



Headquarters Office
Employees' State Insurance Corporation

(ISO 9001-2008 certified)
Panchdeep Bhawan, CIG Road, New Delhi-110002
Tel No.23234092 Fax No.23234537



No. Z-11/12/4/2011-Spl. Cell

Dated : 03.05.2011

To

Sh R.P. Gupta, Joint Director, Hqrs. Office, New Delhi. (North Zone)	Shri D.K. Mishra, Joint Director, ESIMedical Hospital, Adityapur (East Zone)	Shri S. Biswas, Joint Director, Regional Office, Mumbai (West Zone)	Shri T. Renuka Prasad, Joint Director, ESI Hospital, Peenya (South Zone)
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Subject : Proforma for reporting on Diamond Jubilee Year related work and fulfillment of Commitments regarding.

Sir,

In continuation to this Office Order No.1 dated 18.4.2011 of file of even no., Jt. Directors (Zonal) nominated for sensitization and monitoring of Diamond Jubilee Year related work and fulfillment of Commitments made during this year will be required to submit their reports in enclosed proforma on monthly basis to Diamond Jubilee Cell, Hqrs. with copies to Insurance Commissioner, Medical Commissioner, Addl. Commissioner (P&A) for Commitments related to Insurance Division/Medical Division/Finance Division respectively.

The allocations of states and offices of Jt. Directors(Zonal) for looking after the work of Diamond Jubilee Celebration Year has already been made. The Zonal Jt. Directors are also required to send their success stories/failures in course of achieving the targets through vox-populi, interviews and on field assessment for preparing a resulted oriented report/research/publication in the end of Diamond Jubilee Year (2012).

This issues with the approval of Addl. Commissioner(P&A).

Yours sincerely,

Encl : Proforma


(Pranava kumar)

Asstt. Director (Spl. Cell)

Copy to :-

1. PPS/PS to DG/FC/IC/MC/AC(P&A) for information please.
2. All RDs/Directors/JDs Incharge/SSMCs/SMCs/MSs -- ESIC Hospitals and Zonal Training Officers for information and necessary action please.
3. All DMCs/AC (Systems)/AC(Benefits)/Director (MSU)/Director (PR/Rev.)/Director (Fin.)/Director (P&D)/ Jt. Director (E-I/III/V), Hqrs.
4. Director/Jt. Director (NTA)
5. Jt. Director (Fin.)/Dy. Director (Fin.)/Asstt. Director (Fin.) of the concerned Offices of Jt. Directors (Zonal).
6. Rajbhasha Shakha for Hindi translation.
7. Website Contents Manager for uploading in the ESIC Website.

INSURANCE DIVISION

PROFORMA

1. ENROLMENT/COVERAGE OF NEW UNITS AND UNCOVERED EMPLOYEES

Statement for the month ended

Sl.No.	No. of units covered in ESI Act	No. of New units covered under D.J.CY / month	No. of existing covered employees under ESI Act	No. of newly covered employees under the ESI Act	No. of employees deleted in already covered units

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

2. ECS PAYMENT OF PDB/DB CASES

Statement for the month ended

Sl.No	Name of the Branch Office	Type of Payment	Total cases	Out of (c) & (d), respectively, Payment made through ECS		
				No. of payments	Amount paid	No. of payments
	(a)	(b)	(c)	(d)	(e)	(f)
		PDB				
		DB				

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

6. PDB/DB CASES SETTLED WITHIN ONE MONTH

Statement for the month ended

Sl.No	Name of the IP/IW & Insurance No.	Type of Benefit	Date of accident / Death	Date of receipt of accident report at BO	Date of admittance of the case as EI	Date of 1st Payment of DB

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

8. SETTLEMENT & PAYMENT OF MEDICAL BOARD CASES WITHIN THREE DAYS

Statement for the month ended

Sl. No	Name of the Branch Office	Name of the IP/IW & Insurance No.	Date of receipt of accident report at BO	Date of admittance of the case as EI	Date of termination of TDB	Date of Medical Board	Date of 1st payment of PDB	Reasons for delay if any	Remedial action taken to make payment within the days

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

5. OPENING OF MODEL BRANCH OFFICES

Statement for the month ended

Sl.No	Name of the BO chosen for upgradation	Action taken / Progress made so far (Datewise)	Amenities provided so far	Amenities yet to be provided	Expected date of completion as a Model Branch Office

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

3. DISPOSAL OF PUBLIC GRIEVANCES CASES WITHIN 15 DAYS

Statement for the month ended

No. of grievance cases			Total (1+2+3)	No. of grievance cases		Details of pending cases					Total (7+8+9+10 + 11)	No. of grievance cases disposed during the week		Total (13+14)	Remedial Action taken to redress the grievances within 15 days time
Pending at the start of the month	Received during the month	Forwarded by Hqrs. Office		Disposed within fifteen days	Pending at the end of the month	0-1 month	1-3 month	3-6 month	6-12 month	>1 year		In favour	In rejection		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

7. DISPOSAL OF APPEALS U/S 45-AA WITHIN 60 DAYS

Statement for the month ended _____

Sl.No	Pending at start of the month	Name & Address of the employer	E.Code No.	Date of issue of the order u/s 45-A and amount	Date of appeal	Date of disposal of the appeal & amount re-assessed under appeal	No. of days taken for disposal of the appeal	No of cases pending beyond 60 days	Reasons for not disposing within 60 days

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

4. FACILITATION CONCLAVE - SUVIDHA SAMAGAM (FORMERLY KNOWN AS SHIKAYATH ADALAT) TO BE HELD ON 20TH OF EVERY MONTH

Statement for the MONTH ended

Sl.No.	Name & location of the Branch Office	Scheduled date of the Facilitation Conclave	Actual date of holding the Facilitation Conclave	Reasons for delayed holding / not holding the Facilitation Conclave	Remedial action taken to hold the Facilitation Conclave on schedule

AC&RD/RD/Director/JD(I/c)

INSURANCE DIVISION

PROFORMA

9. FACILITATION CENTRE

Statement for the month ended.....

Sl.No.	Date of setting up of the Facilitation Centre	If not, reasons for the same	Action taken to set-up the Facilitation Centre	Probable date of setting up of the Facilitation Centre

AC&RD/RD/Director/JD(l/c)

MEDICAL DIVISION

PROFORMA

1. WELLNESS MOBILE VANS

Statement for the month ended.....

1. Locations visited / camps organised at :
2. Whether Residential or work place :
3. Whether prior intimation given to all the stake holders :
4. Whether hand-outs, pamphlets distributed :
- 5.
6. Whether posters displayed :
7. Subject of health talk given :
8. Subject of movie shown :

Sl.No	Scheduled date of camp	Actual date of camp	No. of IPs who attended the camp	No. of general public who attended the camp	No. of IPs who were detected with any critical illness	No. of such IPs put under treatment	What is the outcome of the treatment	Date/s of discharge

***Note:** Names & Addresses of IPs detected with any critical illness and treated/discharged may please be furnished for the purpose of interviewing and reporting them as success stories

Camp Doctor

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

3. HEALTH CHECK-UP CAMPS

Statement for the month ended.....

1. Location of the Camp :
2. Address, if the camp is at the IPs' work place :
3. Whether prior intimation given to all the stake holders :
4. Whether the date of camp was widely publicised :
5. Whether hand-outs, pamphlets distributed :
6. Whether posters displayed :

Sl.No	Scheduled date of camp	Actual date of camp	No. of IPs who attended the camp	No. of IPs who were detected with any critical illness	No. of IPs who were put under treatment	What is the outcome of the treatment	Date/s of discharge

***Note:** Names & Addresses of IPs detected with any critical illness and treated/discharged may please be furnished for the purpose of interviewing and reporting them as success stories

Camp Doctor

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

2. SETTING UP OF AYUSH UNITS (ISM) AT THE HOSPITALS

Statement for the MONTH ended.....

Sl.No.	Type/s of Indian System of Medicine proposed to be set-up	Date of setting up of the Ayush Unit	If yes, whether it is fully staffed & functional	If the Ayush Unit is not yet set up, reasons therefor	Action taken to set up the Ayush Unit	Probable date by which the Ayush Unit will be set up

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

4. SETTING UP OF GREENFIELD HOSPITALS

Statement for the MONTH ended.....

Sl.No.	Items of work planned for completion for the month	Actual items of work completed for the month	Reasons for the delay, if any	Remedial action initiated for scheduled completion of the work

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

5. UPGRADATION OF ESIC HOSPITALS

Statement for the month ended.....

Sl.No.	Items of work scheduled for completion for the month	Actual items of work completed for the month	Reasons for the delay, if any	Remedial action initiated for scheduled completion of the work

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

6. SETTING UP FACILITATION/COUNSELLING CENTRE IN ESICH/ESICMH

Statement for the month ended.....

Sl.No.	Amenities provided so far	Amenities yet to be provided	Expected date of setting up of the Facilitation Centre	Reasons for delay, if any	Remedial action taken to ensure completion as scheduled

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

7. SETTING UP DIAMOND JUBILEE MODEL DISPENSARIES WITH DIAGNOSTIC FACILITIES

Statement for the month ended.....

Sl.N o.	Name of the Dispensary identified	Date of such identification	Date of request to State Govt. to hand over the Dispensary	Date of hand over from the State Govt.	Amenities provided so far	Amenities yet to be provided	Expected date of completion

MS/SSMC/SMC

MEDICAL DIVISION

PROFORMA

8. PROVISION OF DIAMOND JUBILEE KIT TO ALL ESIC/ESIS DISPENSARIES

Statement for the month ended.....

Sl.No.	Name of the Dispensary	Whether ESIC or ESIS	Date of seeking Kit composition from the Dispensaries (Action only if necessary)	Date of receipt of kit composition	Date of supply of the kit	Reasons for delay in the supply of kit	Action taken to supply kits immediately

MS/SSMC/SMC

FINANCE DIVISION

PROFORMA

1. PAYMENT TO ALL REGULAR CLIENTS THROUGH ECS

Statement for the month ended.....

Sl.No.	Subject	No. of bills	No. paid by Cheques/DDs	Reasons for non-payment through ECS	Remedial action taken to ensure payment through ECS
	Bills admitted for payment to IPs				
	Bills in respect of Staff & Officers				
	Bills admitted towards third parties				

MS/ SSMC/SMC/AC&RD / RD / JD(I/c)

FINANCE DIVISION

PROFORMA

1 (a) PAYMENT TO ALL REGULAR CLIENTS WITHIN 10 DAYS

Statement for the month ended.....

Sl.No.	Total No. of Bills received	Bills settled within 10 days	Bills settled beyond 10 days	Reasons for non-payment of bills within 10 days	Remedial action taken to ensure payment within 10 days

MS/SSMC/SMC/ AC&RD / RD / JD(l/c)

FINANCE DIVISION

PROFORMA

2. COMPUTERISATION OF MONTHLY & ANNUAL ACCOUNTS

Statement for the MONTH ended.....

Sl.No	Name of the Office	Systems		Printers		No. of systems Networked	Expected date of completion	Remedial action taken to ensure completion of work
		Required	Available	Required	Available			
	RO / SRO / DO / Hospital							
	Branch Office							
	Dispensaries (Both ESIC & ESIS)							

***Note: Data to be furnished in respect of each of the Branch Offices & Dispensaries**

MS/SSMC/SMC / AC&RD / RD / JD(I/c)

FINANCE DIVISION

PROFORMA

3. 100 TRAINING PROGRAMMES ON ETIQUETTE / PEOPLE HANDLING / COURTESY FOR EMPLOYEES UPTO THE CADRE SSOs OF ROs/SROs/DOs/BOs/HOSPITALS/DISPENSARIES

Statement for the month ended.....

Sl.No.	Cadre	No. of Training Programmes planned	No. of Training programmes actually held	No. of staff trained	Shortfall, if any, against the planned level of activity in		Remedial action taken
					Training Programmes	No. of staff trained	
	Group-IV						
	LDC						
	UDC						
	Assistant						
	SSO						
	Staff Nurses						

Zonal Training Incharge

FINANCE DIVISION

PROFORMA

4. ISSUE OF PEHCHAN CARDS WITHIN 7 DAYS OF DATA CAPTURING

Statement for the month ended.....

Sl.No.	No. of enrolment and data captured for pehchan card.	No. of cases where Pehchan cards issued within 7 days	No. of cases where Pehchan cards issued beyond 7 days	Reasons for the delayed issue of Pehchan cards	Remedial action taken to overcome the delay

MS/SSMC/SMC/ AC&RD / RD /JD(l/c)

FINANCE DIVISION

PROFORMA

5. REAL TIME ONLINE REGISTRATION OF EMPLOYERS & INSURED PERSONS

Statement for the MONTH ended.....

Sl.No.	Name of the Office	Total No. of employers registered	Out of (a), how many registered on-line	Total No. of Insured Persons registered	Out of (c), how many registered on-line	Remedial action taken to ensure 100% on-line registration
		(a)	(b)	(c)	(d)	(e)

Nodal Office

Medical Superintendent /SSMC/SMCAC&RD / RD / JD(I/c)

