

FAX

**EMPLOYEES' STATE INSURANCE CORPORATION
'PANCHDEEP BHAWAN': C.I.G. MARG: NEW DELHI**

No. N-11/12/2003-Bft.II

Date: .07.2010

To

All the Regional Directors/Directors/Jt. Directors(I/c)
Regional/Sub-Regional/Divisional Offices
ESI Corporation

**Sub:- Implementation of Rajiv Gandhi Shramik Kalyan Yojana
(Unemployment Allowance -Submission of Monthly Report.**

Sir,

I am directed to refer to this office letter of even number dated 16.01.2006 wherein you were requested to send Fortnightly Report in respect of above Scheme.

In this connection, you are requested to send henceforth a **Monthly Statement** to the Hqrs. Office in the format enclosed by the Fax/Speed Post/e-mail furnishing therein the information latest by 5th of the following month.

This has the approval of the Insurance Commissioner.

Hindi version will follow.

Yours faithfully,


(Pranava Kumar)
Asstt. Director(B)

Copy to:-

1. JD(OL) for translation, Please
2. MSU Branch for information and necessary action
- ✓ 3. JD(System) for uploading on esic website
4. Guard File


Asstt. Director(B)

Regional/Sub-Regional, Divisional Office

ESI Corporation-----

Report on Rajiv Gandhi Shramik Kalyan Yojana for the month of

PART-A

No. of applications pending at the end of the previous month	No. of fresh applications received during the month	Total (1+2)	No. of applications admitted, under process & rejected out of Col. (3)			No. of cases admitted and amount disbursed in respect of them during the month under report		No. of cases admitted & amount paid since 01.04.2005	
			Admitted 4 (a)	Under process 4 (b)	Rejected 4 (c)	Cases 5 (a)	Amount 5 (b)	Cases 6 (a)	Amount 6 (b)

PART-B (Nature of unemployment wise information)

Nature of unemployment	No. of cases and amount disbursed during the month under report		Name of Industries and centres from where IPs rendered unemployed in r/o Col.2 (a)	No. of cases admitted & amount paid since 01.04.2005		No. of IPs/IWs sent for Vocational training under RGSKY & amount paid to institution & IPs		
	Cases 2 (a)	Amount 2 (b)		(3)	No. of cases 4 (a)	Amount paid 4 (b)	No. of IPs/IWs 5 (a)	Amount paid to institute 5 (b)
closure								
Retrenchment								
Invalidity								

Regional Director/Director/Jt. Director(I/c)