully message

ESIC
Employees' State Insurance Corporation

Employee Detail

Login User : Home | Logout

Edit Personal Details Of Insured Person * Required Field

Insured Person's Number : 1115103876

1. IP Name: *	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="01/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:*	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
		6. Gender:*	<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG
7. Date of Appointment:*	<input type="text" value="01/10/2021"/>	8. UAN Number:*	<input type="text" value="987654321012"/> Edit
Type of Proof:*	Aadhaar	Type of Proof:	---Please Select---
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> sign.jpeg Remove <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</small>

I Herely Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Personal details updated successfully !

The reference number **112351000046** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

Notes: Request with Reference no. forwarded to the Employer for further process.



Update Particulars Screen – Dispensary Details



Employee Details

Login User : 1115103876

Update Particulars

* Required Field

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Dispensary Details radio button to edit the Dispensary for IP self & Family Dependent



Dispensary Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876



Dispensary change Details

* Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:**

State:	Telangana	District:	Karimnagar
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Address:	ESIC Dispensary, Near Dhoordharshan, Office Jyothi Nagar, Ramagundam, Distt:- Peddapalli, Telangana-505215

Dispensary Or Imp or mEUD for Family:**

State:	Karnataka	District:	Bangalore
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Address:	Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Dairy circle,Wilson Garden,Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. * *

Update Close

- On selection of Dispensary Details, User will get the screen to change the Dispensary for IP self and Family Dependent.



Dispensary Details Update Screen

ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Dispensary change Details * Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:**

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Address:	ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary Or Imp or mEUD for Family:**

State:	Karnataka	District:	Bangalore
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Address:	Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Diary circle,Wilson Garden,Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. **

- User can change the dispensary for IP self and Family dependent.

Step 1: User select the State from drop down.

Step 2: District name will reflect on the basis of state selection. Select the District.

Step 3: Dispensary drop down populate the List of Dispensaries as per the district selection. Select the Dispensary.



Dispensary Details Update Screen

The screenshot shows the ESIC Employees' State Insurance Corporation interface. At the top left is the ESIC logo and name. The page title is "Employee Details". Below the header, the login user ID is 1115103876. The main section is titled "Dispensary change Details" and contains two sections: "Dispensary Or IMP or mEUD for IP:" and "Dispensary Or Imp or mEUD for Family:". Each section has dropdown menus for State and District, radio buttons for Dispensary, IMP, and mEUD, and a text field for the address. The first section is for Delhi, New Delhi, with the address "ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791". The second section is for Karnataka, Bangalore, with the address "Wilson Garden, Adugodi, Next to Mico Factory, Bangalore Diary circle, Wilson Garden, Bangalore - 560 030". At the bottom, there is a declaration checkbox and text, and "Update" and "Close" buttons.

ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Dispensary change Details * Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:*

State: District:

Dispensary IMP mEUD

Address: ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary Or Imp or mEUD for Family:*

State: District:

Dispensary IMP mEUD

Address: Wilson Garden, Adugodi, Next to Mico Factory, Bangalore Diary circle, Wilson Garden, Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. **

- Once IP change the Dispensary, user will select the declaration check box.

Step 1: User select the declaration check box for his/her consent.

Step 2: Finally click on Update button to raise the request for change.

Step 1

Step 2



Reference number generated successfully message



ESIC
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

Dispensary change Details * Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:*

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Azadpur, DL (ESIC Disp.)	Address:	ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary Or Imp or mEUD for Family:*

State:	Karnataka	District:	Bangalore
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Wilson Garden, KA (ESIC I	Address:	Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Diary circle,Wilson Garden,Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. * *

The reference number **112351000051** has been generated and pending for approval.

- The reference number generated successfully and is pending for approval.

Notes: Request with Reference no. forwarded to the Employer for further process.



Update Particulars Screen – Address Details



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Update Particulars

* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Address Details radio button to edit Address of an IP



Address Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876 Home | Logout

Edit Address Details Of Insured Person * Required Fields

Insured Person's Number : 1115103876

1. Present Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Email:	<input type="text"/>
State:*	<input type="text" value="Andhra Pradesh"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221353"/> Edit
District:*	<input type="text" value="Ananthpuram"/>		

Copy Present Address to Permanent Address

2. Permanent Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221350"/>
State:*	<input type="text" value="Andhra Pradesh"/>	Email:	<input type="text"/>
District:*	<input type="text" value="Ananthpuram"/>		

Type of Proof:	<input type="text" value="---Please Select---"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</p>	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</p>

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

* The OTP will remain valid for 20 minutes.
 * You are allowed to generate OTP maximum 3 times.
 * After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.
 * Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

- On selection of Address Details, User will get the screen to change the Present or Permanent Address and attach the Type of Proof/Evidence.



Address Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

Edit Address Details Of Insured Person * Required Field

Insured Person's Number : 1115103876

1. Present Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Email:	<input type="text"/>
State:*	<input type="text" value="Delhi"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221353"/> Edit
District:*	<input type="text" value="New Delhi"/>		

Copy Present Address to Permanent Address

2. Permanent Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221353"/>
State:*	<input type="text" value="Delhi"/>	Email:	<input type="text"/>
District:*	<input type="text" value="New Delhi"/>		
Type of Proof:	<input type="text" value="---Please Select---"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</p>	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</p>

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* The OTP will remain valid for 20 minutes.
 * You are allowed to generate OTP maximum 3 times.
 * After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.
 * Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

- User can change the Present Address and if Permanent Address is same as Present then select the checkbox to copy the same address mention in Present Address.
- If Permanent Address is different from Present then update the Permanent Address.
- User can attach the Proof/Evidence for Address change.

Notes: User will now be able to edit the Mobile no.



Dispensary Details Update Screen

 **ESIC**
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103878

Edit Address Details Of Insured Person * Required File

Insured Person's Number : 1115103876

1. Present Address

Address :*	testnew	Pin Code:	
	new1	Phone No.:	
	new2	Email:	
State:*	Delhi	Mobile No.:	91 - 8143221353 Edit
District:*	New Delhi		

Copy Present Address to Permanent Address

2. Permanent Address

Address :*	testnew	Pin Code:	
	new1	Phone No.:	
	new2	Mobile No.:	91 - 8143221353
State:*	Delhi	Email:	
District:*	New Delhi		

Type of Proof:

Proof of Evidence: No file chosen

*Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.*

Type of Proof:

Proof of Evidence2 : No file chosen

*Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.*

Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

* The OTP will remain valid for 20 minutes.
* You are allowed to generate OTP maximum 3 times.
* After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.
* Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

- Once IP change the Address, user will select the declaration check box.

Step 1: User select the declaration check box for his/her consent.

Step 2: Finally click on Update button to raise the request for change.

Step 1

Step 2



Reference number generated successfully message



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Address Details Of Insured Person * Required Fields

Insured Person's Number : 1115103876

1. Present Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Email:	<input type="text"/>
State:*	<input type="text" value="Delhi"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221353"/> Edit
District:*	<input type="text" value="New Delhi"/>		

Copy Present Address to Permanent Address

2. Permanent Address

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="8143221353"/>
State:*	<input type="text" value="Delhi"/>	Email:	<input type="text"/>
District:*	<input type="text" value="New Delhi"/>		
Type of Proof:	<input type="text" value="---Please Select---"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</p>	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</p>

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

* The OTP will remain valid for 20 minutes.
 * You are allowed to generate OTP maximum 3 times.
 * After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.
 * Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

The reference number **112351000055** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

Notes: Request with Reference no. forwarded to the Employer for further process.



Update Particulars Screen – Nominee Details



Employee Details

Login User : 1115103876

Update Particulars

* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Nominee Details radio button to edit Nominee.



Nominee Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876 🏠 📄

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) * Required Field

Insured Person's Number : 1115103876

Name *	<input type="text" value="tesfnew"/>	Relationship with I.P. *	<input type="text" value="Spouse"/>
Address of Nominee			
Address **	<input type="text" value="sadsadzBengalBengalBengalB"/>	State *	<input type="text" value="West Bengal"/>
	<input type="text" value="XZCZXC"/>	District *	<input type="text" value="Darjeeling"/>
	<input type="text" value="ZCXCZX"/>	Pin Code *	<input type="text" value="101010"/>
Phone No.:	<input type="text"/> - <input type="text"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text"/>
Is Nominee a Family Member :	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Type of Proof:	<input type="text" value="---Please Select---"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
<p style="font-size: small; color: red;">Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</p>			

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

- On selection of Nominee Details, User will get the screen to update the Nominee and attach the Type of Proof/Evidence.



Nominee Details Update Screen

 **ESIC**
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) * Required Field

Insured Person's Number : 1115103876

Name :*	<input type="text" value="tesfnew"/>	Relationship with I.P. :*	<input type="text" value="Spouse"/>
Address of Nominee			
Address :*	<input type="text" value="sadsadzBengalBengalBengalB"/>	State :*	<input type="text" value="West Bengal"/>
	<input type="text" value="XZCZXC"/>	District :*	<input type="text" value="Darjeeling"/>
	<input type="text" value="ZCXCZX"/>	Pin Code :*	<input type="text" value="110002"/>
Phone No.:	<input type="text"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text"/>
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	<input type="text" value="---Please Select---"/>		
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
<p>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</p>			
<input checked="" type="checkbox"/> I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			

- User can change the Details of Nominee.
 - User can attach the Proof/Evidence for Nominee detail change.
- Step 1:** User select the declaration check box for his/her consent.
- Step 2:** Finally click on Update button to raise the request for change.

Step 1

Step 2



Reference number generated successfully message

 **ESIC**
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) * Required Field

Insured Person's Number : 1115103876

Name :*	tesfnew	Relationship with I.P :*	Spouse
Address of Nominee		State :*	
Address :*	sadsadzBengalBengalBengalB	District :*	West Bengal
	XZCZXC		Darjeeling
	ZCXZCX	Pin Code :*	110002
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i></p>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.</i></p>

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

The reference number **112351000059** has been generated successfully and pending for approval

- The reference number generated successfully and is pending for approval.

Notes: Request with Reference no. forwarded to the Employer for further process.



Update Particulars Screen – Family Details



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Update Particulars

* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Family Details radio button to add/edit family dependent.



Family Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person *Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
Edit	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
Edit	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
Edit	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

Step 1 →

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof:

Proof of Evidence1: No file chosen
Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 : No file chosen
Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

- On selection of Family Details, User will get the screen to add/edit the Family dependent and attach the Type of Proof/Evidence.

Step 1: User click on Edit link for editing Family detail.



Family Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person *Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
Edit	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
Edit	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
Edit	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*		Whether Residing with Him / Her?	If No, State Place of Residence		Status
Test Son	29/01/2014	Minor dependant son	Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof:

Proof of Evidence1: No file chosen
Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 : No file chosen
Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

- User can change the Details of Family Dependent.
- After edit details user click on Add button.

Family Details Update Screen

ESIC
Employees' State Insurance Corporation

Login User : 1115103876

Add Family Particulars Of Insured Person
Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Re
Edit	Test Son son	03/03/2004	Gr
Edit	test	18/07/1985	Sp
Edit	Test Son	29/01/2014	Gr
Edit	Test Son	29/01/2014	Mir

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*
<input type="text"/>	<input type="text"/>	---Please Select---

Type of Proof: Aadhaar

Proof of Evidence1: Choose File No file chosen Upload

Type of Proof: ---Please Select---

Proof of Evidence2: Choose File No file chosen Upload

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

Submit Close

- After adding the details.
- Step 1:** User select the Type of Proof for dependent
- Step 2:** User click on choose button for attaching the document.
- Step 3:** User select the document already saved in mention format from system.
- Step 4:** Then click on Open button to finally attach it.



Family Details Update Screen



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person *Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
Edit	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
Edit	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
Edit	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes
Edit	Test Son	29/01/2014	Minor dependant son	Yes	-	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select--- <input type="text"/>	Active <input type="text"/>

Type of Proof:*

Proof of Evidence1:* No file chosen sign.jpeg [Remove](#)

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 : No file chosen

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

- After attaching the document, user will upload the document.
- Step 1:** User click on Upload button for uploading the document.
- Step 2:** User select the declaration check box for his/her consent.
- Step 3:** Finally click on Update button to raise the request for change.

Step 2

Step 3

Step 1



Reference number generated successfully message



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person *Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
Edit	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
Edit	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
Edit	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof:

Proof of Evidence1: No file chosen sign.jpeg [Remove](#)

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 : No file chosen

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

The reference number **112351000060** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

Notes: Request with Reference no. forwarded to the Employer for further process.



Update Particulars Screen – Bank Details



Employee Details

Login User : 1115103876

Update Particulars

* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Bank Details radio button to add/update Bank detail.



Bank Details Update Screen

 **ESIC**
Employees' State Insurance Corporation

Employee Details

Login User: 1115103876

Bank Details of Insured Person * Required Fields

IP Number: IP Name: TESTEEE

IFSC Code:

Bank Details of Insured Person

Bank Name :*	<input type="text" value="ICICI BANK LIMITED"/>	Branch Name :*	<input type="text" value="BEMETARA"/>
Account Number :*	<input type="text" value="464656245335"/>	IFSC :*	<input type="text" value="ICIC0003724"/>
MICR Code :	<input type="text" value="5645645"/>	Account Type :*	<input type="text" value="Savings"/>
Document :*	Click here to view document Note: Document type allowed is pdf, jpg & jpeg. Maximum Size is 200KB for uploading documents.		

For this IP bank details are already verified.

Every Insured Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder, Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.

It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each Insured Person should have unique Bank Account Number.

- On selection of Bank Details, User will get the screen to add/update the Bank details and attach the document.
- Step 1:** User enter the bank IFSC code.
- Step 2:** User click on Search button to search the Bank Name.



Bank Details Update Screen

ESIC
Employees' State Insurance Corporation

Login User: 1115103876

Bank Details of Insured Person

IP Number: 1115103876

IFSC Code: UTIB0001326

Bank Name: AXIS BANK

Account Number: 919020012273787382

MICR Code: 5645645

Document: Choose File No file chosen Upload File

Note: Document type allowed is pdf, jpg & jpeg. Maximum Size is 200KB for uploading documents.

Submit Reset Cancel

Every Insured Person should have unique Bank Account Number.
Attested & Signed by Employer copy of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder, Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.
It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each Insured Person should have unique Bank Account Number.

- After adding/editing bank details.
- Step 1:** User click on choose button for attaching the document.
- Step 2:** User select the document already saved in mention format from system.
- Step 3:** Then click on Open button to finally attach it.



Bank Details Update Screen

 **ESIC**
Employees' State Insurance Corporation

Employee Details

Login User: 1115103876

Bank Details of Insured Person * Required Fields

IP Number : 1115103876 IP Name : TESTEEE

IFSC Code : UTIB0001326

Bank Details of Insured Person			
Bank Name :*	AXIS BANK	Branch Name :*	NEW FRIENDS COLONY
Account Number :*	919020012273787382	IFSC :*	UTIB0001326
MICR Code :	5645645	Account Type :*	Savings
Document :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload File"/> sign.jpeg Remove		
<small>Note: Document type allowed is pdf, jpg & jpeg. Maximum Size is 200KB for uploading documents.</small>			
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			

Every Insured Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder, Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.

It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each Insured Person should have unique Bank Account Number.

- After attaching the document, user will upload the document.
- Step 1:** User click on Upload button for uploading the document.
- Step 2:** Finally click on Submit button to raise the request for change.

Notes: Request will be forwarded to the Employer for further process.



Status of Requests under Notifications on IP Portal

IP Portal Home Screen



ESIC
Employees' State Insurance Corporation

Insured Person Details

User ID

1115103876

Change Password



Insured Person Details

Language/भाषा: English



Details			
Insured Person Name	TESTEE	Insurance Number	1115103876
UHID Number	JK01.0000000291	Date of Birth	01/01/1980
Dispensary Name	Azadpur, DL (ESIC Disp.)	Disability Type	-- N.A --
Dispensary For Family	Wilson Garden, KA (ESIS Disp.)	Registration Date	28/11/2019
First Date Of Appointment	20/11/2019	Current Date of Appointment	01/10/2021
Mobile Number	*****1353	Account Number	*****5335
Email :	-- N.A --	UAN :	987654321012

Insured Person

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)
- [Dhanwantri - Your e-Health Records](#)
- [Beneficiary Feedback Form](#)
- [Update Preferred Language of SMS](#)
- [View Med 11 Certificate](#)
- [Download Forms](#)
- [View/Print e-Pehchan Card](#)
- [Update Particulars](#)

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#)
- [Notifications - Status of Requests](#)

Click here

Notes: IP will be able to view the Status of submitted various types of requests.



IP Portal - Notification Screen

The screenshot shows the ESIC IP Portal Notification Screen. The header includes the ESIC logo and the text "ESIC Employees' State Insurance Corporation" on the left, and "Employee Details" on the right. Below the header, the login user ID "1115103876" is displayed. The main content area contains a list of notification items:

- [IP Particulars Change Status](#) NEW
- [Status of the Claim](#)
- [Claim Intimation Request Status](#) NEW

An arrow points from a callout box containing the text "Click here" to the "IP Particulars Change Status" link.

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Notes: Under IP Particulars Change Requests Status, IP will be able to view the Status of submitted requests.



IP Portal – Update Particulars Status Report



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Update IP status Report * Required Fields

Search By

Employee Insurance No. : Status:

S. NO.	REFERENCE NUMBER	CREATED DATE	INSURANCE NUMBER	IP NAME	FATHER/HUSBAND NAME	STATUS	REMARKS
1	11235200006	5/2/2023 10:58:18 AM	1115103876	TESTEEE	TESTINGNEW	REJECTED	
2	11235200018	5/2/2023 3:48:48 PM	1115103876	TESTEEE	TESTINGNEW	REJECTED	
3	11235900060	5/9/2023 3:28:28 PM	1115103876	TESTEEE	TESTINGNEW	REJECTED	
4	11235900076	5/9/2023 4:28:49 PM	1115103876	TESTEEE	TESTINGNEW	REJECTED	
5	112351000046	5/10/2023 1:05:57 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
6	112351000055	5/10/2023 3:05:07 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
7	112351000059	5/10/2023 3:24:56 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
8	112351000060	5/10/2023 3:57:17 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
9	11235200005	5/2/2023 10:51:13 AM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
10	112351000051	5/10/2023 2:50:04 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST

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Notes: IP will be able to view the Status of submitted requests along with the Remarks.



Edit Employee Workflow Process by Employer



Open Employer Portal through www.esic.gov.in

Seats allocated for Ward of IP is active from 04.05.2023 to 17.05.2023 at 23-59 hrs for Academic Session 2023-24. - Click here to Apply

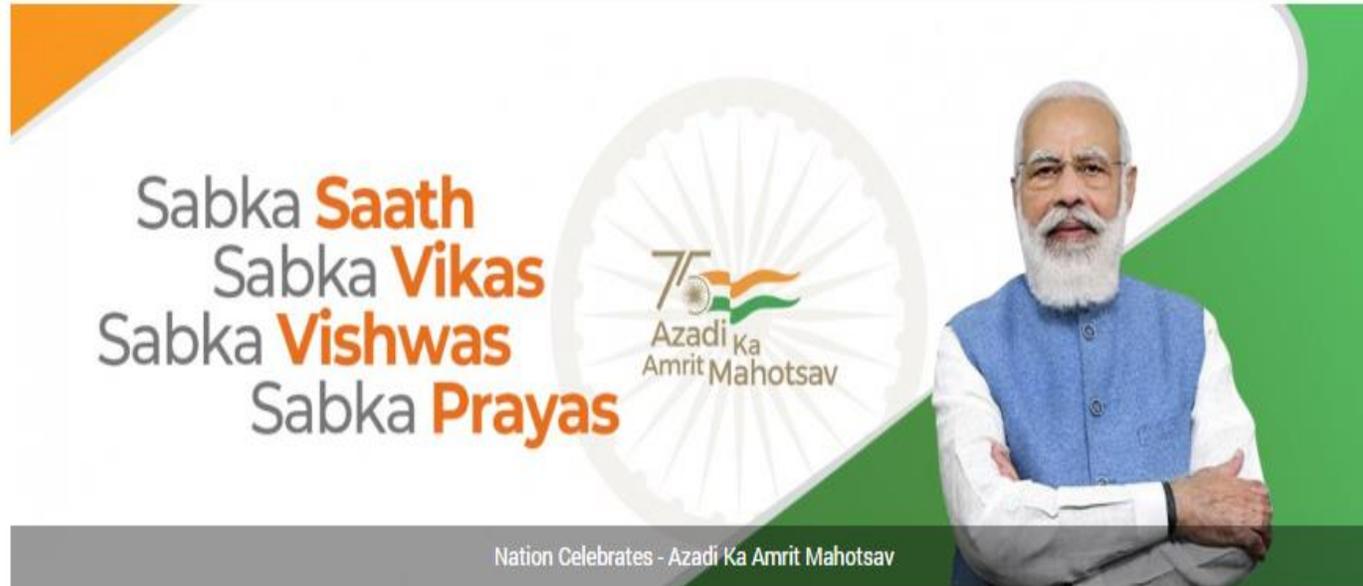
- Services ▾
- Information ▾
- Announcement ▾

New Update

Tender

Gem Bid of Biomedical Waste Management Service

Trending on ESIC



Step 1: Employer Login with URL: www.esic.gov.in and click on Employer Login.

Step 1

Quick Finder Select Offices / Hospitals ▾ Select State ▾ Search

- Employer Login** (highlighted with Step 1 arrow)
- Insured Person / Beneficiary
- Insurance Medical Practitioner
- mEUD
- ESIC Staff / Pensioner
- Lawyer

Employer Portal Login Screen



► Hindi



Employer Login

Username/LIN
11001183000001018

Password
.....

Captcha *
a8bde0a42

a8bde0a42

Sign Up Forgot password?

LOGIN

[Username](#) [Check Password Policy](#)
[Common Registration Link For ESIC / EPFO](#)

- On Clicking Employer Login Icon, Employer takes a login with their respective credential.

Step 1: Employer enter Username/LIN.

Step 2: Employer enter the valid Password set for the Username.

Step 3: Enter above mentioned Captcha.

Step 4: After entering all required fields, Click on LOGIN button.

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the contrary, the same may be made on [help-shramsuvridha\[at\]gov\[dot\]in](mailto:help-shramsuvridha[at]gov[dot]in)

We Are Migrating To One Unit One Identifier

Government of India plans to do away with all employer codes being issued by separate labour enforcement agencies such as ESIC, EPFO, OIO CIC(C) and DGMS etc by replacing them with new Labour Identification Number (LIN). Your unit has already been allotted a LIN and the same can be obtained online using <http://tinyurl.com/whatismylin> Please verify the information associated with your LIN before the current employer codes are rendered useless. The procedure to verify the information is given in <http://tinyurl.com/shramsuvridhahowto> For any support please contact [help-shramsuvridha\[at\]gov\[dot\]in](mailto:help-shramsuvridha[at]gov[dot]in)



Employer Portal Home Screen



ESIC
Employees' State Insurance Corporation

Insurance

Employer Login: 1100000000000002 (LIN No. 8974653874)



Last Logged In Wednesday, May 10, 2023 at 4:25 PM

EMPLOYER

- [Update Employer Details](#)
- [Create Subunit Registration](#)
- [User Manual for Mobile/Bank update](#)
- [Accident Report \(Form 12\)](#)
- [Accident Report Print / PDF Form](#)
- [Wage Contributory Record](#)
- [Reply For Abstention Verification](#)
- [View Subunit Details](#)
- [Change Password](#)
- [Request for Reduce Rate of Contribution](#)
- [Help for Monthly contribution and Challan \(Updated\)](#) ★
- [Help File for Contractor/Principal Employer Mapping and Contribution](#) ★
- [Consolidated MC/Edit MC Help File](#)
- [Online Payment Help File](#)

EMPLOYEE (INSURED PERSON)

- [Enroll Employee with previously allotted ESI Number](#)
- [Register/Enroll New Employee](#)
- [Update Particulars of Insured Person](#)
- [Update Mobile Number of Insured Person](#)
- [Bulk Upload of Mobile Number](#)
- [Bulk Upload of Account Number](#)
- [Upload Bank Account related Document of Insured Person](#)
- [Send Emails](#)
- [e-Pehchan Card](#)
- [List of Employees](#)
- [Pehchan Follow Up](#)
- [Health Passbook](#)
- [View Med11 Certificate](#)
- [Edit Employee Workflow](#)
- [Employee Discrepancy Approval](#)

MONTHLY CONTRIBUTION

- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Modify Challan](#)
- [View Contribution History](#)
- [Omitted Wages Challan](#)
- [Contractor/Principal Employer Master](#)
- [IP Mapping with Contractor/Principal Employer](#)
- [Bulk IP Mapping with Contractor/Principal Employer](#)
- [View Contribution History \(Contractor/Principal Employer Wise\)](#)
- [Self Certification](#)
- [View RC](#)
- [Recovery/Defaulter Challan](#)
- [Updation of Unrealized Challan Details](#)
- [Online Challan Double verification](#)
- [Interest For Delay Payment](#)

- After Login in Employer Portal, User will get List of services.
- Employer click on Edit Employee Workflow link to take necessary action against each request(Reference) type.



Edit Employee Workflow Screen



ESIC
Employees' State Insurance Corporation

Insurance

User Login: 11001182990001018

Wednesday, May 10, 2023 4:45:20 PM

[Employee Task Details](#) > List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1115103876	10/05/2023	Pending
2	1115104427	28/02/2023	Pending
3	1115104546	12/04/2023	Pending
4	1115104703	08/03/2023	Pending

- After clicking on Edit Employee Workflow link, User will get List of requests generated by IP.
- Employer click on Assigned task to forward the request to Branch Office for Approval.



Edit Employee Workflow Screen



ESIC
Employees' State Insurance Corporation

Insurance

User Login: 11001182990001018

Wednesday, May 10, 2023 4:50:12 PM

Employee > Employee IP Approval

Employees Edit IP Approval * Required Fields			
Insurance Number: 1115103876			
Insured Person Name:		UHID Number :	
Date of Birth :		Date of Registration:	
Employer Code No.:		Employer Name:	
Select Type:	IP Details ▾	First Date of Appointment:	
Existing Particulars		New Particulars	
<input checked="" type="checkbox"/> Personal Details: Reference ID 112351000046			
Is IP Disabled:		Is IP Disabled:	No
Type of Disability:		Type of Disability:	NA
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:		Name / Name as per Aadhaar Records:	TESTEEE
Name of Guardian:		Name of Guardian:	testingnew
Date of Birth:		Date of Birth:	01/01/1980
Marital Status:		Marital Status:	Married
Gender:		Gender:	F
UAN Number:		UAN Number:	987654321012
Proof Type :	Aadhaar	Proof Type :	NA
		Document 1:	Click here to View Document
		Document 2:	
<input checked="" type="checkbox"/> Address Details : Reference ID 112351000055			
Present Address :		Present Address :	testnew,new1,new2,,8143221353,Delhi,,New Delhi
Permanent Address :		Permanent Address :	testnew,new1,new2,,8143221353,Delhi,,New Delhi
Proof Type :	NA	Proof Type :	NA
		Document 1:	
		Document 2:	

- Once the request opened, Employer checks the reference no. for every change.



Edit Employee Workflow Screen

Dispensary Details : Reference ID 112351000051

For IP: Dispensary IMP mEUD | Ramagundam, AP (ESIS Disp.) | Dispensary IMP mEUD | Azadpur, DL (ESIC Disp.)

Nominee Details : Reference ID 112351000059

Name :		Name :	tesfnew
Relationship with I.P :		Relationship with I.P :	Spouse
Address of Nominee :		Address of Nominee :	sadsadzBengalBengalBengalBengal,xzcxzcx,West Bengal,Darjeeling,110002,
Is Nominee a Family Member :		Is Nominee a Family Member :	Yes
Proof Type :	NA	Proof Type :	NA
		Document 1:	
		Document 2:	

Family Details : Reference ID 112351000060

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Record Type
Test Son son	03/03/2004	Grand Son	M	Yes	Dummy State		Active	Modified Record
test	18/07/1985	Spouse	F	Yes	Dummy State		Active	Modified Record
Test Son	29/01/2014	Grand Son	M	Yes	Dummy State		Active	Old Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Record Type
Test Son	29/01/2014	Minor dependant son	M	Yes	Andhra Pradesh	Ananthpuram	Active	New Record

Proof Type : Aadhaar | Proof Type : NA

Document 1: [Click here to View Document](#) | Document 2:

I have carefully examined the uploaded documents.

- Finally Employer checks all the relevant documents attached with the request.
 - Employer can able to reject the request.
- Step 1:** Employer select the check box .
- Step 2:** Then click on Forward button for Branch Office approval.

Step 2 →



Employer submitted the request to Branch Office



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Employees' State Insurance Corporation

Insurance

User Login: 11001182890001018

Wednesday, May 10, 2023 4:58:11 PM

—

Submission Success

IP details change request successfully Submitted to Branch Office.

Notes: Requests forwarded to LDC/UDC at Branch Office for further approval process.



Status of Requests under Notifications on Employer Portal



Employer Portal - Notification Screen

Last Logged In Wednesday, May 10, 2023 at 4:25 PM

EMPLOYER	EMPLOYEE (INSURED PERSON)	MONTHLY CONTRIBUTION
<ul style="list-style-type: none"> ▪ Update Employer Details ▪ Create Subunit Registration ▪ User Manual for Mobile/Bank update ▪ Accident Report (Form 12) ▪ Accident Report Print / PDF Form ▪ Wage Contributory Record ▪ Reply For Abstention Verification ▪ View Subunit Details NEW ▪ Change Password ▪ Request for Reduce Rate of Contribution ▪ Help for Monthly contribution and Challan (Updated) ★ ▪ Help File for Contractor/Principal Employer Mapping and Contribution ★ ▪ Consolidated MC/Edit MC Help File ▪ Online Payment Help File 	<ul style="list-style-type: none"> ▪ Enroll Employee with previously allotted ESI Number ▪ Register/Enroll New Employee ▪ Update Particulars of Insured Person ▪ Update Mobile Number of Insured Person ▪ Bulk Upload of Mobile Number ▪ Bulk Upload of Account Number ▪ Upload Bank Account related Document of Insured Person ▪ Send Emails ▪ e-Pehchan Card ▪ List of Employees ▪ Pehchan Follow Up ▪ Health Passbook ▪ View Med11 Certificate NEW ▪ Edit Employee Workflow NEW ▪ Notification NEW ▪ Employee Biometric Approval 	<ul style="list-style-type: none"> ▪ File Monthly Contributions ▪ Generate Challan ▪ Modify Challan ▪ ViewContributionHistory ▪ Omitted Wages Challan ▪ Contractor/Principal Employer Master ▪ IP Mapping with Contractor/Principal Employer ▪ Bulk IP Mapping with Contractor/Principal Employer ▪ View Contribution History(Contractor/Principal Employer Wise) ▪ Self Certification ▪ View RC ▪ Recovery/Defaulter Challan ▪ Updation of Unrealized Challan Details ▪ OnlineChallan Doubleverification ▪ Interest For Delay Payment

Notes: Employer will be able to view the Status of IP Particulars Change Requests.

Employer Portal - Notification Screen



Insurance

User Login: 11001182990001018

Monday, May 15, 2023 1:17:11 PM

[Submission](#) Employer Notification

Click here

[IP Particulars Change Status](#)

[Notice Board](#)

[Late IP Registration Status Notification](#)

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Employer Portal – Update Particulars Status Report



ESIC
Employees' State Insurance Corporation

Insurance

Mon 15 May 2023, 1:34:10 PM

Update IP status Report * Required Fields

Search By

Employee Insurance No. : Status:

S. NO.	REFERENCE NUMBER	CREATED DATE	INSURANCE NUMBER	IP NAME	FATHER/HUSBAND NAME	STATUS	REMARKS
41	112321500008	02/15/2023 4:25:05 PM	1115104449	NAREDLA SUDHEER REDDY	RAJAPAPI REDDY	APPROVED	
42	112321600001	02/16/2023 10:36:11 AM	1115104449	NAREDLA SUDHEER REDDY	RAJAPAPI REDDY	APPROVED	BBB
43	112321600007	02/16/2023 11:59:04 AM	1115104449	NAREDLA SUDHEER REDDY	RAJAPAPI REDDY	APPROVED	
44	112321600010	02/16/2023 12:07:24 PM	1115104449	NAREDLA SUDHEER REDDY	RAJAPAPI REDDY	APPROVED	
45	112322100007	02/21/2023 4:00:39 PM	1115104441	PREAM	TEST TWSE	APPROVED	
46	11233600019	03/06/2023 12:06:43 PM	1115104703	RAGHAWA	NARASIMHA RAO	APPROVED	TEST
47	11233800004	03/08/2023 10:49:05 AM	1115104703	RAGHAWA	NARASIMHA RAO	APPROVED	FHJF
48	11233800011	03/08/2023 11:18:58 AM	1115104703	RAGHAWA	NARASIMHA RAO	APPROVED	SDGG
49	112331500022	03/15/2023 10:58:51 AM	1115104696	CHINNA BHAGYARAJ	S/O APPALANAIDU RAJ	APPROVED	DFGDFG
50	112331500027	03/15/2023 11:34:16 AM	1115104696	CHINNA BHAGYARAJ	S/O APPALANAIDU RAJ	APPROVED	APPROVED
51	112331500036	03/15/2023 12:12:09 PM	1115104696	CHINNA BHAGYARAJ	S/O APPALANAIDU RAJ	APPROVED	GHBGF
52	112331500039	03/15/2023 2:48:29 PM	1115104696	CHINNA BHAGYARAJ	S/O APPALANAIDU RAJ	APPROVED	OK
53	112351000051	05/10/2023 2:50:04 PM	1115103876	TESTEEE	TESTINGNEW	APPROVED	TEST
54	112351100055	05/11/2023 12:52:15 PM	1115104449	NAREDLA SUDHEER REDDY	RAJAPAPI REDDY	REJECTED	
55	112351100085	05/11/2023 3:51:56 PM	1115104703	RAGHAWA	NARASIMHA RAO	REJECTED	DISPENSARY DETAILS REJECTED
56	112351100090	05/11/2023 3:57:55 PM	1115104703	RAGHAWA	NARASIMHA RAO	APPROVED	APPROVED
57	112351100106	05/11/2023 5:12:15 PM	1115104703	RAGHAWA	NARASIMHA RAO	REJECTED	DISPENSARY OF EMPLOYEE & FAMILY DETAILS REJECTED IN EMPLOYER
58	112351200023	05/12/2023 12:29:58 PM	1115104703	RAGHAWA	NARASIMHA RAO	REJECTED	REJECT
59	112351200048	05/12/2023 4:42:23 PM	1115104703	RAGHAWA	NARASIMHA RAO	APPROVED	DISPENSARY DETAILS APPROVED BY BM

1 2 3

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Notes: IP will be able to view the Status of submitted requests along with the Remarks.



Thank You