



**HEADQUARTERS  
EMPLOYEES' STATE INSURANCE CORPORATION  
PANCHDEEP BHAVAN: C.I.G. ROAD:NEW DELHI-110002.  
<http://esic.nic.in>**

**No. Z-17/12/1/09(Misc.I)E-I**

**Dated :11.01.2010**

To

All Regional Directors/Joint Director I/cs  
All Medical Superintendents, ESI Hospitals/ESI Model Hospitals  
D(M)D/D(M) Noida, Joint Director E-V, Hqrs.

Sub : Quarterly report of officials in the cadre of Insurance Inspector/Manager Gr.II /  
Superintendents.

Sir,

In order to compile a Data Base of officials regular in the cadre of Insurance Inspector/Manager Gr. II/Superintendents, it is requested to furnish the required information in the prescribed proforma enclosed herewith as Annexure 'A' & 'B'. The information is to be prepared at the end of every quarter and may reach to the undersigned by 7<sup>th</sup> of the following month. The statement for the period ending 31<sup>st</sup> December, 2009 may be submit to this office by 20<sup>th</sup> January, 2010.

The information may kindly be submitted through e-mail only at [jd-admin1a.esic@nic.in](mailto:jd-admin1a.esic@nic.in) in Microsoft Word Format.

Proforma is also available at [www.esic.nic.in](http://www.esic.nic.in).

**Encl : As above**

Yours faithfully,

  
**(DEEPAK JOSHI)  
JOINT DIRECTOR E-I**

## ANNEXURE 'A'

Name of the R.O./S.R.O./ESIMH/ESIH \_\_\_\_\_.

Quarterly Report of regular I.I./Branch Manager Gr. II/Superintendent in-position at the quarter ending-----.

Sl. No.	Sl. No. & year in the All India Seniority list (if the seniority list has been finalized)	Name of the official S/Sh./Ms.	Date of Birth	Educational Qualification	Date of entry in ESIC	Date of regular Appointment / promotion in the cadre of I.I./Br. Mgr. Gr. II/Supdt.	Whether SC/ST/OBC PH (VH/HH/OH)	Date of joining in the present region	Whether Appointee/ Promotee/ Limited Departmental Test Promotee
1	2	3	4	5	6	7	8	9	10

## ANNEXURE 'B'

Name of the R.O./S.R.O./ESIMH/ESIH \_\_\_\_\_.

Quarterly Report regarding incoming/outgoing/retired/ expired/ resigned/ Vol. Retired/ removed/ terminated/ Compulsory retired/ dismissed etc. of I.I./Branch Manager Gr. II/Superintendent during the quarter ending-----

Sl. No.	Name of the official S/Sh/Ms.	Date of Birth	Date of joining/relieving retirement/ expiry/ resignation/ Vol. Retirement/ removal/ termination/ Compulsory retirement/ dismissal etc. during the quarter, as the case may be	Whether joined or relieved  (in the case of transfer only)	Name of the region from where the official has joined/ name of the region for which the official has been relieved  (in the case of transfer only)	Remarks, if any
1	2	3	4	5	6	7