



# Update IP Details Self and Dependent photo\_ Staff Login

**Capture Self photo \_Update IP Details**

**Capture Dependent photo \_Update IP Details**

**Photo Capture Related changes \_ Audit Trail**



# Overview

# Update IP Details Self photo and Dependent Photo \_ Staff Login



## Personal Details

- Update your personal information.
- Upload your **self-photograph**:
  - Format: **JPG or JPEG**
  - File Size: **50 to 100 KB**

# Update IP Details Self photo and Dependent Photo \_ Staff Login



## Dispensary Details

- Update **dispensary information** for yourself and your family members accordingly

# Update IP Details Self photo and Dependent Photo \_ Staff Login



## Address Details

- Update both:

- **Present Address**
- **Permanent Address**



## 4. Family Details

- Update your **family members' information**.
- Add **Nominee Member** details.
- Upload a **self-photograph** for each family member:
  - Format: **JPG or JPEG**
  - File Size: **50 to 100 KB**

# Update IP Details Self photo and Dependent Photo \_ Staff Login



## Bank Details

- Update your **bank account details**.
- Process:
  - Enter the **Bank IFSC Code** — the system will auto-fetch **Bank Name** and **Branch Name**.
- Upload a **proof document** related to your bank account:
  - Format: **PDF, JPG, or JPEG**
  - File Size: **Up to 200 KB**



# User Role & Location Mapping Process

# Regional Director login through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



कर्मचारी  
**ESIC**

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

### ESIC IT Service Desk Helpline



e contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Send mail to [Centralservicedesk@esic.in](mailto:Centralservicedesk@esic.in) with Subject Line (New Incident)

Call to VoIP Helpline : 7001

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All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Enter User Name and  
Password in Text Box

Please Login with your credentials

User Name:

wiplone

Password:

••••••••••

Log In

Forgot Password

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Click on Log In Button



कर्मचारी  
राज्य बीमा निगम

ESIC

कर्मचारी राज्य बीमा निगम

Employees' State Insurance Corporation



Welcome, Wipro One

English | हिंदी



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<a href="#">» Annexures - X-XI.pdf</a>		<a href="#">» <a href="http://esicdelhi.org.in">http://esicdelhi.org.in</a></a>					<a href="#">» Pragati-ERP</a>
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**Click on Insurance**

» <http://esicdelhi.org.in>

» [know more](#)

# Select User Location & User Role



**Location and Role Selection**

**User Location :** RO-Rajendra Place

**User Role :** Regional Director

**Submit**

1. Select user location from drop down menu
2. Select user role from drop down menu
3. Click on Submit button

# Others → User Role Location Mapping



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: Wipro L One 0

My Work Registration Benefits Revenue Recovery Others

**REGISTRATION**  
This section has the Navigations through Different Phases of Employee / Employer Registration

**BENEFITS**  
This section has the Navigations through all Medical and Cash Benefits

**RECOVERY**  
This section has the Navigations through Different Phases of Recovery Process and Issue of CPs

Click on User Role Location Mapping under other

**REVENUE**  
This section has the Navigations through all Revenue

**Others**

- DataMigration
- Transaction Reports
- Create/Reset Password
- Login Details Report
- Audit Trail
- View Photograph Of IP
- Weekly Transaction Report
- User Role Location Mapping**
- MIS\_Reports
- MIS Report Mapping
- Registration Exception Report
- De Duplication Audit Screen
- IP Beneficiary FeedBackForm Report
- Rule51bReport
- Ward of IP Eligibility Check
- Dispensary wise IP count
- ABVKY Claim Status Count
- ABVKY Claim IP Wise Report
- Claimant suspect List
- Ward of IP Requests
- Aadhaar\_UAN MIS Report
- Aadhaar Pendency Report
- Authentication Based Aadhaar Seeding Count

# User Role Location Mapping Screen



My Work      Registration ▾      Benefits ▾      Revenue ▾      Recovery ▾      Others ▾

User Role and Location Mapping Screen

User Location	RO-Rajendra Place
User Name	shaaruku

**Search**

Enter User Name then click on Search

Nodal Officer will assign user role and location to employee posted in RO/SRO.



# User Role Location Mapping Screen

- Role at BO: LDC/UDC at Branch Office and Branch Manager at Branch Office

My Work    Registration    Benefits    Revenue    Recovery    Others

User Role and Location Mapping Screen

User Location	RO-Rajendra Place					
User Name	shaaruku	Search				
Employee Number	170653	Employee Name	Shaurya Arun Kumar	Employee Designation	Asst Nursing Supdt	
Date of Birth	05/05/1983	Date of Joining	01/01/2002	Date of Retirement	31/05/2043	
Location Selection						
RO/SRO	RO - Rajendra Place	BO/ID	BO - Ajmeri Gate(New Delhi)			
Role Selection	LDC/UDC at Branch Office	From Date	05/10/2021	** To Date	03/05/2022	
SI. No.	Reporting Location	Location	Role Selection	From Date	** To Date	Edit
1	ESIC - HQ	RO - Rajendra Place	Dealing Assistant (Revenue)	30/09/2021	04/05/2022	Edit
2	ESIC - HQ	RO - Rajendra Place	Benefit Branch Officer	30/09/2021	04/05/2022	Edit
3	ESIC - HQ	RO - Rajendra Place	Branch Manager at Branch Office	30/09/2021	04/05/2022	Edit
4	ESIC - HQ	RO - Rajendra Place	Branch Officer of F&A	30/09/2021	04/05/2022	Edit
5	ESIC - HQ	RO - Rajendra Place	Dealing Assistant (Registration)	30/09/2021	04/05/2022	Edit
6	ESIC - HQ	RO - Rajendra Place	LDC/UDC at Branch Office	30/09/2021	04/05/2022	Edit
7	ESIC - HQ	RO - Rajendra Place	Medical Referee	30/09/2021	04/05/2022	Edit
8	ESIC - HQ	RO - Rajendra Place	Recovery DA	30/09/2021	04/05/2022	Edit

Click on Add to assign selected Location

Click on Update to complete the mapping

Update    Cancel



## **Update IP Details Self Photo-LDC/UDC Staff Login id**

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



Enter the Valid User Name and Password

Employee is required to update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Click on "Log In" button

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Notes: User can able to reset the Password using Forget Password link

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

**Property Management Department**

ContractManager  
Primaveraweb  
DSRPRO

# Application Home Page → Insurance Application



कर्मचारी  
ESIC

राज्य बीमा निगम  
Employees' State Insurance Corporation



Welcome, AZHARUDDIN AZHARUDDIN

English (United States) हिंदी (भारत)



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- » ESIC's PG institute from next year

**Reference Documents**

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Click on Insurance Application

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Version 1.1 Last Revised On : 02-05-2025

# Select User Location & User Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : LDC/UDC at Branch Office ▾

Submit

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Registration → Edit Employee Details



User Login: AZHARUDDIN ANSARI 0

ESIC Employees' State Insurance Corporation Insurance

My Work Registration Benefits Revenue Recovery Others

**REGISTRATION**  
This section has the Navigations through Different Phases of Employee / Employer Registration

**REGISTRATION**  
Edit Employee Details  
e-Pehchan Card  
Raise a Request for Loss Of ID  
Download Requested Card Status  
Search IP by Account /Mobile/UAN Number  
Edit Employee Details WorkFlow  
Aadhaar Seeding for IP and Dependents  
Track Edit IP Pending Request  
Employer wise Aadhaar Report

**BENEFITS**  
This section has the Navigations through all Medical and Cash Benefits

**REVENUE**  
This section has the Navigations through Different Phases in Revenue

**RECOVERY**  
This section has the Navigations through Different Phases of Recovery Process and Issue of CPs

Click on Edit Employee Details

# Insurance Application → Registration → Enter Employee Number



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:32:04 AM

0

My Work    Registration    Benefits    Revenue    Recovery    Others

**View Registered Employee Details** \* Required Fields

Search By

Employee Insurance No. :

Search    Reset

Enter the Valid  
Insurance Number

Click on Search  
button



# Insurance Application → Registration → Click on Edit button

ESIC  
Employees' State Insurance Corporation

Tuesday, November 26, 2024 9:32:33 AM

User Login: AZHARUDDIN ANSARI

My Work    Registration    Benefits    Revenue    Recovery    Others

**View Registered Employee Details** \* Required Fields

Search By

Employee Insurance No. : 1116448293

Search    Reset

**Details of Registered Employees**

Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration	Status Of IP
<input checked="" type="radio"/>	1116448293	AZHARUDDIN	110000000000000003	Goutam TEST COMPANY Change	22/07/2024 09:31:17 AM	IP Alive

Prev    1    Next    Total Number of Records:1

Select IP Details

Click on Edit button

Edit    Cancel



# Insurance Application → Registration → Select Radio button for Update Details

ESIC Employees' State Insurance Corporation

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:33:16 AM

My Work    Registration    Benefits    Revenue    Recovery    Others

**Employees Edit Form**  
Insured Person Number: 1116448293  
Please select details type to be edited

Personal Details     Dispensary Details     Address Details     Nominee Details     Family Details     Bank Details

**Employee Details**

Employee Name:	AZHARUDDIN	UHID Number :	UP01.0011061803
Date of Birth	30/04/1994	Registration Date :	22/07/2024
Dispensary N	Najibabad, Bijnaur, UP (ESI)	Disability Type :	
Current Date	20/07/2024	First Date Of Appointment :	20/07/2024

**Details of the Employer**

Current Employer	Previous Employer
Employer's Code No.:	Employer's Code No.:
Date of Appointment:	Previous Insurance No.:
Name of the Employer:	Name of the Employer:
Address :	Address :
sdasd	

**Address:**

State:	Delhi	State:	--Please Select--
District:	New Delhi	District:	--Please Select--
SubDistrict:		SubDistrict:	
Village:		Village:	
Pin Code:	110040	Pin Code:	
Email	arunb304@gmail.com	Email	
Phone No.:	110040 -	Phone No.:	-
Mobile No.:	91 9491565026	Mobile No.:	91 -

Have Previous Employer:  Yes  No

Click on Personal Details

# Insurance Application → Registration → Update Any Personal Details



## Edit Personal Details Of Insured Person

\* Required Fields

Insured Person's Number : 1116448293

1. IP Name: *	AZHARUDDIN		2. Upload Self Photo:*	Size 50-100 KB, Format JPG, JPEG	<input type="button" value="Choose File"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Upload Photo"/>	
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No		3.(b) Type of Disability:	---- Please Select --- <input type="button" value="Choose File"/> <input type="button" value="Upload"/>				
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>		4. Name of*	<input checked="" type="radio"/> Father <input type="radio"/> Husband <input type="button" value="Salauddin"/>				
5. Date of Birth :*	30/04/1994		6. Marital Status:*	Unmarried <input type="button" value="Choose File"/> <input type="button" value="Upload"/>				
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG		8. Date of Appointment:*	20/07/2024				
9. UAN Number:*	<input type="button" value="Edit"/> <input type="button" value="Choose File"/> <input type="button" value="Upload"/>		Type of Proof 1:*	---Please Select--- <input type="button" value="Choose File"/> <input type="button" value="Upload"/>		Type of Proof 2:	---Please Select--- <input type="button" value="Choose File"/> <input type="button" value="Upload"/>	
ID Number 1*	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>		ID Number 2	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>			<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	
10. Proof of Evidence 1:*	<input type="button" value="Choose File"/> <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.		11. Proof of Evidence 2:	<input type="button" value="Choose File"/> <input type="button" value="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 Char

Update

Close

Update any Personal details of IP

## Insurance Application → Registration → Upload Self Photo of IP



**Edit Personal Details Of Insured Person** \* Required Fields

Insured Person's Number : 1116448293

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo: * Size 50-100 KB, Format JPG, JPEG	<input type="file"/> Choose File My Pic.jpg <input type="button" value="Upload Photo"/>
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability:	<input type="text" value="Please Select ---"/>
3.(c) Select Certificate:	<input type="file"/> Choose File <input type="button" value="Upload"/>	4. Name of:	<input type="radio"/> Father <input checked="" type="radio"/> Husband
5. Date of Birth : *	30/04/1994	6. Marital Status: *	<input type="text"/>
7. Gender: *	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG	8. Date of Appointment: *	<input type="text"/>
9. UAN Number: *	<input type="text"/> Edit	Type of Proof 1:	<input type="text"/> ---Please Select---
ID Number 1:	<input type="text"/>	Type of Proof 2:	<input type="text"/> ---Please Select---
10. Proof of Evidence 1: *	<input type="file"/> Choose File No file chosen <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.	11. Proof of Evidence 2:	<input type="file"/> Choose File No file chosen <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.
<input type="checkbox"/> I Hereby 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"/>			

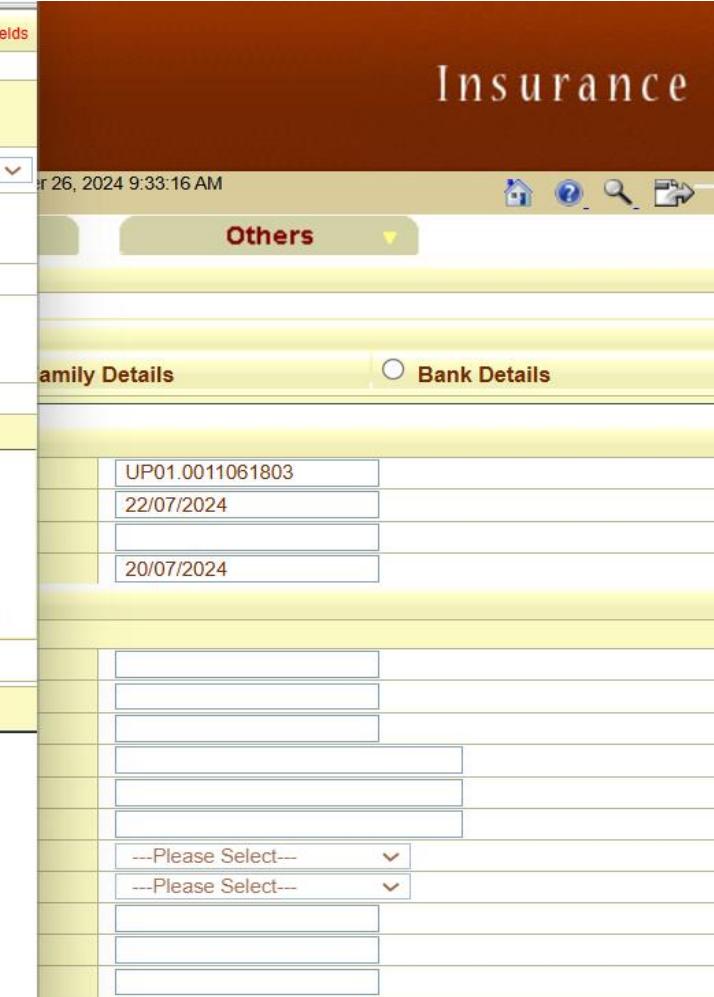


Photo File Size 50-100 KB ,format JPG, JPEG

# Insurance Application → Registration → Successfully Upload IP Photo



**Edit Personal Details Of Insured Person**

Insured Person's Number : 1116448293

\* Required Fields

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo:*	Size 50-100 KB, Format JPG, JPEG	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload Photo"/>	f5de9a1-2ecd-4dae-a687-2bdbd38ed46fMy Pic.jpg	<input type="button" value="Remove"/>
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability:	<input type="button" value="Please Select"/>					
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	4. Name of*	Salauddin					
5. Date of Birth :*	30/04/1994	6. Marital Status:*	Unmarried					
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG	8. Date of Appointment:*	20/07/2024					
9. UAN Number:*	<input type="button" value="Edit"/>	Type of Proof 1:*	<input type="button" value="Please Select---"/>					
ID Number 1*	<input type="button" value="Edit"/>	Type of Proof 2:	<input type="button" value="Please Select---"/>					
10. Proof of Evidence 1:*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	ID Number 2	<input type="button" value="Please Select---"/>					
11. Proof of Evidence 2:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	<input type="button" value="Please Select---"/>						
<p><b>Note:</b> Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p> <p><b>Note:</b> Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>								
<input type="checkbox"/> I Hereby 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"/>								

Self Photo  
Successfully Upload

Insurance





# Insurance Application → Registration → Attached Type of Proof with ID Number

**Edit Personal Details Of Insured Person**

Insured Person's Number : 1116448293

**\* Required Fields**

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo:*	Size 50-100 KB, Format JPG, JPEG <input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload Photo"/> f5ade9a1-2ccd-4dae-a687-2bdbd38ed46fMy Pic.jpg <input type="button" value="Remove"/>
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability:	---- Please Select ---
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	4. Name of*	Salauddin
5. Date of Birth :*	30/04/1994	6. Marital Status:*	Unmarried
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> T	8. Date of Appointment:*	20/07/2024
9. UAN Number:*	<input type="button" value="Edit"/>	Type of Proof 1:*	<input type="button" value="--Please Select--"/>
ID Number 1*	<input type="button" value="--Please Select--"/>	Type of Proof 2:	<input type="button" value="--Please Select--"/>
10. Proof of Evidence 1:*	<input type="button" value="Driving License"/> <input type="button" value="PAN Card"/> <input type="button" value="Passport"/> <input type="button" value="Ration Card"/> <input type="button" value="Voter ID"/> <input type="button" value="Others"/> <input type="button" value="BPL Certificate"/> <input type="button" value="Birth Certificate"/> <input type="button" value="Death Certificate"/> <input type="button" value="Passbook/Chequebook"/>	ID Number 2	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/>
<b>Note:</b> Document type allowed pdf, jpg & jpeg. <b>Note:</b> Max size of the documents should be 200KB.			
<input type="checkbox"/> I Hereby Declare that the Statement Given is True and Correct to the Best of My Knowledge and Belief. <input type="checkbox"/> I Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			

**Insurance**

26, 2024 9:33:16 AM

**Others**

**Family Details**

**Bank Details**

UP01.0011061803  
22/07/2024  
20/07/2024

91 -

**Select Type of Proof from Drop Down**

## Insurance Application → Registration → Attached Type of Proof with ID Number



**Edit Personal Details Of Insured Person** \* Required Fields

Insured Person's Number : 1116448293

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo:*
		Size 50-100 KB, Format JPG, JPEG <input type="file"/> Choose File <input type="button" value="No file chosen"/> <input type="button" value="Upload Photo"/> f5ade9a1
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability: <input type="button" value="---- Please Select ---"/>
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	4. Name of* <input checked="" type="radio"/> Father <input type="radio"/> Husband <input type="button" value="Salauddin"/>
5. Date of Birth :*	30/04/1994	6. Marital Status:*
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG	8. Date of Appointment:*
9. UAN Number:*	<input type="button" value="Edit"/>	Type of Proof 2: <input type="button" value="--Please Select---"/>
Type of Proof 1:*	Ration Card <input type="button" value=""/>	ID Number 2 <input type="button" value=""/>
ID Number 1*	12345678990 <input type="button" value=""/>	<input type="button" value="Choose File"/> No file chosen
10. Proof of Evidence 1:*	<input type="button" value="Choose File"/> S LOGO.jpg <input type="button" value="Upload"/>	11. Proof of Evidence 2: <input type="button" value=""/>
<p>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>		
<p><input type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief</p>		
<p><input type="button" value="Update"/> <input type="button" value="Close"/></p>		

Attached Type of Proof File and  
also Enter the ID number

During Upload Type of Proof File . ID  
Number Required Fields

# Insurance Application → Registration → Successfully Attached Type of Proof File



**Edit Personal Details Of Insured Person**

Insured Person's Number : 1116448293

\* Required Fields

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo: * Size 50-100 KB, Format JPG, JPEG	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload Photo"/> f5ade9a1-2ccd-4dae-a687-2bdb38ed46fMy Pic.jpg <a href="#">Remove</a>
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability:	<input type="button" value="---- Please Select ---"/>
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	4. Name of* <input checked="" type="radio"/> Father <input type="radio"/> Husband	Salauddin
5. Date of Birth :*	30/04/1994	6. Marital Status:*	Unmarried
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG	8. Date of Appointment:*	20/07/2024
9. UAN Number:*	<input type="button" value="Edit"/>	Type of Proof 1:	<input type="button" value="---Please Select---"/>
Type of Proof 1:*	Ration Card	ID Number 1:	<input type="button" value="---Please Select---"/>
ID Number 1*	12345678990	Type of Proof 2:	<input type="button" value="---Please Select---"/>
10. Proof of Evidence 1:*	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/> S.I. LOGO.jpg <a href="#">Remove</a>	11. Proof of Evidence 2:*	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/>
<p>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>			
<p><input checked="" type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*</p>			
<p><input type="button" value="Update"/> <input type="button" value="Close"/></p>			

Successfully attached Type of Proof File

Click on Declare Check box then Update

Insurance

26, 2024 9:33:16 AM

Others

Family Details

Bank Details

UP01.0011061803  
22/07/2024  
20/07/2024

91 -

## Insurance Application → Registration → Reference Number Generate

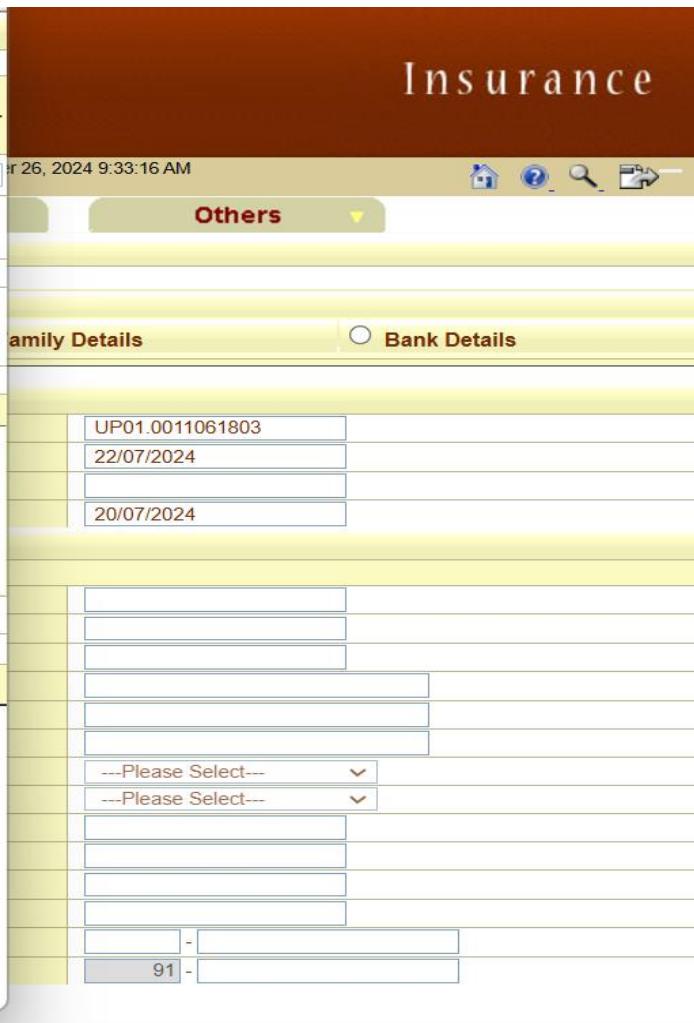


**Edit Personal Details Of Insured Person** \* Required Fields

Insured Person's Number : 1116448293

1. IP Name: *	AZHARUDDIN	2. Upload Self Photo:*	Size 50-100 KB, Format JPG, JPEG <input type="file"/> Choose File No file chosen <input type="button" value="Upload Photo"/> f5ade9a1-2ccd-4dae-a687-2bdbd38ed46fMy Pic.jpg Remove
3.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No	3.(b) Type of Disability:	---- Please Select ---
3.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="Upload"/>	4. Name of*	<input type="text" value="Salauddin"/>
5. Date of Birth :*	30/04/1994	6. Marital Status:*	Unmarried
7. Gender:*	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG	8. Date of Appointment:*	20/07/2024
9. UAN Number:*	<input type="text"/> Edit	Type of Proof 1:*	Ration Card <input type="button" value="---Please Select---"/>
ID Number 1*	12345678990	Type of Proof 2:	<input type="text"/> ID Number 2
10. Proof of Evidence 1:*	Choose File No file chosen <input type="button" value="Upload"/> S LOGO.jpg Remove Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.	11. Proof of Evidence 2:	Choose File No file chosen <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.
<input type="checkbox"/> I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.* <b>The reference number 1124112600487 has been generated successfully and pending for approval.</b>			

Check Reference Number





## **Process Pending Request Update IP Details Self Photo- LDC/UDC Staff Login id**

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



"1. Verify and if required update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Enter the Valid User Name and Password

Please Login with your credentials

User Name: azhansaz

Password: .....

Log In

Forgot Password

Click on "Log In" button

### Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link

# Application Home Page → Insurance Application



कर्मचारी  
बीमा निगम

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation



Welcome, AZHARUDDIN AZHARUDDIN

English (United States) हिंदी (भारत)



<a href="#">Home</a>	<a href="#">Applications</a>	<a href="#">ERP Applications</a>	<a href="#">Reports</a>	<a href="#">Analytics</a>	<a href="#">Change Password</a>	<a href="#"> LOGOUT</a>
<b>ESIC News</b>  » Role of ESIC  <b>Announcements</b>  » Annexure - IX .doc » Annexures - X-XI.pdf » Annexures.pdf » JOB CARD OF ADMINISTRATIVE OFFICERS » Circular.pdf  Read More >>	<b>CIRCULARS</b> » Circulars from HQRS. Office					<b>Industry News</b>  » ESIC's PG institute from next year  <b>Reference Documents</b>  » Dhanwantri » Pragati-ERP » Pragati-Insurance » ESIC Manuals » Information Security » Digital Signature Installer
	<b>Related Links</b> » <a href="http://whoindia.org">http://whoindia.org</a> » <a href="http://esicdelhi.org.in">http://esicdelhi.org.in</a>					
	<b>Click on Insurance Application</b>					
	<a href="#"><u>know more</u></a>					

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# Select User Location & User Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : LDC/UDC at Branch Office ▾

Submit

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025



# Insurance Application → Registration → Edit Employee Details Workflow



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login:

AZHARUDDIN ANSARI



## REGISTRATION

This section has the Navigations through  
Different Phases of Employee / Employer Regis



**My Work**

**Registration**

**Benefits**

**Revenue**

**Recovery**

**Others**

- Edit Employee Details
- e-Pehchan Card
- Raise a Request for Loss Of ID
- Download Requested Card Status
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details Workflow**
- Aadhaar Seeding for IP and Dependents
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

## BENEFITS

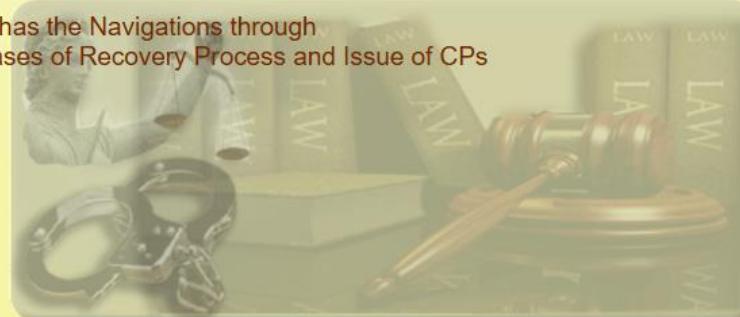
This section has the Navigations through all  
Medical and Cash Benefits



Click on Edit Employee Details  
Workflow

## RECOVERY

This section has the Navigations through  
Different Phases of Recovery Process and Issue of CPs



## REVENUE

This section has the Navigations through  
Different Phases in Revenue



# Insurance Application → Registration → Check Task Assigned Request



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:44:32 AM

0

My Work    Registration ▾    Benefits ▾    Revenue ▾    Recovery    Others ▾

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

Employee Details Tasks Pending For Approval

Search IP :	Search		
S No	Tasks Assigned	Assigned Date	Status
1	<a href="#">1116448293</a>	26/11/2024	Pending

Click on Task Assigned number



# Insurance Application → Registration → Check Particular Details and View Photo of IP

ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:44:53 AM

0

My Work    Registration    Benefits    Revenue    Recovery    Others

Employee > Employee IP Approval

Employees Edit IP Approval

Insurance Number: 1116448293

\* Required Fields

Insured Person Name:	AZHARUDDIN	UHID Number :	UP01.0011061803
Date of Birth :	30/04/1994	Date of Registration:	22/07/2024
Employer Code No.:	110000000000000003	Employer Name:	GOUTAM TEST COMPANY CHANGE
Select Type:	IP Details	First Date of Appointment:	20/07/2024

**Existing Particulars**

Personal Details: Reference ID 1124112600487

Is IP Disabled:	No	Is IP Disabled:	No
Type of Disability:	NA	Type of Disability:	NA
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	AZHARUDDIN	Name / Name as per Aadhaar Records:	AZHARUDDIN
Name of Guardian:	Salauddin	Name of Guardian:	Salauddin
Date of Birth:	30/04/1994	Date of Birth:	30/04/1994
Photo:	NA	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	Un Married
Gender:	M	Gender:	M
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	Ration Card(ID:12345678990)
		Proof Type 2 :	NA
		Document 1:	<a href="#">Click here to View Document</a>
		Document 2:	

**New Particulars**

Check Existing and Particulars Details .

View attached IP Self Photo

Version 1.1 Last Revised On : 02-05-2025

37

## Insurance Application → Registration → Forward Assigned Task into BM Login id



		Document 2:																																					
<p><input type="checkbox"/> <b>Address Details</b> : Reference ID</p> <table border="1"> <tr> <td>Present Address :</td> <td colspan="2">harshwara,Najibabad,,246763,,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor</td> <td>Present Address :</td> <td></td> </tr> <tr> <td>Permanent Address :</td> <td colspan="2">harshwara,Najibabad,,246763,,9911413193,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor</td> <td>Permanent Address :</td> <td></td> </tr> <tr> <td>Proof Type :</td> <td colspan="2"></td> <td>Proof Type :</td> <td></td> </tr> <tr> <td></td> <td colspan="2"></td> <td>Document 1:</td> <td></td> </tr> <tr> <td></td> <td colspan="2"></td> <td>Document 2:</td> <td></td> </tr> </table>					Present Address :	harshwara,Najibabad,,246763,,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor		Present Address :		Permanent Address :	harshwara,Najibabad,,246763,,9911413193,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor		Permanent Address :		Proof Type :			Proof Type :					Document 1:					Document 2:											
Present Address :	harshwara,Najibabad,,246763,,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor		Present Address :																																				
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<p><input type="checkbox"/> <b>Dispensary Details</b> : Reference ID</p> <table border="1"> <tr> <td>For IP:</td> <td><input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD</td> <td colspan="2">Najibabad, Bijnaur, UP (ESIS Disp.)</td> <td><input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD</td> </tr> <tr> <td>For Family:</td> <td><input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD</td> <td colspan="2">Najibabad, Bijnaur, UP (ESIS Disp.)</td> <td><input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD</td> </tr> </table>					For IP:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Najibabad, Bijnaur, UP (ESIS Disp.)		<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	For Family:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Najibabad, Bijnaur, UP (ESIS Disp.)		<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD																									
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<p><input type="checkbox"/> <b>Nominee Details</b> : Reference ID</p> <table border="1"> <tr> <td>Name :</td> <td>Sabiha</td> <td>Name :</td> <td colspan="2"></td> </tr> <tr> <td>Relationship with I.P :</td> <td>Dependant mother</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Address of Nominee :</td> <td colspan="4">Village Harswara Post Najibabad,District Bijnor Up,246763,Uttar Pradesh,Bijnor,246763,89209533</td> </tr> <tr> <td>Is Nominee a Family Member :</td> <td>Yes</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Proof Type :</td> <td colspan="4"></td> </tr> </table>					Name :	Sabiha	Name :			Relationship with I.P :	Dependant mother				Address of Nominee :	Village Harswara Post Najibabad,District Bijnor Up,246763,Uttar Pradesh,Bijnor,246763,89209533				Is Nominee a Family Member :	Yes				Proof Type :														
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Proof Type :																																							
<p><input type="checkbox"/> <b>Family Details</b> : Reference ID</p> <table border="1"> <tr> <td>Existing:</td> <td colspan="4"></td> </tr> <tr> <td>New:</td> <td colspan="4"></td> </tr> <tr> <td>Proof Type :</td> <td colspan="2"></td> <td>Proof Type :</td> <td></td> </tr> <tr> <td>Document 1:</td> <td colspan="2"></td> <td>Document 2:</td> <td></td> </tr> <tr> <td>Employer Remarks: *</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>LDC/UDC Remarks: *</td> <td colspan="2">Testing</td> <td colspan="2"></td> </tr> <tr> <td>BM Remarks:</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					Existing:					New:					Proof Type :			Proof Type :		Document 1:			Document 2:		Employer Remarks: *					LDC/UDC Remarks: *	Testing				BM Remarks:				
Existing:																																							
New:																																							
Proof Type :			Proof Type :																																				
Document 1:			Document 2:																																				
Employer Remarks: *																																							
LDC/UDC Remarks: *	Testing																																						
BM Remarks:																																							
<p><input checked="" type="checkbox"/> I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.</p>																																							

Click on Check box then Update  
Forward to BM button

Version 1.1 Last Revised On : 02-05-2025

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# Insurance Application → Registration → Successfully Submitted to BM



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:46:32 AM  
0

My Work      Registration      Benefits      Revenue      Recovery      Others

**Submission Success**

IP details change request successfully Submitted to BM.



## Approved Update IP Details Self Photo-BM Staff Login id

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



"1. Verify and if required update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.5+)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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Enter the Valid User Name and Password

Please Login with your credentials

User Name:

azhansaz

Password:

.....

Log In

Forgot Password

Click on "Log In" button

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link

# Application Home Page → Insurance Application



क.स.बी.नि  
ESIC

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation



Welcome, AZHARUDDIN AZHARUDDIN

English (United States) हिंदी (भारत)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

**ESIC News**

- Business Intelligence
- Document Management System
- » Role of ESIC
- Health Information System
- Insurance
- Pehchan Reports

**Announcements**

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf
- [Read More >>](#)

**CIRCULARS**

» Circulars from HQRS. Office

**Related Links**

» <http://wwwhrindia.org>  
» <http://esicdelhi.org.in> [know more](#)

**Industry News**

» ESIC's PG institute from next year

**Reference Documents**

» Dhanwantri  
» Pragati-ERP  
» Pragati-Insurance  
» ESIC Manuals  
» Information Security  
» Digital Signature Installer

**Click on Insurance Application**

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# Select User Location & User Role



**Location and Role Selection**

**User Location :** BO-Ajmeri Gate(New Delhi) ▾

**User Role :** Branch Manager at Branch 01 ▾

**Submit**

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Registration → Edit Employee Details Work Flow



**ESIC**  
Employees' State Insurance Corporation

## Insurance

### User Login:

AZHARUDDIN ANSARI

0

## REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer Registration.



## My Work

## Registration

## Benefits

## Revenue

## Recovery

## Others

## BENEFITS

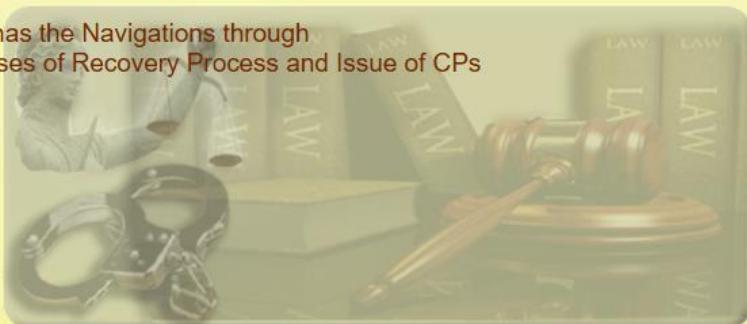
This section has the Navigations through all Medical and Cash Benefits



## Click on Edit Employee Details Workflow

## RECOVERY

This section has the Navigations through Different Phases of Recovery Process and Issue of CPs



## REVENUE

This section has the Navigations through Different Phases in Revenue





# Insurance Application → Registration → Check Pending For Approval

## Task id

ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI Tuesday, November 26, 2024 9:47:24 AM 0

My Work Registration Benefits Revenue Recovery Others

Employee Task Details > List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

S No	Tasks Assigned	Assigned Date	Status
1	<a href="#">1116448293</a>	26/11/2024	Pending
2	<a href="#">6719709793</a>	25/11/2024	Pending
3	<a href="#">1103773567</a>	25/11/2024	Pending
4	<a href="#">2018752776</a>	25/11/2024	Pending
5	<a href="#">1115089209</a>	25/11/2024	Pending
6	<a href="#">2112975349</a>	25/11/2024	Pending
7	<a href="#">1115084670</a>	25/11/2024	Pending
8	<a href="#">2112965497</a>	25/11/2024	Pending
9	<a href="#">1115867799</a>	25/11/2024	Pending
10	<a href="#">6718138054</a>	25/11/2024	Pending
11	<a href="#">1115846092</a>	25/11/2024	Pending
12	<a href="#">1116375413</a>	25/11/2024	Pending
13	<a href="#">1116216007</a>	25/11/2024	Pending
14	<a href="#">1116175166</a>	25/11/2024	Pending
15	<a href="#">1114949512</a>	25/11/2024	Pending

1 [2](#) [3](#) [4](#) [5](#) [6](#)

Click on Tasks Assigned Number

# Insurance Application → Registration → Check Particular Details with View IP Photo



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:47:45 AM  
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee > Employee IP Approval

\* Required Fields

## Employees Edit IP Approval

Please select appropriate check box for approving the change

Insurance Number: 1116448293

Insured Person Name:	AZHARUDDIN	UHID Number :	UP01.0011061803
Date of Birth :	30/04/1994	Date of Registration:	22/07/2024
Employer Code No.:	110000000000000003	Employer Name:	GOUTAM TEST COMPANY CHANGE
Select Type:	IP Details	First Date of Appointment:	20/07/2024

### Existing Particulars

### New Particulars

Personal Details: Reference ID 1124112600487

Is IP Disabled:	No	Is IP Disabled:	No
Type of Disability:	NA	Type of Disability:	NA
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	AZHARUDDIN	Name / Name as per Aadhaar Records:	AZHARUDDIN
Name of Guardian:	Salauddin	Name of Guardian:	Salauddin
Date of Birth:	30/04/1994	Date of Birth:	30/04/1994
Photo:	NA	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	Un Married
Gender:	M	Gender:	M
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	Ration Card(ID:12345678990)
		Proof Type 2 :	NA
		Document 1:	<a href="#">Click here to View Document</a>
		Document 2:	

Check Existing and Particulars Details .  
View attached IP Self Photo

Version 1.1 Last Revised On : 02-05-2025



# Insurance Application → Registration → Click on Approved button

<input type="checkbox"/> <b>Address Details</b> : Reference ID			
Present Address :	harshwara,Najibabad,,246763,,,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor	Present Address :	
Permanent Address :	harshwara,Najibabad,,246763,,9911413193,Uttar Pradesh,azharuddin9911ansari@gmail.com,Bijnor	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	
<input type="checkbox"/> <b>Dispensary Details</b> : Reference ID			
For IP:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Najibabad, Bijnaur, UP (ESIS Disp.)	<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD
For Family:	<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Najibabad, Bijnaur, UP (ESIS Disp.)	<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD
<input type="checkbox"/> <b>Nominee Details</b> : Reference ID			
Name :	Sabiba	Name :	
Relationship with I.P. :	Dependant mother	Relationship with I.P. :	
Address of Nominee :	Village Harswara Post Najibabad,District Bijnor Up,246763,Uttar Pradesh,Bijnor,246763,8920953350	Address of Nominee :	
Is Nominee a Family Member :	Yes	Is Nominee a Family Member :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	
<input type="checkbox"/> <b>Family Details</b> : Reference ID			
Existing:			
New:			
Proof Type :		Proof Type :	
Document 1:		Document 2:	
Employer Remarks: *			
LDC/UDC Remarks:	Testing		
BM Remarks: *	BM Testing Done		

Enter the BM  
Remarks

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

Note:

1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.

2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Approve    Reject    Cancel

Click on Check box then  
Approved

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Registration → Successfully Approved



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI

Tuesday, November 26, 2024 9:49:02 AM  
0

My Work      Registration      Benefits      Revenue      Recovery      Others

Submission Success

IP details change request approved successfully.



## Update IP Details Dependents Photo-LDC/UDC Staff Login id



# Insurance Application → Registration → Edit Employee Details

User Login: Superintendant Manian      Date: Monday, April 28, 2025 5:39:35 PM  
0

My Work      Registration      Benefits      Revenue      Recovery      Others

**View Registered Employee Details**      \* Required Fields

Search By

Employee Insurance No. :

Search      Reset

Enter IP number and click here



# Insurance Application → Registration → Select Radio button for Update Details

My Work    Registration ▾    Benefits ▾    Revenue ▾    Recovery    Others ▾

**View Registered Employee Details** \* Required Fields

Search By

Employee Insurance No. :

**Details of Registered Employees**

Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration	Status Of IP
<input checked="" type="radio"/>	1199900090	SHAIK SADDAM HUSSAIN	110000000000000002	Delhi Electric @Company	12/05/2015 12:02:38 PM	IP Alive
<input type="radio"/>	1199900090	NAREDLA SUDHEER REDDY	110000000000000002	Delhi Electric @Company	12/05/2015 12:02:38 PM	IP Alive

Total Number of Records:2

Select Row

Click Here

# Insurance Application → Registration

[My Work](#)[Registration ▾](#)[Benefits ▾](#)[Revenue ▾](#)[Recovery](#)[Others ▾](#)

## Employees Edit Form

Insured Person Number: 1199900090

Please select details type to be edited

 Dispensary Details Personal Details Address Details Nominee Details Family Details Bank Details

### Employee Details

Employee Name:	SHAIK SADDAM HUSSAIN	UHID Number :	MH01.0000000001
Date of Birth :	02/08/1994	Registration Date :	12/05/2015
Dispensary Name :	TEST	Disability type :	
Current Date of Appointment :	14/07/2022	First Date Of Appointment :	01/01/2015

### Details of the Employer

Current Employer	Previous Employer
Employer's Code No.:	Employer's Code No.:
Date of Appointment:	Previous Insurance No.:
Name of the Employer:	Name of the Employer:
Address :	Address :

Select Details type

# Insurance Application → Registration → Family Section



Add Family Particulars Of Insured Person								*Required Field	
Insured Person's Number : 1199900090									
Active Family Details									
Edit	Test Spouse	05/05/1960	Spouse	No	Andhra Pradesh	Prakasam	Yes	Photo	
Edit	aaa	01/01/2025	Minor dependant son	Yes	Delhi	New Delhi	Yes	NA	
Add/Update Family Particulars									
Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo* Size 50-100 KB, Format JPG, JPEG		
		---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active	Choose File	No file chosen	
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> <input type="button" value="Upload Photo"/> </div>									
<a href="#">Click here to Update</a>									

# Insurance Application → Registration → Family Section



**Add Family Particulars Of Insured Person** \*Required Field

Insured Person's Number : 1199900090

**Active Family Details**

Edit	Test Spouse	05/05/1960	Spouse	No	Andhra Pradesh	Prakasam	Yes	Photo
<a href="#">Edit</a>	Test Spouse	05/05/1960	Spouse	No	Andhra Pradesh	Prakasam	Yes	NA
<a href="#">Edit</a>	aaa	01/01/2025	Minor dependant son	Yes	Delhi	New Delhi	Yes	NA

**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG
Test Son	01/01/2025	Minor dependant son Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	Delhi New Delhi	Active	<a href="#">Choose File</a> No file chosen <a href="#">Upload Photo</a>

**Type of Proof:** [---Please Select---](#)

**Document Number1:** [Choose File](#) No file chosen [Upload](#)

**Proof of Evidence1:** [Choose File](#) No file chosen [Upload](#)  
 Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.

**Type of Proof:** [---Please Select---](#)

**Document Number2:** [Choose File](#) No file chosen [Upload](#)

**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.

[Update](#)

Choose Photo

Photo File Size 50-100 KB ,format JPG, JPEG

# Insurance Application → Registration → Family Section



**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:*Size 50-100 KB, Format JPG, JPEG	
Test Son	01/01/2025	Minor dependant son Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	Delhi	New Delhi	Active	<input type="button" value="Choose File"/> ff027cd8-2722-4e24-a20f-fc8cbac816ffPhoto Capture UAT1.jpeg <input type="button" value="Remove"/>	<input type="button" value="Upload Photo"/>
Type of Proof:*			---Please Select---					
Document Number1:*			<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>					
Proof of Evidence1:*			<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>					
Type of Proof:			---Please Select---					
Document Number2:*			<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>					
Proof of Evidence2 :			<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>					
<input type="button" value="Update"/> <span style="background-color: #0070C0; color: white; padding: 5px 10px; border-radius: 10px;">Photo Successfully Upload</span>								
<input type="checkbox"/> I Hereby 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="Submit"/> <input type="button" value="Close"/>								

# Insurance Application → Registration → Family Section



Edit	Venkata SubbaReddy	09/01/2003	Min	--Please Select--	Andhra Pradesh	Prakasam	No	NA
Edit	ajksdlka	12/02/2007	De	Driving License	Delhi	New Delhi	No	NA
Edit	test test sister	06/01/1990	De	PAN Card	Madhya Pradesh	Damoh	No	NA
Edit	Rameshi	01/01/1980	De	Passport	Delhi	New Delhi	No	NA
Edit	Baby of Test Spouse	11/10/2024	Min	Ration Card	Delhi	New Delhi	Yes	NA
Edit	Naredla Sudheer Reddy	18/08/1985	De	Voter ID	Delhi	New Delhi	Yes	NA
Edit	BABY UAT 2025	01/02/2025	Min	Others	Delhi	New Delhi	Yes	View
Edit	aaa	01/01/2025	Min	BPL Certificate	Delhi	New Delhi	Yes	NA

**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with Head	Whether Living with Head / Her?	If No, State Place of Residence	Status	Upload Photo:*
Test Son	01/01/2025	Minor dependant son	No	Delhi		Choose File No file chosen
		Male				Upload Photo

**Type of Proof:**  **Document Number1:**

**Proof of Evidence1:**    
 Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.

**Type of Proof:**

**Document Number2:**

**Proof of Evidence2:**    
 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. \*

# Insurance Application → Registration → Successfully Attached Type of Proof File



Add/Update Family Particulars							
Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG
Test Son	01/01/2025	Minor dependant son Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	Delhi	New Delhi	Active	<input type="button" value="Choose File"/> ff027cd8-2722-4e24-a20f-fc8cbac816ffPhoto Capture UAT1.jpeg <input type="button" value="Upload Photo"/> Remove
Type of Proof:		PAN Card					
Document Number1:		5545879875					
Proof of Evidence1:		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	3a832eb5-0b31-48ab-a9be-0f5fdac9bb58UAT Approval.pdf <a href="#">Remove</a>			
<small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>							
Type of Proof:		--Please Select--					
Document Number2:							
Proof of Evidence2 :		<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	<small>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</small>			
<input type="button" value="Update"/>							
<input checked="" type="checkbox"/> I Hereby 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="Submit"/> <input type="button" value="Close"/>							

Successfully attached Type of Proof File

# Insurance Application → Registration → Successfully Attached Type of Proof File



**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:*
Test Son	01/01/2025	Minor dependant son Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	Delhi	New Delhi	Active	<input type="button" value="Choose File"/> ff027cd8-2722-4e24-a20f-fc8cbac816ffPhoto Capture UAT1.jpeg <input type="button" value="Remove"/>
<b>Type of Proof:</b> <b>Document Number1:</b>		PAN Card	<input type="button" value="Upload Photo"/> No file chosen				
<b>Proof of Evidence1:</b>		<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> 3a832eb5-0b31-48ab-a9be-0f5fdac9bb58UAT Approval.pdf <a href="#">Remove</a> <p>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>					
<b>Type of Proof:</b> <b>Document Number2:</b>		--Please Select--					
<b>Proof of Evidence2 :</b>		<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>					
<input type="button" value="Update"/>							
<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="Submit"/> <input type="button" value="Close"/>							

Select the declaration

# Insurance Application → Registration → Reference Number Generate



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 **112542800002** has been generated successfully and pending for approval.

Close



## Process Pending Request Update IP Details Self Photo- LDC/UDC Staff Login id

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



"1. Verify and if required update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Enter the Valid User Name and Password

Please Login with your credentials

User Name:

azhansaz

Password:

.....

[Log In](#)

[Forgot Password](#)

Click on "Log In" button

### Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link



# Select User Location & User Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : LDC/UDC at Branch Office ▾

Submit

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025



# Insurance Application → Registration → Edit Employee Details Workflow

ESIC  
Employees' State Insurance Corporation

Insurance

User Login: AZHARUDDIN ANSARI 0

My Work Registration Benefits Revenue Recovery Others

**REGISTRATION**  
This section has the Navigations through Different Phases of Employee / Employer Registration

**BENEFITS**  
This section has the Navigations through all Medical and Cash Benefits

**REVENUE**  
This section has the Navigations through Different Phases in Revenue

**RECOVERY**  
This section has the Navigations through Different Phases of Recovery Process and Issue of CPs

**Click on Edit Employee Details Workflow**

**Registration**

- Edit Employee Details
- e-Pehchan Card
- Raise a Request for Loss Of ID
- Download Requested Card Status
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details Workflow**
- Aadhaar Seeding for IP and Dependents
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

# Insurance Application → Registration → Check Task Assigned Request


[My Work](#)
[Registration ▾](#)
[Benefits ▾](#)
[Revenue ▾](#)
[Recovery](#)
[Others ▾](#)

Employee Task Details > List of Tasks Pending for employee details

## Employee Details Tasks Pending For Approval

Search IP :	<input type="text"/>	<input type="button" value="Search"/>	Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	<a href="#">1199000090</a>				28/04/2025	Pending
2	<a href="#">1115104712</a>				28/04/2025	Pending
3	<a href="#">1115105409</a>				04/04/2025	Pending
4	<a href="#">1115105430</a>				19/03/2025	Pending
5	<a href="#">1115105210</a>				07/02/2025	Pending
6	<a href="#">1115105421</a>				07/02/2025	Pending
7	<a href="#">1115105401</a>				03/02/2025	Pending
8	<a href="#">1115104449</a>				03/02/2025	Pending
9	<a href="#">1115104989</a>				03/02/2025	Pending
10	<a href="#">1115105392</a>				31/01/2025	Pending
11	<a href="#">1115105279</a>				31/01/2025	Pending
12	<a href="#">1115105396</a>				31/01/2025	Pending
13	<a href="#">1115105383</a>				28/01/2025	Pending
14	<a href="#">1115105374</a>				28/01/2025	Pending
15	<a href="#">1115105378</a>				28/01/2025	Pending

1 [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#)

Click on Task Assigned number



# Insurance Application → Registration → Check Particular Details and View Photo of IP

<input checked="" type="checkbox"/> Family Details : Reference ID 112542800002											
Existing:											
Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type		
Test Spouse	05/05/1960	Spouse	F	No	Andhra Pradesh	Prakasam	Active	NA	Modified Record		
Kommineni Anusha	14/09/1995	Minor dependant son	F	Yes	Delhi	New Delhi	Active	NA	Modified Record		
Sample	01/01/1979	Dependant unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record		
Goutham Beemreddy	10/12/1992	Dependant infirm unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Old Record		
Baby of Subbu a	06/01/2008	Minor dependant son	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record		
Baby of Test Spouse	11/10/2024	Minor dependant son	M	No	Delhi	New Delhi	Active	NA	Old Record		
Naredla Sudheer Reddy	18/08/1985	Dependant unmarried daughter	M	No	Delhi	New Delhi	Active	NA	Old Record		
BABY UAT 2025	01/02/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	<a href="#">View</a>	Old Record		
aaa	01/01/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	NA	Modified Record		

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	Photo	Document1	Document2	Record Type
TEST SON UAT	01/01/2025	Minor dependant son	M	Yes	<a href="#">View</a>	<a href="#">View</a> 5545879875	NA	Modified Record

Employer Remarks: \*

LDC/UDC Remarks: \*

BM Remarks:

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

Click on Check box then Update Forward to BM button

Forward to BM      Cancel

Enter the LDC/UDC Remarks

Click here to download and view photo

# Insurance Application → Registration → Successfully Submitted to BM

[My Work](#)[Registration ▾](#)[Benefits ▾](#)[Revenue ▾](#)[Recovery](#)[Others ▾](#)

Submission Success

IP details change request successfully Submitted to BM.



## Approved Update IP Details Self Photo-BM Staff Login id

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



"1. Verify and if required update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.5+)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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All the information in this site is private, privileged and confidential. Users shall refrain from copying, distributing, misusing and / or disclosing the information to any third parties under any circumstances whatsoever.

Enter the Valid User Name and Password

Please Login with your credentials

User Name:

azhansaz

Password:

.....

Log In

Forgot Password

Click on "Log In" button

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link

# Application Home Page → Insurance Application



क. रा. बी. नि  
ESIC

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation



Welcome, AZHARUDDIN AZHARUDDIN

English (United States) हिंदी (भारत)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

**ESIC News**

- Business Intelligence
- Document Management System
- » Role of ESIC
- » ESIC's PG institute from next year

**Announcements**

- Health Information System
- Insurance
- Pehchan Reports
- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf
- Read More >>

**CIRCULARS**

» Circulars from HQRS. Office

**Related Links**

» <http://wwwhrindia.org>  
» <http://esicdelhi.org.in>

**Industry News**

» ESIC's PG institute from next year

**Reference Documents**

» Dhanwantri  
» Pragati-ERP  
» Pragati-Insurance  
» ESIC Manuals  
» Information Security  
» Digital Signature Installer

**Click on Insurance Application**

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# Select User Location & User Role



**Location and Role Selection**

**User Location :** BO-Ajmeri Gate(New Delhi) ▾

**User Role :** Branch Manager at Branch 01 ▾

**Submit**

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Registration → Edit Employee Details Work Flow



**ESIC**  
Employees' State Insurance Corporation

## Insurance

### User Login:

AZHARUDDIN ANSARI

0

## REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer Registration.



## My Work

## Registration

## Benefits

## Revenue

## Recovery

## Others

- e-Pehchan Card
- Health Passbook
- Update Mobile Number of the Insured Person
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details WorkFlow**
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

## BENEFITS

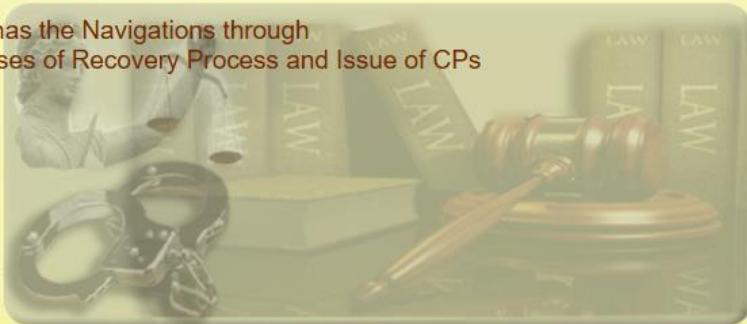
This section has the Navigations through all Medical and Cash Benefits



Click on Edit  
Employee Details  
Workflow

## RECOVERY

This section has the Navigations through Different Phases of Recovery Process and Issue of CPs



## REVENUE

This section has the Navigations through Different Phases in Revenue



# Insurance Application → Registration → Check Task Assigned Request


[My Work](#)
[Registration ▾](#)
[Benefits ▾](#)
[Revenue ▾](#)
[Recovery](#)
[Others ▾](#)

Employee Task Details > List of Tasks Pending for employee details

## Employee Details Tasks Pending For Approval

Search IP :	<input type="text"/>	<input type="button" value="Search"/>	Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	<a href="#">1199000090</a>				28/04/2025	Pending
2	<a href="#">1115104712</a>				28/04/2025	Pending
3	<a href="#">1115105409</a>				04/04/2025	Pending
4	<a href="#">1115105430</a>				19/03/2025	Pending
5	<a href="#">1115105210</a>				07/02/2025	Pending
6	<a href="#">1115105421</a>				07/02/2025	Pending
7	<a href="#">1115105401</a>				03/02/2025	Pending
8	<a href="#">1115104449</a>				03/02/2025	Pending
9	<a href="#">1115104989</a>				03/02/2025	Pending
10	<a href="#">1115105392</a>				31/01/2025	Pending
11	<a href="#">1115105279</a>				31/01/2025	Pending
12	<a href="#">1115105396</a>				31/01/2025	Pending
13	<a href="#">1115105383</a>				28/01/2025	Pending
14	<a href="#">1115105374</a>				28/01/2025	Pending
15	<a href="#">1115105378</a>				28/01/2025	Pending

Click on Task Assigned number

1 2 3 4 5 6 7 8

# Insurance Application → Registration → Check Particular Details


[My Work](#)
[Registration](#)
[Benefits](#)
[Revenue](#)
[Recovery](#)
[Others](#)

Employee > Employee IP Approval

\* Required Fields

## Employees Edit IP Approval

Please select appropriate check box for approving the change

Insurance Number: 1199900090

Insured Person Name:	SHAIK SADDAM HUSSAIN	UHID Number :	MH01.0000000001
Date of Birth :	02/08/1994	Date of Registration:	12/05/2015
Employer Code No.:	110000000000000002	Employer Name:	DELHI ELECTRIC @COMPANY
Select Type:	IP Details	First Date of Appointment:	01/01/2015

### Existing Particulars

### New Particulars

#### Personal Details: Reference ID

Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	SHAIK SADDAM HUSSAIN	Name / Name as per Aadhaar Records:	
Name of Guardian:	Shaik Khaja Hussain	Name of Guardian:	
Date of Birth:	02/08/1994	Date of Birth:	
Photo:	<a href="#">View Photo</a>	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	
Gender:	F	Gender:	
UAN Number:	765432456789	UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	



# Insurance Application → Registration → Check Particular Details

Family Details : Reference ID 112542800002

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
Test Spouse	05/05/1960	Spouse	F	No	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Kommineni Anusha	14/09/1995	Minor dependant son	F	Yes	Delhi	New Delhi	Active	NA	Modified Record
Sample	01/01/1979	Dependant unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Goutham Beemreddy	10/12/1992	Dependant infirm unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Old Record
Baby of Subbu a	06/01/2008	Minor dependant son	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Baby of Test Spouse	11/10/2024	Minor dependant son	M	No	Delhi	New Delhi	Active	NA	Old Record
Naredla Sudheer Reddy	18/08/1985	Dependant unmarried daughter	M	No	Delhi	New Delhi	Active	NA	Old Record
BABY UAT 2025	01/02/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	<a href="#">View</a>	Old Record
aaa	01/01/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	Status	Photo	Document1	Document2	Record Type
TEST SON UAT	01/01/2025	Minor dependant son	M	Yes	Delhi	<a href="#">View</a>	<a href="#">View</a> 5545879875	NA	Modified Record

Employer Remarks: \*

Enter BM Remarks

LDC/UDC Remarks:

BM Remarks: \*

Click here to download and view photo

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

Note:

1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.

2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Click on Check box

Forward/Approve

Reject

Cancel

Click on Update Forward /Approve

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Registration → Successfully Approved

[My Work](#)[Registration ▾](#)[Benefits ▾](#)[Revenue ▾](#)[Recovery](#)[Others ▾](#)

Submission Success

IP details change request successfully Submitted to RO.



# Approved Update IP Details Self Photo-Benefits Branch Officer

# Open ESIC Application through [myesic.esic.in](http://myesic.esic.in) or [gateway.esic.in](http://gateway.esic.in)



"1. Verify and if required update your personal details in "MyData" in HRMS 2.0 within 7 days" "2

## Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

### Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.5+)

### ESIC IT Service Desk Helpline



Please contact IT Service Desk by using below methods."

Web Portal- [ithelpdesk](http://ithelpdesk)

Land Line Helpline no. 011-27552239 ( For ESIC Users)

Call to VoIP Helpline : 7001

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Enter the Valid User Name and Password

Please Login with your credentials

User Name:

azhansaz

Password:

.....

Log In

Forgot Password

Click on "Log In" button

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link

# Application Home Page → Insurance Application



क.स.बी.नि  
ESIC

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation



Welcome, AZHARUDDIN AZHARUDDIN

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Pragati

<a href="#">Home</a>	<a href="#">Applications</a>	<a href="#">ERP Applications</a>	<a href="#">Reports</a>	<a href="#">Analytics</a>	<a href="#">Change Password</a>	<a href="#"> LOGOUT</a>
<b>ESIC News</b>  » <a href="#">Role of ESIC</a>  <b>Announcements</b>  » <a href="#">Annexure - IX .doc</a> » <a href="#">Annexures - X-XI.pdf</a> » <a href="#">Annexures.pdf</a> » <a href="#">JOB CARD OF ADMINISTRATIVE OFFICERS</a> » <a href="#">Circular.pdf</a>  <a href="#">Read More &gt;&gt;</a>	<b>Business Intelligence</b>					
	<b>CIRCULARS</b>					
	<a href="#">» Circulars from HQRS. Office</a>					
	<b>Related Links</b>					
	<a href="#">» <a href="http://inairas.gov.in">http://inairas.gov.in</a></a> » <a href="http://mohfw.gov.in">http://mohfw.gov.in</a> » <a href="http://whoindia.gov.in">http://whoindia.gov.in</a> » <a href="http://esicdelhi.org.in">http://esicdelhi.org.in</a>  <a href="#">» <a href="#">know more</a></a>					
<b>Industry News</b>						
<a href="#">» ESIC's PG institute from next year</a>						
<b>Reference Documents</b>						
<a href="#">» <a href="#">Dhanwantri</a></a> » <a href="#">Pragati-ERP</a> » <a href="#">Pragati-Insurance</a> » <a href="#">ESIC Manuals</a> » <a href="#">Information Security</a> » <a href="#">Digital Signature Installer</a>						

Click on Insurance  
Application

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Version 1.1 Last Revised On : 02-05-2025



# Insurance Application → Registration → Edit Employee Details WorkFlow

Location and Role Selection

User Location : RO-Rajendra Place

User Role : Benefits Branch Officer  
Please select a valid Role

Submit

Select the User Location and User Role From Drop Down

Click on "Submit" button

# Insurance Application → Registration → Edit Employee Details Work Flow

My Work
Registration
Benefits
Revenue
Recovery
Others

**REGISTRATION**

This section has the Navigations through Different Phases of Employee / Employer Registration



- Register New Employees
- Update Employer Details
- Edit Employee Details Workflow**
- Edit Employee Details
- e-Pehchan Card
- Change IP Status on Death
- View Employer Master Register
- View Watch Over Register
- View SubUnits
- Task Details
- List of Employers/Subunit/Form 3
- Employer Details Report
- View C11
- Generate Employer Details Report
- Pehchan Follow Up
- View Late Registered IP Details
- Employer wise Aadhaar Report

**BENEFITS**

This section has the Navigations through all Medical and Cash Benefits



**REVENUE**

This section has the Navigations through Different Phases in Revenue



Click on Edit Employee Details Workflow

# Insurance Application → Registration → Check Task Assigned Request



**My Work**   **Registration** ▾   **Benefits** ▾   **Revenue** ▾   **Recovery**   **Others** ▾

Employee Task Details > List of Tasks Pending for employee details

## Employee Details Tasks Pending For Approval

Search IP :	<input type="text"/>	<input type="button" value="Search"/>	
Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	<a href="#">1199000090</a>	28/04/2025	Pending
2	<a href="#">1115104712</a>	28/04/2025	Pending
3	<a href="#">1115105409</a>	04/04/2025	Pending
4	<a href="#">1115105430</a>	19/03/2025	Pending
5	<a href="#">1115105210</a>	07/02/2025	Pending
6	<a href="#">1115105421</a>	07/02/2025	Pending
7	<a href="#">1115105401</a>	03/02/2025	Pending
8	<a href="#">1115104449</a>	03/02/2025	Pending
9	<a href="#">1115104989</a>	03/02/2025	Pending
10	<a href="#">1115105392</a>	31/01/2025	Pending
11	<a href="#">1115105279</a>	31/01/2025	Pending
12	<a href="#">1115105396</a>	31/01/2025	Pending
13	<a href="#">1115105383</a>	28/01/2025	Pending
14	<a href="#">1115105374</a>	28/01/2025	Pending
15	<a href="#">1115105378</a>	28/01/2025	Pending

Click on Task Assigned number

1 2 3 4 5 6 7 8

# Insurance Application → Registration → Check Particular Details


[My Work](#)
[Registration](#)
[Benefits](#)
[Revenue](#)
[Recovery](#)
[Others](#)

Employee > Employee IP Approval

\* Required Fields

## Employees Edit IP Approval

Please select appropriate check box for approving the change

Insurance Number: 1199900090

Insured Person Name:	SHAIK SADDAM HUSSAIN	UHID Number :	MH01.0000000001
Date of Birth :	02/08/1994	Date of Registration:	12/05/2015
Employer Code No.:	110000000000000002	Employer Name:	DELHI ELECTRIC @COMPANY
Select Type:	IP Details	First Date of Appointment:	01/01/2015

### Existing Particulars

### New Particulars

#### Personal Details: Reference ID

Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	SHAIK SADDAM HUSSAIN	Name / Name as per Aadhaar Records:	
Name of Guardian:	Shaik Khaja Hussain	Name of Guardian:	
Date of Birth:	02/08/1994	Date of Birth:	
Photo:	<a href="#">View Photo</a>	Photo:	<a href="#">View Photo</a>
Marital Status:	Un Married	Marital Status:	
Gender:	F	Gender:	
UAN Number:	765432456789	UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	



# Insurance Application → Registration → Check Particular Details

Family Details : Reference ID 11255200001

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
Test Spouse	05/05/1960	Spouse	F	No	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Kommineni Anusha	14/09/1995	Minor dependant son	F	Yes	Delhi	New Delhi	Active	NA	Modified Record
Sample	01/01/1979	Dependant unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Goutham Beemreddy	10/12/1992	Dependant infirm unmarried daughter	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Old Record
Baby of Subbu a	06/01/2008	Minor dependant son	M	Yes	Andhra Pradesh	Prakasam	Active	NA	Modified Record
Baby of Test Spouse	11/10/2024	Minor dependant son	M	No	Delhi	New Delhi	Active	NA	Old Record
Naredla Sudheer Reddy	18/08/1985	Dependant unmarried daughter	M	No	Delhi	New Delhi	Active	NA	Old Record
BABY UAT 2025	01/02/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	<a href="#">View</a>	Old Record
TEST SON UAT	01/01/2025	Minor dependant son	M	Yes	Delhi	New Delhi	Active	<a href="#">View</a>	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
TEST SON UAT	01/01/2025	Minor dependant son	M	Yes	Delhi			<a href="#">View</a>	<a href="#">View</a> 5545879800	NA	Modified Record

Employer Remarks: \*

Enter Remarks

LDC/UDC Remarks:

Click here to download and view photo

BM Remarks: \*

RO Remarks: \*

I have examined the uploaded document. \*\* No document is required to be uploaded by employer in case of Aadhaar based change request.

Note:

1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.

Approve

Reject

Cancel

Click on Check box

Click on Approve

# Insurance Application → Registration → Successfully Approved



**My Work** **Registration ▾** **Benefits ▾** **Revenue ▾** **Recovery** **Others ▾**

**Submission Success**

IP details change request approved successfully.



## Photo Capture Related changes \_ Audit Trail

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Enter the Valid User Name and Password

Please Login with your credentials

User Name: azhansaz

Password: .....

Log In

Forgot Password

Click on "Log In" button

### Property Management Department

ContractManager

Primaveraweb

DSRPRO

Notes: User can able to reset the Password using Forget Password link

# Application Home Page → Insurance Application



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<p><b>ESIC News</b></p> <p>» <a href="#">Role of ESIC</a></p> <p><b>Announcements</b></p> <p>» <a href="#">Announcements</a></p> <p>» <a href="#">Annexure - IX .doc</a></p> <p>» <a href="#">Annexures - X-XI.pdf</a></p> <p>» <a href="#">Annexures.pdf</a></p> <p>» <a href="#">JOB CARD OF ADMINISTRATIVE OFFICERS</a></p> <p>» <a href="#">Circular.pdf</a></p> <p><a href="#">Read More &gt;&gt;</a></p>	<p><b>Business Intelligence</b></p> <p><a href="#">Document Management System</a></p> <p><a href="#">Health Information System</a></p> <p><b>Insurance</b></p> <p><a href="#">Pehchan Reports</a></p>					
	<p><b>CIRCULARS</b></p> <p>» <a href="#">Circulars from HQRS. Office</a></p>					
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	<p>Click on Insurance Application</p> <p>» <a href="#">http://wniindia.org</a></p> <p>» <a href="#">http://esicdelhi.org.in</a></p> <p>» <a href="#">know more</a></p>					

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# Select User Location & User Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : LDC/UDC at Branch Office ▾

Submit

Select the User Location and User Role From Drop Down

Click on “Submit” button

Notes: User will get mapped Location & Role as per assigned by Regional Director.

Version 1.1 Last Revised On : 02-05-2025

# Insurance Application → Others

**My Work**

**REGISTRATION**

This section has the Navigations through Different Phases of Employee / Employer Registration



**Registration** ▾

**BENEFITS**

This section has the Navigations through all Medical and Cash Benefits



**Revenue** ▾

**REVENUE**

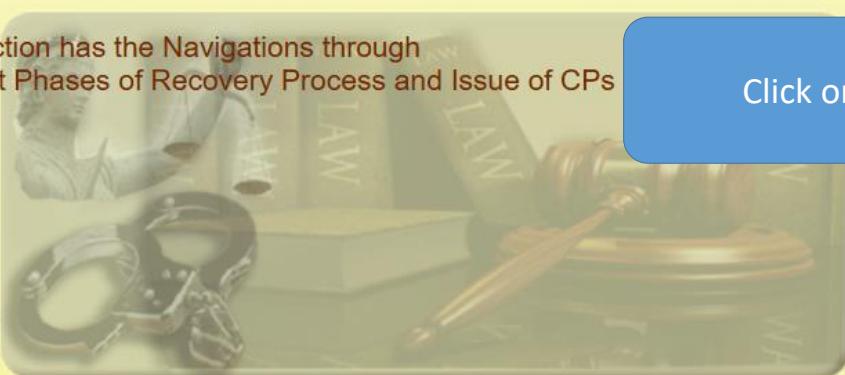
This section has the Navigations through Different Phases in Revenue



**Recovery**

**RECOVERY**

This section has the Navigations through Different Phases of Recovery Process and Issue of CPs



**Others** ▾

- Create/Reset Password
- DataMigration
- User Manuals
- AuditTrails**
- EsicAadhar
- ABVKY Claim Status Count
- ABVKY Claim IP Wise Report
- Claimant suspect List
- Aadhaar Pendency Report
- Retired Beneficiaries' medical benefits Scheme(Other)
- View Photograph Of IP
- De Duplication Audit Screen

Click on View Audit Trail



# Insurance Application → Others → Audit Trail

My Work      Registration ▾      Benefits ▾      Revenue ▾      Recovery      Others ▾

## Audit Trail

[State / District / Location](#)

[User Role](#)

[Employer Details](#)

[IP Details](#)

[Action on Defaulter](#)

[Monthly Contribution](#)

[SST Extention Details](#)

[Delete Claims Audit Details](#)

[Delete Certificate Audit Details](#)

[Change Request Audit Details](#)

[Revenue Live List](#)

Click here



# Insurance Application → Others → Audit Trail → IP Details

My Work    Registration ▾    Benefits ▾    Revenue ▾    Recovery    Others ▾

Audit Trail > IP Details    \* Required Fields

Search By		Select IP Details			--Please Select--
IP No.:	1199900090	Search	Reset	Back	--Please Select-- IP Name/BO Details IP Personal Details IP Dispensary Details IP Present Address IP Permanent Address IP Date of Appointment Details IP Nominee <b>IP Family Details</b> IP Bank Details

Type IP Number

Click here to View Audit Trail

Select Details Type



# Insurance Application → Others → Audit Trail → IP Details

[My Work](#)
[Registration](#)
[Benefits](#)
[Revenue](#)
[Recovery](#)
[Others](#)
[Audit Trail > IP Details](#)

\* Required Fields

**Search By**

IP No.:

11999000090

[Select IP Details](#)
[IP Family Details](#)
[Search](#)
[Reset](#)
[Back](#)

Dependant ID	Dependant Name	Date Of Birth	Relationship	Residing With Employee	State	Town	Date Time	Action	User Name	User ID	IP Address	Reference Number	Uploaded Photo	Document	Document2
2	TEST SON UAT	01-01-2025	Minor dependant son	Yes	Delhi	New Delhi	02/05/2025 10:30:20 AM	Created	Kumar Purushottam	purpu	103.208.52.2			No Doc Available	No Doc Available
2	TEST SON UAT	01-01-2025	Minor dependant son	Yes	Delhi	New Delhi	02/05/2025 10:30:20 AM	Updated	Kumar Purushottam	purpu	103.208.52.2	11255200001	<a href="#">Click here to View Document</a>	<a href="#">Click here to View Document</a>	No Doc Available
2	TEST SON UAT	01-01-2025	Minor dependant son	Yes	Delhi	New Delhi	01/05/2025 04:19:18 PM	Updated	Kumar Purushottam	purpu	103.208.52.2			No Doc Available	No Doc Available
64	Naredla Sudheer Reddy	18-08-1985	Dependant unmarried daughter	No	Delhi	New Delhi	05/03/2025 05:53:39 PM	Created	KARNAKAR REDDY	sunredd	183.82.116.110			No Doc Available	No Doc Available

Click here download and view uploaded Photo



# Thank You