



STANDARD NOTE ON EMPLOYEES' STATE INSURANCE SCHEME

(As on 1.1.2011)

1. The Employees' State Insurance Act, 1948 is a social security legislation that provides for medical care and cash benefit in the contingencies of sickness, maternity, disablement and death due to employment injury to workers. A statement indicating the broad details of various health insurance related benefits provided under the Act is at ***Annexure-I***.

COVERAGE

The Act applies, in the first instance, to, non-seasonal factories employing 10 or more persons. The provisions of the Act are being extended area-wise by stages. The Act contains an enabling provision under which the "appropriate government" is empowered to extend the provisions of the Act to other classes of establishments - industrial, commercial, agricultural or other-wise. Under these provisions most of the State Govts. have extended the provisions of the Act to new classes of establishments namely: shops, hotels, restaurants, cinemas including preview theatres, road-motor transport undertakings and newspaper establishments employing 20 or more coverable employees. The Scheme has also been extended to Educational Institutions employing 20 or more persons in Rajasthan, Bihar, Pondicherry, Jammu & Kashmir, Uttarakhand, Chattisgarh, West Bengal, Jharkhand, Kerala, Uttar Pradesh, Andhra Pradesh, Assam, Punjab, Tamilnadu and to Private Medical Institutions in the State of West Bengal, Rajasthan, Bihar, Kerala, Himachal Pradesh, Uttarakhand, Andhra Pradesh, Punjab, Assam, UT Chandigarh, Jharkhand and Orissa. As of now, employees of factories/establishments mentioned above in the implemented areas and drawing wages (excluding overtime) not exceeding Rs.15, 000/- per month are covered under the Act.

ADMINISTRATION

3. The Hqrs. of the ESI Corporation is located at Delhi and has 58 field offices such as 23 Regional Office, 26 Sub-Regional Office and 4 Divisional Office and 2 Camp Office and 3 Liaison Office throughout the county. Besides, there are 610 Branch Offices and 187 Pay Offices for administration of cash benefits to Insured Persons. For inspection and coverage of new factories/Establishment, 360 Inspection Offices have also been set up across the County.

FINANCE:

4. The ESI Scheme is financed mainly by contributions from employers and employees. The rate of contribution by employer is 4.75% of the wages payable to employees. The employees' contribution is at the rate of 1.75% of the wages payable to an employee. The State Government's share of expenditure on the provision of Medical Care is to the extent of 12.5%. The maximum sharable amount is subject to the ceiling prescribed by the Corporation from time to time. An expenditure beyond the prescribed ceiling is solely borne by the State Govts.

ABSOLVING OF LIABILITY UNDER OTHER ENACTMENTS

5. Employers coming under the purview of ESI Act, 1948, are absolved of their liability under the Workmen's Compensation Act, 1923 and the Maternity Benefit Act, 1961, as these social security provisions become the responsibility of the ESI Scheme.

PROVISION FOR EXEMPTION FROM THE OPERATION FO THE ACT

6. An "appropriate government" may grant or review exemption under Section 87 of the Act in respect of a Factory/Establishment or class of factories or establishments in any specified area. Provided that an application for renewal shall be made three months before the date of expiry of the exemption period and a decision on the same shall be taken by the appropriate Government within two months of receipt of such application and under section 88 to any person or class of persons employed in any factory or establishment to which the Act applies, from the operation of the Act for a period not exceeding one year at a time to take effect only prospectively.

As per provisions of the Act no exemption shall be granted unless a reasonable opportunity is given to the Corporation to make any representation and the same is considered by the appropriate Govt.

Exemption under Section 88 of the Act is granted to employees or class of employees who remain away from their Hqrs. for more than 7 months in a year and those who are posted in non-implemented areas.

Exemption under Section 90 is granted to a factory/establishment belonging to a local authority such as a Municipality/Corporation, etc. if employees in any such factories/establishments are otherwise in receipt of benefits substantially similar or superior to the benefits provided under the Act.

POLICY OF THE CORPORATION IN GRANTING EXEMPTION UNDER SECTION 87 AND 91 OF THE ACT

7. The Corporation at its meeting held on 12th September, 1985 constituted a sub-Committee under the Chairmanship of Miss Meera Seth, Addl. Secretary, Ministry of Labour to examine the policy of the exemption.

The Sub-Committee after careful consideration of all pros and cons of exemption had opined that any liberalization of exemption policy would not only be contrary to the concepts of social security but also against the objectives of the ESI Scheme and against the larger interest of the workers themselves. The Sub-Committee was, therefore, not in favour of granting exemption from the Act at all to any factory or establishment.

- (i) Whereas Section 87 permits grant of exemption for a period not exceeding one year at a time, no such time limit has been specified for exemptions granted under Section 88 and 90 which may be specified, and
- (ii) The conditions of superiority or similarity of benefits as stipulated under Section 90 may also be stipulated as one of the conditions for grant of exemption under Section 87.

The Recommendations of the Sub-Committee were accepted by the ESI Corporation at its meeting held on 20th February, 1986.

EXTENSION OF ESI SCHEME TO NEW SECTORS OF EMPLOYMENT

8. The Committee on Perspective Planning (1972) of the ESI Corporation which had been appointed, inter-alia to work out a viable programme for phased extension of the Scheme, had formulated the following criteria for extension of the Scheme to a larger cross section of wage earners:-

- (a) Need for health insurance protection;
- (b) Feasibility of building upon expanding viable medical facilities; and
- (c) Amenability of the establishments to enforcement by the Corporation.

Applying the above mentioned criteria, the Committee came to the conclusion that extension of the scheme should be accomplished in three phases, as given below:-

- (i) In the first phase, factories run with power and employing 10 to 19 workers; factories run without power employing 20 or more workers and shops, cinemas including preview theater, road motor transport undertakings and newspaper establishments, hotels and restaurants employing 20 or more workers are to be covered.

(ii) The organized mines and plantations might be covered in the second phase. In the case of mines and plantation the recommendation of the Committee was to extend the Scheme only partially i.e. only the cash benefits might be provided since medical care was already available to the workers free of cost.

(iii) The unorganized or semi-organised sectors about which accurate statistical data is not available would come later in the third phase.

In pursuance of the above recommendations, extension of the scheme to the categories of establishments included in the first phase has already been carried out.

9. PROVISION OF SOCIAL SECURITY FOR WORKERS IN THE UNORGANISED SECTOR

Out of the total work force of about 459 millions in India, 27.27 Million workers are in the organized sector, (18.00 million in public sector and 9.27 million in private sector) and the rest are in the unorganized sector. The ESI Act covers workers in the organized sector only. At present about 14.30 million workers (i.e. 52.44% of organized sector) are covered under the Employees' State Insurance Act, which represents only about 3.11% of the total work force in the country. The remaining workers in the organized sector to which the ESI Act does not apply remain outside the social security umbrella due to the following reasons:-

- (i) Employees of Central and State Govts. who are provided social protection under the rules of the respective Governments;
- (ii) Workers of factories/establishments employing less than 10 persons.
- (iii) Workers of factories/establishments situated in the non-implemented areas, where the ESI Scheme has not been implemented;
- (iv) Workers of seasonal factories/establishments;
- (v) Workers drawing wages exceeding Rs.15,000/- per month.

The workers engaged in agriculture and allied activities, household industry, building and construction, small factories/establishments, home workers, domestic servants, artisans, self-employed persons such as fishermen, hawkers, auto-rickshaw drivers etc. all constitute the informal or unorganized sector. The main characteristics of workers in the unorganized sector are acute incidence of under employment, the scattered nature of work places, high incidence of home-based or, low collective bargaining power and the absence of an employer-employee relationship.

The workers employed in the organized sector and working in the smaller factories and establishments can be brought under the ESI Scheme by gradually lowering the threshold limit for coverage under the ESI Act. Likewise, the workers who are drawing wages above the wage limit Rs.15,000/- per month can be brought under the ambit of the ESI Scheme by enhancing or removing the wage limit altogether.

Factories and establishments located in non-implemented areas having sufficient concentration of workers are being brought under the ESI Act gradually as per the phased programme drawn in consultation with the State Governments.

A majority of the workers in the unorganized sector comprise agricultural workers and cultivators located in the rural areas and self employed persons. The social security needs of workers in this sector are different from those in the organized sector.

The workers in agricultural sector mainly require wage and income support in times of drought, lean seasons and during periods of unemployment. In addition, they also require medical care. The level of their earning is not fixed and there is no fixed employer-employee relationship with the wage records etc., which make recovery of contribution from such workers a challenge.

As the ESI Scheme framed under the ESI Act, 1948 provides a uniform package of benefits at a uniform rate of contribution; it cannot be extended to workers in the unorganized sector in its present form. However, as per amendment in the ESI Act, 1948 w.e.f. 01/06/2010 vide ESI (Amendment) Act, 2010, medical benefit under the scheme can be extended to other beneficiaries on payment of user charges subject to framing of schemes by the Central Government. Further the Govt. of India, Ministry of Labour & Employment has introduced a Scheme called "Rashtriya Swasthya Bima Yojana" for providing social security to BPL (Below Poverty Line) workers in the unorganized sector.

Amendments in the ESI Act vide ESI (Amendment) Act, 2010

The ESI Act, 1948, has been amended vide ESI (Amendment) Act, 2010 w.e.f 01.06.2010. The Salient features of the Amendment Act are as under:-

- Facilitating coverage of smaller factories employing 10 or more persons.
- Enhancing age limit of dependant children for eligibility to dependants benefit from 18 years to 25 years.
- Extending medical benefit to dependant minor brother/sister in case of IPs not having own family and whose parents are also not alive.
- Streamlining the procedure for assessment of dues from defaulting employers (time limit of 5 years for assessment).

- Providing an Appellate Authority within the Corporation against assessment to avoid unnecessary litigation.
- Continuing medical benefit to insured persons retiring under VRS scheme or taking premature retirement.
- Treating commuting accidents as employment injury.
- Opening of medical/dental/paramedical/nursing colleges to improve quality of medical care.
- Making an enabling provision for extending medical care to other beneficiaries against payment of user charges to facilitate providing of medical care from under- utilized ESI Hospital to the BPL families covered under the Rashtriya Swasthaya Bima Yojana and other schemes framed by Central Government.
- Reducing duration of notice period for extension of the Act to new classes of establishments from six months to one month.
- Empowering State governments to set up autonomous Corporations for administering medical benefit in the State for bringing autonomy and efficiency in the working.

TYPE OF MEDICAL BENEFITS PROVIDED UNDER ESI SCHEME

The Employees' State Insurance Scheme provides full medical care in the form of medical attendance, treatment, drugs and injections, specialist consultation and hospitalization to Insured Persons and also to members of their families where the facilities for specialist consultation, hospitalization has been extended to the families.

Medical Benefit is available to an Insured Person and his family from the day he/she enters into insurable employment. There is a huge infrastructure comprising Hospitals, Dispensaries, annexes, Specialist centre, IMP clinics and arrangements with other health institutions to provide medical care to beneficiaries. The range of services provided covers preventive, promotive, curative and rehabilitative services. Besides the out-patients services through dispensaries and IMP Clinics, the in-patient services are provided through ESI Hospitals or under arrangements with other hospitals.

Insured Persons and their families are being provided full medical care which includes out patient/ in patient and specialized medical care, drugs and dressings as per requirement of the patient.

IMMUNIZATION

The Corporation has embarked upon a massive programme of immunization for children of Insured Persons. Under this programme, preventive inoculation and vaccines are given against diseases like, Diphtheria, pertussis, Polio, Tetanus, Measles, Mumps, Rubella, Tuberculosis, Hepatitis B etc. The policy of immunization is to follow the National Guidelines / Programmes.

FAMILY WELFARE SERVICES

Along with the immunization programme, the Corporation has been under taking provision of Family Welfare Services to the beneficiaries of the scheme.

The ESI Corporation has also extended additional cash incentive to Insured Persons to promote acceptance of sterilization method by providing sickness cash benefit equal to full wage for a period of 7 days for vasectomy and 14 days for Tubectomy. The period for which cash benefit is admissible is extended beyond the above limits in the event of any complications after Family Planning Operations.

OUT PATIENT MEDICAL CARE THROUGH SERVICE SYSTEM AND PANEL SYSTEM

The out-patient medical care under the ESI Scheme is provided either through the service system i.e. through dispensaries established under the Scheme for the exclusive use of the Insured Persons and their families, manned by full-time Medical Officers who are not allowed private practice or through a panel of Private Medical Practitioners. Under the Panel System, Medical Practitioners are approved to act as panel doctors. A panel doctor is expected to have his own consulting room and dispensary. He is also required to maintain certain minimum prescribed standards in respect of the clinic. The Insured Persons has the choice of registering himself with any panel doctor of his liking. Each panel doctor is allowed to have upto 1000 IP family units on his list. Under the panel system, the doctor is expected to give medicines to the Insured Persons, from his own dispensary. Special and costly medicines are dispensed through a panel of approved chemists as well as State Government Medical Stores, who are paid directly by the Scheme. At present, the panel system is in operation in West Bengal and Maharashtra (except Nagpur area), Goa in certain areas, Gujarat (Ahmedabad), M.P, Punjab, Andhra Pradesh, Assam, Meghalaya, Orissa and Karnataka. The IMPs under the panel system are paid capitation fee for providing medical care to the Insured Persons and beneficiaries. The Corporation has approved that State can decide the amount of capitation fees to be paid to IMPs.

The provision for Super specialty services for beneficiaries are mainly through tie-up arrangements with reputed health institutions.

The Corporation has also set up revolving fund with Regional Directors in respect of all States except Meghalaya, Puducherry, on consent of State Govt. for making advance payments / reimbursements in respect of specialty / super specialty treatment. The Corporation has also

extended the scope of Revolving Fund to include purchase of Drugs and Dressings, Equipments and their repair & maintenance (including annual maintenance contracts) .

ESIC has developed its own drugs formulary. All drugs dressings and also vaccines considered necessary and generally in accordance with Pharmacopoeia are supplied free of charge.

Insured person and their family members are provided artificial limbs, aids and appliances as well. All Diagnostic facilities are provided through ESI owned Hospitals and in case of sophisticated tests like CT Scan, MRI etc. contractual arrangements are made.

Incidental expenditure on transport, stoppage charges at the centers, traveling expenses for attendants if required, are also being paid under the ESI Scheme.

SHARING OF EXPENDITURE ON MEDICAL CARE

Expenditure on medical care is shared between ESI Corporation and the State Government in the ratio of 7:1 within the prescribed ceiling which is revised from time to time. The current ceiling w.e.f. 1.4.2009, is Rs.1200 per IP family unit per annum with two sub heads Rs.700/- under administrative and Rs.500/- as others. In addition to the above, a sum of Rs.50/- per IP per annum with 100% sharing of ESIC is also available to the State on fulfilling certain performance criteria. ESI Corporation has also earmarked a separate budget allocation of Rs.20/- per IP family unit per annum for promotion of preventive health services including occupational health services. The expenditure over and above the ceiling has to be borne by State Government. There is no limit on the per capita expenditure on individual medical care. In addition, the ESI Corporation has also taken a decision that w.e.f. 1.4.2009, the total expenditure under the head Administration will be shared, between the ESIC and the State Govt. in the ratio of 7:1, subject to fulfillment of certain specified conditions.

EXPENDITURE FULLY BORNE BY ESIC BEYOND THE CEILING

- a) Expenditure on construction of buildings for hospitals and dispensaries.
- b) Repair and maintenance of own buildings.
- c) Expenditure on purchase of computers for hospitals.
- d) Expenditure in newly implemented areas for first three years.
- e) Expenditure in newly implemented areas in North East States for first five years.
- f) For establishment of new AYUSH units for initial five years.
- g) Equipments for hospital with bed occupancy more than 70%.
- h) Expenditure on Model Hospitals and Occupational Disease Centers.

EXPENDITURE SHAREABLE OUTSIDE THE CEILING ON

- a) Expenditure on initial purchase of equipments for hospitals and dispensaries.
- b) Equipments costing more than Rs.25000/- per unit.
- c) Computers in respect of dispensaries and Directorate.
- d) Expenditure on purchase of vehicles.
- e) Expenditure on nurses training school.
- f) Expenditure on Biomedical Waste Management.
- g) Expenditure on training upto 0.5% of the total budget.

In addition, the ESI Corporation in its meeting held on 23.12.1997 approved the revision in the limit of expenditure on provision of initial equipments for new ESI Hospitals, Dispensaries, Annexes / Detention wards and Ambulances. The expenditure on items given below will be under shareable pool but from outside the ceiling on medical care.

A) Initial equipments for ESI Hospitals:-

The limit of expenditure for the purpose of providing initial equipments at the time of commissioning a new hospital is given below:-

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| 1. Upto 50 beds | Rs.60 lacs |
| 2. for 51 to 100 beds | Rs.85 lacs |
| 3. For 101 to 250 beds | Rs.100 lacs |
| 4. For 500 and above | Rs.150 lacs |

B) Initial equipments for ESI Dispensaries /Specialists centres:

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| 1. 2 Doctors Dispensary | Rs.1.5 lacs |
| 2. 3 Doctors Dispensary | Rs.1.75 lacs |
| 3. 4 Doctors Dispensary | Rs.2.00 lacs |
| 4. 5 Doctors Dispensary | Rs.2.00 lacs |
| 5. A Specialist Centre | Rs.10 lacs |

C) Corporation in its meeting held on 06.09.2002 has approved the sharing of expenditure outside the ceiling in the agreed ratio of (7:1) for the purchase of following non-medical equipment, costing above Rs.25,000/-.

1. Gas Pipelines
2. Photostat Machine / Fax

3. Public address system for general areas and conference rooms.
4. Projectors (over head projectors, slight projectors, LCD projectors.)
5. EPABX
6. Air conditioners
7. Water coolers
8. Walk- in coolers
9. Computers with accessories like UPS and Printers etc.
10. Furniture for Computers.
11. Water treatment plant (water softener and R.O)
12. Presto graphs / Display system
13. Close circuit television
14. DG set
15. Autoclaves and shredders

D) Disposal of Bio-medical Waste

The Corporation has also approved the sharing of cost incurred on disposal of waste through contractual agencies outside the ceiling in the agreed ratio of (7:1) between ESIC and the State Govts.

E) Initial equipments for Annexes / Detention wards

The limit on expenditure for purpose of initial equipments in Annexes / Detention wards / Ordinary wards attached to the dispensaries is Rs.10000/- per bed.

F) Replacement of costly equipments

Expenditure for replacement of costly equipments like X-ray machine etc. or addition of new department in a hospital, the equipment costing more than Rs.25,000/- and above, which is considered essential, is to be shared between the Corporation and the State Govts. outside the ceiling.

G) Expenditure on purchase of Vehicles

The expenditure on purchase of new Ambulances, Mobile dispensary Vans, Hearse Vans, Office vehicles or replacement thereof is to be made from the shareable pool, outside the ceiling on expenditure on medical care.

H) Essential equipments required for ESI Dispensaries, supply thereof by the ESIC as a one time measure

With a view to improve primary medical care, the Corporation has decided to supply the following essential equipments / instruments to all dispensaries:-

1. Doctors Tray
 - ❖ B.P. Instrument
 - ❖ Stethoscope
 - ❖ Thermometer
 - ❖ Torch
2. Oxygen Cylinder with flow meter
3. Weighing machine (a) adult (b) baby
4. Electric Sterlizer
5. Dressing Drum
6. Stitching material
7. I&D Tray
8. I.V. Stand
9. Kidney Trays (Two)

The cost of above equipment for one dispensary comes to Rs.14,000/- per unit. Total expenditure works out to Rs.2 crores approximately. Even though the aforesaid expenditure is covered under medical ceiling approved by the Corporation, but as an exception, this expenditure will be treated outside the ceiling but to be shared in the usual ratio.

I) The Corporation has decided in its meeting held on 20.12.1998 to:-

- v. Enhance the ceiling on the cost of frames of the Spectacles from Rs.25/- to Rs.100/- per frame.
- vi. Add intra-ocular lense to the existing list of 14 artificial appliances aids and limbs being provided to IPs / beneficiaries already approved by the Corporation in its meeting held on 24.02.1998.

J) The Corporation in its meeting held on 05.12.1999 decided to:-

- 1) Approve the Action Plan for the year 1999-2000 to improve the medical services of various ESI Institutions by up-grading, condemnation of old equipments and purchase of new equipments, computerization of hospitals, providing of diesel generators, establishment of Revolving Fund and Development of ISM System.
- 2) Approved the Action Plan for the year 2000-2001 to develop the Super specialty within the existing ESI Hospitals and review of action on previous Action Plans for 1998-99 and 1999-2000.
- 3) Approved 34 diseases for grant of ESB.

K) ESI Corporation in its meeting held on 13.02.2004 has approved the following measures for improvement of medical services.

- 1) It was decided that in the newly implemented areas instead of opening new hospitals and dispensaries, the existing network of State or private hospitals and clinics be used.
- 2) To address the shortage of staff, it has been decided that State Govts. shall delegate powers to the heads of hospitals and other field offices to engage contractual staff, till such time the vacancies are filled up.

L) Full medical care (all facilities including hospitalization for families):-

The ESI Corporation has prescribed a ceiling on per capita expenditure on medical care shareable between the Corporation and State Government in the ratio 7:1. This ceiling is reviewed and raised from time to time.

Employees' State Insurance Corporation in its 145th meeting held on 05.12.2008 has approved the enhancement of ceiling for providing medical benefit to the beneficiaries from Rs. 1,000/- to Rs. 1,200/- per IP per annum w.e.f. 01.04.2009 with the following bifurcation:-

1. Administrative expenditure : Rs. 700/- per IP per annum.
2. Other expenditure : Rs.500/- per IP per annum.

ESI Corporation has further taken a decision to re-imburse the administrative expenditure incurred by the State Govt. on actual basis without ceiling subject to fulfillment of following conditions.

- i) State Govt. shall rationalize and reorganize the infrastructure of ESIS Hospitals & dispensaries. The reorganization shall primarily involve closure, amalgamation, merger, re-location, reduction in size, outsourcing, tie-up, etc of the ESIS facilities as decided by the Corporation from time to time. A Verifying Committee consisting of the concerned Regional Director, SSMC/SMC, Director, ESI Scheme and one representative each of the State Government and Hqrs office shall certify the implementation of the rationalization of the Scheme. This rationalization is an ongoing process and will be reviewed periodically. The above Verifying Committee shall meet in December every year and assess the progress and status of rationalization/reorganization of ESIS infrastructure. Based on the Report of the Verifying Committee the release of budget as per the actual administrative expenditure will be made by ESIC in the 4th quarter on account payment to the State Govt.

- (ii) The State Govt. shall provide medical equipments and personnel to the various hospitals and dispensaries as per ESIC norms and yardsticks fixed from time to time within a specified time frame.
- (iii) The State Govt. shall have to delegate adequate powers to the field level functionaries i.e. Director ESI Scheme, Medical Superintendents of ESI hospitals and Medical Officer In-charges of the ESI dispensaries for ensuring hassle free day-to-day functioning including purchase of drugs and dressings, maintenance of equipments and reimbursement of bills etc.
- (iv) Hospital Development Committee shall be made fully functional and effective.
- (v) The procurement of drugs & dressings should be through ESIC Rate Contract only. However, the drugs which are not on ESIC Rate Contract can be procured by other alternative means.
- (vi) The State Govt. shall adopt the Scheme of Revolving Fund for the expenditure other than the expenditure on “Administration”.
- (vii) The State Govt. should either agree for implementation of the Scheme in new areas as proposed by ESIC or allow ESIC to implement the Scheme directly i.e. if the State Govt. fails to make medical arrangement after notification of the Scheme, ESIC will make the medical arrangement directly in the those areas and the expenditure will be deducted from on account payment due to the State Govt. after completion of three years.

This will ensure State Govts. to post the medical and para medical staff in ESI Hospitals and dispensaries as per norms and standards of ESI Corporation and will help in providing proper medical care facilities to ESI beneficiaries.

ADDITIONAL INCENTIVE BASED ON PERFORMANCE

In addition, the Corporation has also approved that an incentive of Rs.50/- per IP per annum with 100% sharing of ESIC will be given to the State Govts. based on the performance of the preceding financial year as per the following criteria:-

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| 1. | States having average occupancy of 70% and above in ESI Hospitals of State. | Rs.15/- per IP per annum |
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OR

In States where no ESI Hospital is commissioned and existence of adequate tie up facilities are made available.

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| 2. | States where staff is provided as per ESIC Norms and standards in respect of both dispensaries and hospitals. | Rs.20/-per IP per annum |
| 3. | Achievement of 75% targets or above for implementation of ESI Scheme in New Areas in the State as fixed under the phased programme by ESIC annually. | Rs.10/- per IP per annum |
| 4. | States which get their all hospitals graded / ISO certified. | Rs.5/- per IP per annum. |

EXPENDITURE ON SUPER SPECIALTY TREATMENT

To provide cashless and hassle free medical services, ESI Corporation in its 143rd meeting held on 08.07.2008 has taken a decision for bearing the super specialty expenditure directly w.e.f. 01.08.2008. For this, tie-up arrangements have been made directly by ESIC with reputed Govt. / private hospitals for super specialty investigations and services.

AVAILING SUPER SPECIALTY TREATMENT FROM ANY OF THE TIE UP/NETWORK HOSPITALS OF ESIC IN THE COUNTRY.

To remove difficulties being faced by IPs and their families in getting the super specialty investigations and treatment due to tie- up hospitals being very far off and some of the facilities not available in their states and for which they have to seek permission for getting treatment from another state, ESIC approved that IPs and their family members can get super specialty treatment from any of the tie-up/net-work hospital of ESIC all over the country. This would give them a wider choice. The instructions have come into effect from 15-01-10.

PROVISION OF PRIMARY AND SECONDARY MEDICAL CARE SERVICES WITHIN A REASONABLE DISTANCE.

ESIC has taken a decision to provide primary, secondary and tertiary medical care services directly in the areas where there is no ESI Hospital within a distance of 25 kms and concentration of IPs is more than 25000 and no ESI Dispensary within a distance of 8 kms where the concentration of IPs is more than 5000 and the total expenditure will be borne by ESIC till ESIC's own infrastructure is created in these areas. The norms for no. of IPs for providing secondary care services have been revised as under:-

Sl. No.	Distance from ESI hospital (in kms)	No. of IPs
1.	25 to 75	25000
2.	75 to 125	>15000
3.	>125	>10000

HIRING OF ACCOMMODATION OF ESIC DISPENSARIES BY ESIC.

ESIC has approved hiring of accommodation for housing the dispensaries whenever need arises either for starting new dispensaries or for shifting from existing dispensaries of the state. The total expenditure on hiring of these dispensaries would be borne by ESIC directly. The detail guidelines including the indicative area and norms for hiring dispensaries building have also been laid down.

RECRUITMENT OF PART TIME SPECIALIST/SUPER SPECIALIST BY ESIC DIRECTLY.

ESIC in its 186th meeting held on 07-06-10 has taken decision to recruit part time specialist/ super specialists in states where infrastructure is lying unutilized because of non availability of specialist/ super specialist due to non filling of vacancies by the State Govt. Total expenditure on the same will be borne by ESIC. These specialists will be provided till the vacancies are filled by the State Govt. Remuneration to part time specialists/ super specialists has also been enhanced.

SETTING UP OF HOSPITAL DEVELOPMENT COMMITTEE FOR ESIS/ESIC HOSPITALS.

In order to improve the functioning of ESIC/ ESIS Hospital, the ESIC in its 143rd meeting held on 08-07-08 approved the constitution of HDCs for all ESIS/ ESIC Hospitals run by the State Govt. and ESIC. HDCs were given administrative and financial powers also. The various functions to be looked after by the HDC are as under:

- a) Such administrative and/ or executive functions as may, from time to time be entrusted or delegated by the Director General.
- b) To take decisions from time to time in regard to improvements in the day –to-day functioning of the hospitals/ dispensaries attached.
- c) To review the availability of various facilities in the hospital/ attached dispensaries and recommend / decide up-gradation of facilities for improving the delivery of health care services in the hospital/ attached dispensaries.
- d) To review from time to time, the working of the hospital/ attached dispensaries and to decide on measures to improve administration of medical benefits and in particular strengthening of promotive and preventive health measures including occupational health services, safety and hygiene.
- e) To look after the repair and maintenance of the hospital building and buildings of the attached dispensaries.
- f) To obtain ISO Certificate for the hospitals and attached dispensaries.
- g) To look into general grievances, complaints and difficulties of insured persons and dependent patients as is considered necessary.

The HDCs are comprised of representatives of employers, employees, State Govts. and medical superintendents of ESIS/ESIC Hospitals as Chairman. The HDC has also been given powers for sanctioning of expenditure on the purchase of equipments costing more than 2 lacs per unit ranging from Rs. 25 lacs to Rs. 1 crore depending upon the bed occupancy of the hospital. These instructions have been implemented with immediate effect.

A hand book on HDC giving the powers and functions has also been published and issued to all concerned.

IVF TREATMENT

ESI Corporation is providing artificial reproduction and IVF treatment facilities to insured persons.

OCCUPATIONAL DISEASE CENTRES

ESI Corporation has set up five zonal Occupational Disease centres for providing medical treatment. These zonal hospitals are set up at ESIC Model Hospital, Basaidarapur for North zone, ESIC Model Hospital, KK Nagar for South Zone, ESI Hospital, Thakurpukur for East Zone, ESIC Model Hospital, Andheri for West Zone, and ESIC Model Hospital, Indore for Central Zone.

SETTING UP OF MODEL HOSPITALS

The ESI Corporation in its meeting held on 16.02.2001 had approved the setting up of one Model Hospital in each State. On 16th February, 2002, the ESI Corporation agreed in principle to set up one Model Hospital in each State. The Model Hospital will be taken after consent of the concerned State Governments and will provide state of art secondary care medical facilities. The entire expenditure on these hospitals will be borne by the ESI Corporation itself.

At present, the ESI Corporation has taken up the following ESI Hospitals to run as Model Hospital.

1. Nacharam, Hyderabad (Andhra Pradesh)
2. Beltola (Assam)
3. *Ranchi* (Jharkhand)
4. Rajajinagar , Bangalore (Karnataka)
5. Asarmam, Kollam (Kerala)
6. Rourkela (Orissa)
7. Ludhiana (Punjab)
8. Jaipur (Rajasthan)
9. Noida (Uttar Pradesh)
10. Phulwari sharif (Bihar)
11. Bapu Nagar, Ahmedabad (Gujarat)
12. Bari Brahma (Jammu)
13. Basaidarapur (NCT Delhi)
14. Andheri, Mumbai (*Maharashtra*)
15. Joka, Kolkata (West Bengal)
16. KK Nagar, Chennai (Tamil Nadu)
17. Indore (Madhya Pradesh)
18. Chandigarh (Chandigarh (UT))

In addition to the above, ESIC Hospitals and Occupational Disease Centre at Delhi, Chennai, Kolkata, Mumbai have been designated as Model Hospital for these States.

The Model Hospital shall have the facilities for all General specialty services, Cardiology with ICCU facilities, round the clock emergency services, Intensive Care Unit, Dialysis facilities, Radio-Diagnostic and Laboratory facilities including arrangements for safe blood transfusion services, MRD, pharmacy, Dietary, CSSD, Laundry, Waste Management, Engineering etc.

proper MIS, Patient information system and Hospital communication, safety and security arrangements, continuing Medical Education, health Education and training programmes. The entire service facilities shall be supported with modern equipments and shall be computerized.

ESIC has set up a super-specialty hospital at Kollam in Kerala primarily for Cardiology discipline. Pending regular recruitment of Specialists, ESIC has engaged contractual Cardiologists, G.I. Specialists and Urologists.

NATIONAL HEALTH PROGRAMMES

ESIC participates in all National Health Programmes under the aegis of Health Schemes of Govt. of India, and the services there under are extended to the beneficiaries through our hospitals.

In addition to the above, ESI Corporation has set up HIV / AIDS National Centre under the control of Director Family Welfare, ESI Hospital Basaidarapur, Delhi with the assistance of NACO to control / treat the disease among our beneficiaries. Under this programme, STD clinics, VCTCs and new blood banks are established. The awareness programme on HIV/AIDS are also organized by ESIS/ESIC.

PROJECT SANKALP

ESIC has launched Project Sankalp in collaboration with M/s HLL for promoting family welfare and control of HIV/AIDS amongst IPs & families.

SUPPLY OF SPECIAL AIDS

The Insured Persons and Family Members are provided Artificial limbs, Hearing Aids, IOL (Intra Ocular Lens), Spinal Supports, Cervical Collar, Walking Calipers, Clutches, Wheel Chair, Cardiac Pacemaker, Cochlear implants and other medical equipments considered essential are also provided to the beneficiaries.

Previously, the provision of Denture, Capping of teeth and Spectacles were given to only the Insured Persons / Insured Woman and artificial Wigs (Only to Insured Woman).

Now, with effect from 19/11/2007, the spectacles, Dentures and capping of teeth facilities are also available to the dependants of Insured Persons (IPs and IWs).

PROCUREMENT CELL

The Cell started functioning with effect from Sept., 2010 with the objective of facilitating ESI Hospitals/Dispensary to get the desired medical equipment following norms/justification, of the best quality available, at the minimum cost possible and providing assistance in maintenance of these equipment.

STARTING OF MEDICAL COLLEGES AND PG MEDICAL INSTITUTE AND DENTAL COLLEGES IN ESI HOSPITAL

The issue of shortage of medical and para-medical personnel being responsible for deficient services was raised by the Members of the Corporation, in its 139th meeting held on 14.7.2007. The Chairman then suggested that the Corporation should have its own Medical Colleges / PG Medical Institutes / Training schools for training Para-medical staff to ensure sufficient availability of these personnel. The DG, ESIC was directed to initiate action in this regard.

At present, the Medical Education projects of ESIC, proposed to be set up are spread over 17 States. The total numbers of these Medical Education institutions (State wise) are 43 and there types are given below in the table.

S.No	State	Location of Project	Project	Type of Project
1.	Andhra Pradesh	Sanathnagar	Medical College	
		Sanathnagar	PGIMSR	
		Nacharam	Dental College	
2.	Bihar	Bihta	Medical College	Green Field
3.	Gujarat	Bapu Nagar	PGIMSR	
		Naroda	Medical College	
		Naroda	Dental college	
4.	Haryana	Faridabad	Medical College	
5.	Himachal Pradesh	Mandi	Medical College	Green Field
6.	Karnataka	Gulbarga	Medical College	Green Field
			Dental college	
			Nursing College P/Med. Trng. Isntt	
		Rajaji Nagar	Medical College PGIMSR	
		Indira Nagar	PGIMSR Nursing College	
7.	Kerala	Paripally, Kollam	Medical College	
		Ezukone, Kollam	Dental College	
8.	Maharashtra	Andheri (E)	PGIMSR	
		MGM Lower Parel, Mumbai	PGIMSR	
		Vashi, Navi Mumbai	Dental College	
		Mulund/Thane, Mumbai	Medical college	
		Mulund/Thane, Mumbai	PGIMSR	
9.	Madhya Pradesh	Nanda Nagar, Indore	Medical College	
		Nanda Nagar, Indore	Dental College	

10.	New Delhi	Basaidarapur	Medical College	
		Basaidarapur	PGIMSR	
		Rohini	Dental College	
11.	Orissa	Bhubaneswar	Medical College	
12.	Punjab	Bharat Nagar, Ludhiana	Dental College	Green-field
13.	Rajasthan	Alwar	Medical College	-
14.	Tamil Nadu	KK Nagar, Chennai	Medical College	
		KK Nagar, Chennai	PGIMSR	
		Coimbatore	Medical College	
		Ayanavaram, Chennai	PGIMSR	
15.	Uttar Pradesh	Pandu Nagar	Dental College	
16.	Uttarakhnad	Haridwar	Medical College	Green-field
17.	West Bengal	Joka, Kolkata	Medical College	
		Joka	PGIMSR	
		Joka, Kolkata	Dental College	
		Manicktala, Kolkata	PGIMSR	
		Baltikuri	Medical College	

PGIMSR: - Post Graduate Institute of Medical Sciences & Research.

PRESENT STATUS OF ESIC MEDICAL EDUCATION PROJECTS

Permission to start Post Graduate Courses at ESI PGIMSRs (Rajaji Nagar Bangalore) was received from Ministry of Health and Family Welfare in 5 disciplines from academic session 2010-11. Two PG degree seats (MD/MS) each were permitted for these five disciplines, for which students have already been admitted and the session has started.

ESIC Dental College, Rohini Delhi has started from academic session 2010-11 with 50 annual BDS students intake.

Letter of permission (LOP) has been received from the Medical Council of India to start PG degree courses in Orthopaedics & Obstetrics & Gynaecology (3 seats in each speciality) at ESIC PGIMSR-Basaidarapur from academic session 2011-12. Guru Gobind Singh IP University, Delhi /DGHS/MOH&FW, Govt. of India will be requested for counselling for students so as to start the academic session 2011-12.

Letter of Intent (LOI) has been received from the Medical Council of India to start PG degree courses as per details below (up to 02.02.2011)

PGIMSR	SUBJECTS
1. K.K.Nagar, Chennai	1. Obstetrics & Gynaecology (2 seats) 2. Paediatrics (2 seats) 3. Surgery (2 seats)
2. Andheri, Mumbai	1. Obstetrics & Gynaecology (2 seats)
3. MGM - Parel	1. Surgery (2 seats)
4. Rajajinagar, Bangalore	1. Paediatrics 2. Biochemistry – Enhancement from 2 PG degree seats - 3 PG degree seats

The Medical Council of India has already been approached for issue of Letter of Permission (LOP) to start the courses.

Construction in various Medical Education projects is on and is in various stages of completion.

STATISTICAL DATA REGARDING ESI SCHEME (All India).

The figures approved as on 31.3.2010

1. DISPENSARIES

a)	Full Time	1342
b)	Part time	17
c)	Mobile	23
d)	EUD	20

TOTAL 1402/ (84 ISM)

2.	No. of Specialist centres	307
3.	No. of ESI Hospitals commissioned	144
4.	No. of ESI annexes	42
5.	No. of ESI Dispensaries in ESIC	539

Own building

6. Hospital Beds

a)	Beds in ESI Hospitals	18493	in 144 hospitals
b)	Beds reserved on other hospitals	2803	
c)	Beds in ESI annexes	734	
	Total Beds	22030	

7.	No. of doctors (sanctioned) in Dispensaries / Hospitals	7301
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8.	No. of IMPs	1540
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9.	No. of doctors in EUD	71
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10. **Medical arrangements in Delhi**

a)	No. of Hospitals	4			
b)	No. of dispensaries	32	full	time	+1 Mobile

Ayurvedic wings & Homeopathic wings 11 + 8 = 19 ISM Units

c)	No. of IMOs (sanctioned)	892
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d)	No. of Specialists (sanctioned) (including PT Specialists)	183
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e)	Arrangement of Ayurvedic treatment in 11 dispensaries	Sanctioned 21	In position 13
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f)	Arrangement of Homeopathic treatment in 8 dispensaries	Sanctioned 4	In position 4
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(On contractual basis)

LIST OF HOSITALS RUN BY ESIC DIRECTLY

Sl. No.	State	Place
1.	Andhra Pradesh	Nacharam, Hyderabad
2.	Assam	Beltola
3.	Jharkhand	<i>Ranchi</i>
4.	Karnataka	Rajajinagar , Bangalore
5.	Kerala	Asarmam, Kollam
6.	Orissa	Rourkela
7.	Punjab	Ludhiana
8.	Rajasthan	Jaipur
9.	Uttar Pradesh	Noida
10.	Bihar	Phulwari sharif
11	Gujarat	Bapu Nagar, Ahmedabad
12	Jammu	Bari Brahma
13	NCT Delhi	Basaidarapur
14	<i>Maharashtra</i>	Andheri, Mumbai
15	West Bengal	Joka, Kolkata
16	Tamil Nadu	KK Nagar, Chennai
17	Madhya Pradesh	Indore
18	Chandigarh (UT)	Chandigarh
19	NCT of Delhi	Jhilmil
20	NCT of Delhi	Okhla
21	NCT of Delhi	Rohini
22	Jharkhand	Adityapur
23	Kerala	Udyogmandal
24.	Kerala	Ezhukone
25.	Kerala	Peripally
26.	Haryana	Gurgaon
27.	Gujarat	Naroda

GENERAL POLICY:

The Corporation had decided to run all the ESI Hospitals/Dispensaries/Regional Offices/Branch Offices in its own buildings as far as feasible. Construction of other buildings such as Specialist Centres, Offices of the Directorate Medical of ESI Scheme in the State, Central Medical Stores etc. are sanctioned on merits in each case. ESI Corporation has built the following building for various purpose. ESIC has also decided to set up a Medical College / P. G. Institute / Nursing College / Dental College in every state & ESIC has approved the 24 Medical Colleges in various reason.

A. Medical Building

SI. No.	Name of Project	Nos.
1.	ESI Hospitals	147
2.	Super Speciality Hospital	1
3.	ESI Annexes	42
4.	ESI Dispensaries	382
5.	Diagnostic Centre	02
6.	Administrative (M)	01
7.	Medical College / P. G. Institute / Nursing College / Dental College	24

B. Administrative Building

SI. No.	Name of Project	Nos.
1.	R. O. Buildings	24
2.	S. R. O. – Division office buildings	26
3.	Branch Office - Local Office Building	611

C. Other Buildings

SI. No.	Name of Project
1.	Hqrs. building
2.	Guest House
3.	Sub-Regional Office, Gurgaon

D. Capital Construction Outlay

The details of the sanctions so far accorded for capital construction of hospitals, Annexes, dispensaries and other offices as on 01.01.2011 are as follows:

SI. No.	Name of Project	Amount Sanctioned (Rs. In Crores)
1.	ESI Hospital including Staff Quarters & Medical Colleges	10,602
3.	ESI dispensaries/offices of Directorate of ESI Scheme/ Central Medical Stores etc.	134
4.	Regional Offices/Branch Offices/Staff Quarters	592
	Total	11,328

E. Face lifting / Construction Projects

A programme to face lift/renovate and modernize major buildings are in various stage of implementation in respect of following projects :-

1. Hqrs. building Delhi
2. Regional Office Faridabad
3. R. O. Mumbai (Colaba & Lower Parel)
4. Regional Office, Goa,
5. Regional Office, Kolkata.
6. Regional Office, Bhubaneshwar.
7. Regional Office, Chennai
8. Regional Office, Goa
9. Regional Office, Hyderabad
10. Regional Office, Jaipur
11. Regional Office, Kanpur
12. Regional Office, Bangalore
13. Regional Office, Namkum, Ranchi.
14. Regional Office, Baddi
15. Sub-Regional Office, Marol
16. Sub-Regional Office, Thane
17. Sub-Regional Office, Barrakpur
18. Sub-Regional Office, Pune
19. Sub-Regional Office, Nagpur,

20. Sub-Regional Office, Aurangabad
21. Branch Office, Kollam
22. Branch Office, Ernakullam
23. Branch Office, Baddi
24. Branch Office, Guindy
25. Branch Office, Jeedimetla.

F. Expansion / Construction

Expansion of the following hospitals/ medical colleges are under various stage of implementation.

1. ESI Medical College, Basaidarapur
2. ESI Medical College, Maniktala, W.B.
3. ESI Medical College, Joka, W.B.
4. ESI Medical College, K.K. Nagar, Chennai
5. ESI Medical College, Rajajinagar, Bangalore.
6. ESI Medical College, MGM, Mumbai.
7. ESI Medical College, Peripally, Kollam, Kerala.
8. ESI Medical College, Mandi (H.P.).
9. ESI Medical College, Faridabad (Haryana).
10. ESI Medical College, Bihata (Patna).
11. ESI Medical College, Bhubaneswar (Orissa).
12. ESI Medical College, Alwar (Rajasthan).
13. ESI Medical College, Gulbarga, Karnata.
14. ESI Medical College, Sanat Nagar (A.P.)
15. ESI Medical College & Hospital, Indira Nagar, Bangalore.
16. ESI Dental College, Kanpur(U.P.).
17. ESI Hospital Noida
18. ESI Hospital Ramdarbar, Chandigarh
19. ESI Hospital Ludhiana
20. ESI Hospital Bhiwadi
21. ESI Hospital Gurgaon
22. ESI Hospital Rajaji Nagar, Bangalore
23. ESI Hospital Peeniya

24. ESI Hospital Baddi (H. P.)
25. ESI Hospital Bapunagar
26. ESI Hospital Sector – 24, Noida
27. ESI Hospital MGM, Mumbai
28. ESI Hospital Andheri, Mumbai
29. ESI Hospital Kandivali, Mumbai
30. ESI Hospital Margaon, Goa
31. ESI Hospital Choudwar, Cuttock
32. ESI Hospital Bapunagar, Ahmedabad
33. ESI Hospital, Bhubaneshwar
34. ESI Hospital, Tirunelveli (Tamilnadu)
35. ESI Hospital, Sarojini Nagar, Lucknow
36. ESI Hospital, Pandu Nagar, Kanpur
37. ESI Hospital, Jaipur
38. ESI Hospital, Manesar
39. ESI Hospital, Jeedimetla.
40. ESI Hospital, Nacharam (A.P.)
41. ESI Hospital, Tirupati (A.P.)
42. ESI Hospital, Mysore, Karnataka.
43. ESI Hospital, Davengiri, Karnataka.
44. ESI, Hospital, Hubli, Karnataka.
45. Super Speciality Hospital, Sanath Nagar
46. ESI Dispensary Modi Mill,
47. ESI Dispensary Ambur, Tamil Nadu
48. ESI Dispensary Corlim, Goa
49. ESI Dispensary Virudh Nagar, Tamil Nadu
50. ESI Dispensary, Siliguri
51. ESI Dispensary, Hissar
52. ESI Dispensary, Kollam
53. ESI Dispensary, Mylon, Kotarakara
54. ESI Dispensary, Narela, Delhi
55. ESI Dispensary, Arjun Nagar, Delhi
56. ESI Dispensary, Tilak Vihar, Delhi

57. ESI Dispensary, Mayur Vihar, Delhi
58. ESI Dispensary, D-34, Khokhara
59. ESI Dispensary, Karnal(Haryana)
60. ESI Dispensary, Murthal(Haryana)
61. ESI Dispensary, Waluj.
62. ESI Dispensary, Jasugoda
63. ESI Dispensary, Mayapuri – I
64. ESI Dispensary, Mayapuri – II
65. ESI Dispensary, N/A -1, Karampura
66. DIMS, Trivendram

G. Upcoming Major Projects

The following projects are approved in principle for construction : -

1.	ESI Hospital	Tirupur, Tamilnadu Haldia, W. B. Haridwar, Uttaranchal Udhamsinghnagar, Uttaranchal Ankleshwar, Gujarat
2.	ESI Dispensary	Jagatpur, Cuttack, Orissa Madipur, Raghubai Nagar, Inderlok, Rudrapur (Udamsingh Nagar) BHubaneshwar
3.	Medical College / P. G. Institute / Dental College / Nursing College	Indore, Coimbatore, Sanath Nagar, Hyderabad, Mulund, Mumbai, Baltikuri, Kolkata, Naroda, Ahemdabad, Vashi, Navi Mumbai Puducherry

INDIAN SYSTEMS OF MEDICINE

The details of progress made under ISM as on 01.01.2010 is placed at

Annexure VI TO IX

RECOVERY OF CONTRIBUTION

12. Contribution under ESI Act are payable by the Principal employer of factory/establishment in then first instance but he is authorized to recover from the employees, the employees' share of contribution by deduction from their wages and not otherwise, provided that no such deduction is to be made from any wages other than those relating to the period in respect of which contribution is payable. The employer is not entitled to recover the employer' share of contribution from the wages of the employees. The rate of contribution has been laid down in Rule 51 of ESI (Central) Rules, 1950, as amended.

POSITION REGARDING ARREARS OF ESI DUES

13. The arrears of ESI dues as on 31.3.2010 were Rs.1309.99 crores as per details given below:-

	(Rs. in Crores)
i. Recoverable dues	300.98
ii Non-Recoverable dues for the present	<u>1009.01</u>
Total	1309.99

Out of the dues of Rs.1309.99 crores category –wise classification is as follows:-

a. Govt./Public Sector Factories / Estt.	272.72
b. Private Factories/Estt.	1037.27
	<u>1309.99</u>

STATEMENT SHOWING THE POSITION OF ARREARS OF ESI DUES AS ON 31.3.2010
(Rs. in Crores)

BREAK UP		As on 31.3.2010		
		Private	Public	Total
A) ARREARS RECOVERABLE				
Amount pending with Recovery Officers		290.07	10.91	300.98
Total		290.07	10.91	300.98
B) ARREARS NOT RECOVERABLE FOR THE PRESENT				
(i)	Amount of arrears disputed in Courts	383.88	165.31	549.19
(ii)	Amount due from Factories/Estts. which have gone into liquidation	155.11	12.96	168.07
(iii)	Amount pending with Claim Commissioner	1.08	3.49	4.57
(iv)	Amount due from Factories/Estts. which have closed and whereabouts of employers not known.	57.62	1.01	58.63
(v)	Decree obtained and execution proceedings in progress.	1.51	0.01	1.52
	Total (i to v)	599.20	182.78	781.98
C) DUES FROM SICK INDUSTRIES/EXEMPTION GRANTED BY STATE/CENTRAL GOVT.				
(i)	Factories regd. with BIFR but rehabilitation scheme yet to be sanctioned	51.55	11.20	62.75
(ii)	Factories/establishments which have been declared sick and rehabilitation scheme sanctioned by BIFR	28.28	5.30	33.58
(iii)	Closed unit in respect of which particulars of employer is known/available	63.53	7.58	71.11
(iv)	Dues from factories/Estts. where exemption granted by State Govt. and arrears continued to be shown.	4.64	54.95	59.59
	Total (i to iv)	148.00	79.03	227.03
	GRAND TOTAL (A+B+C)	1037.27	272.72	1309.99

The following measures have been/are being taken to bring down the arrears:-

- i. Consequent to adding to new provisions under Section 45-C to 45-I in the Principal Act, 1948 through the ESI (Amendment) Act, in 1989, for setting up of independent Recovery Machinery in the ESI Corporation on the analogy of the 2nd and 3rd Schedule of the Income Tax Act, the Corporation has set up its own Recovery Machinery.
- ii. Prosecution action is taken against the defaulting employers under Section 85, 85-A of the ESI Act. and under Section 406/409 of Indian Penal Code. Penal damages are imposed under Section 85-B of the Act.
- iii. Besides taking legal actions under provisions of the Act, administrative and persuasive measures are also being taken for early recovery of arrears.

RECOVERY OF ARREARS

The Recovery Machinery started functioning in Regions/Sub-Regions by stages. The date of such setting up of Recovery Machinery, target and the amount recovered during 2009-2010 are shown as under :-

(Amount in Crore)

Sl. No.	Name of the Region/Sub-Region	Date of setting up of Recovery Machinery	Target fixed	Amount recovered
1.	Andhra Pradesh	1.1.1992	9.53	1.04
2.	Karnataka	1.1.1992	22.99	12.07
3.	Madhya Pradesh	1.1.1992	9.29	1.44
4.	Maharashtra	1.1.1992	15.90	3.82
5.	Uttar Pradesh	1.1.1992	12.70	1.72
6.	West Bengal	1.1.1992	13.86	14.09
7.	Gujarat	1.12.1992	11.59	6.49
8.	Bihar	1.12.1992	1.74	1.01
9.	Haryana	1.12.1992	1.83	1.28
10.	Kerala	1.12.1992	20.00	6.14
11.	Rajasthan	1.12.1992	8.00	3.80
12.	Orissa	1.12.1992	4.00	0.98
13.	Delhi	1.12.1992	11.00	1.45
14.	Pune	1.12.1992	16.00	8.39
15.	Chennai	1.12.1992	26.10	13.06
16.	Coimbatore	1.12.1992	8.00	5.10
17.	Madurai	1.3.1993	8.16	3.09
18.	Nagpur	1.3.1992	1.70	1.70
19.	Punjab	1.6.1993	3.86	3.55
20.	H.P.	1.6.1993	0.93	0.04
21.	J & K	1.6.1993	2.06	0.67
22.	Goa	1.9.1997	1.62	0.75
23.	Assam	1.9.1997	2.63	1.19
24.	<i>Marol</i>	22.4.2003	17.61	1.22
25.	<i>Thane</i>	22.4.2003	16.48	2.63
26.	<i>NOIDA</i>	12.8.2003	3.63	1.04
27.	<i>Jharkhand</i>	30.9.2003	4.11	0.66
28.	<i>Pondicherry</i>	1.6.2004	0.61	3.00
29.	<i>Hubli</i>	1.5.2003	1.50	1.44

30.	Vijayawada	1.6.2004	3.18	1.59
31.	Chhattisgarh	1.6.2004	2.30	0.44
32.	Uttaranchal	1.6.2004	1.32	1.03
33.	Aurangabad	1.4.2008	1.08	1.01
	TOTAL	-	292.96	121.98

The total arrears outstanding as on 31.3.2010 were Rs. 1309.99 crores, out of which Rs.300.98 crores falls under the category of recoverable arrears and an amount of Rs.1009.01 crores under the category of non-recoverable arrears for the present due to claims disputed in the Courts, factories having gone into liquidation, factories registered with BIFR, amount pending with Claims Commissioner, closure of the factories and whereabouts of the defaulting employers in certain cases not known. The Regions are advised to speed up the recovery so as to meet the Recovery Target for the year 2010-11. Special drives are being launched every year from 1st December to 31st March to recover ESI dues. This year also D.O. letter has been issued on 26th November 2010. The Recovery Officers of the Corporation had recovered Rs.121.98 crores from the defaulting employers in 2009-10 against the target of Rs. 292.96 crores. A target of Rs.128.32 crores towards recovery of arrears has been fixed for the year 2010-11. The Recovery Officers have since recovered the dues of Rs.63.17 crores during the period from April 2010 to November, 2010.

IMPROVEMENTS EFFECTED IN THE ESI SCHEME

▪ CASH BENEFITS

- (i) The daily rate of Sickness Benefit has been enhanced from about 50% of average daily wage to about 60% of average daily wage w.e.f. 01.12.2007.
- (ii) The rate of Disablement Benefit and Dependents' Benefit has been enhanced from about 70% to about 75% of average daily wage w.e.f. 01.12.2007.
- (iii) The amount of periodical payments of Permanent Disablement Benefit and Dependents' Benefit have been linked with cost of the living index to compensate for loss of erosion in real value of rupee. The latest increase was made from 1.8.2005.
- (iv) Insured Persons in receipt of Permanent Disablement Benefit were allowed to get the periodical payments commuted into lump sum of the daily rate of benefit upto Rs. 1.50 subject to the condition that the commuted value does not exceed Rs. 10,000/-. This limit has since been increased to Rs. 5/- and Rs. 30,000/- respectively w.e.f. 19.04.2003.
- (v) The minimum daily rate of Dependents Benefit under the ESI Act has been enhanced to Rs. 14/- with effect from 1.1.1990.
- (vi) Employees who are in receipt of wages upto Rs. 70/- per day have been exempted from payment of contribution w.e.f. 01.08.2007. Earlier this limit was Rs. 50/- per day.
- (vii) Contributory conditions for maternity benefit have been reduced further from 80 days to 70 days in two immediately preceding contribution periods w.e.f. 19.9.1998.
- (viii) Contributory conditions of sickness benefit were reduced from 91/92 days to 78 days in the relevant contribution period w.e.f. 19.9.98. the rate of Rehabilitation allowance to the disabled insured persons for going to the Artificial limb centres for fixation, repair or replacement of artificial limbs has been further enhanced to double the standard benefit rate w.e.f. 16.11.1996.
- (ix) The rate of funeral expenses has been enhanced from Rs.5,000/- to Rs.10,000/- w.e.f. 01.04.2011.
- (x) Extended Sickness Benefit for further period of 124/309 days was approved by the Corporation in its meeting held on 23.08.1960 for specified long term diseases. With effect from 01.01.2000 the same has been extended upto a maximum period of 2 years for 34 specified long term diseases. The rate of extended sickness benefit, which was initially equal to the standard benefit rate, was raised to 125% of the standard benefit rate w.e.f. 01.04.1976 and presently it is 140% of the standard benefit rate since 01.04.1994.
- (xi) Insured persons aged not more than 45 years who are permanently disabled as a result of employment injury are provided vocational rehabilitation training at vocational

rehabilitation centres and the are provided conveyance charges and cash allowance of Rs.123/- per day or the expenditure charged by the centre, whichever is more during the training effective from 01.01.2006.

- (xii) The Corporation, in its meeting held on 08.07.2008 has decided to enhance the amount of confinement expenses to insured women and wives of insured persons if confinement takes place at a place where medical facilities under the ESI Scheme are not available, from Rs.1,000 to Rs.2,500 per confinement.
- (xiii) The rate of compensation for loss of wages in case of insured persons appearing before the medical board for assessment of loss of earning capacity due to employment injury has been enhanced from 140 of the Standard Benefit rate to double the Standard Benefit rate w.e.f. 01.04.1996.
- (xiv) The new scheme namely Rajiv Gandhi Shramik Kalyan Yojana has been introduced w.e.f. 01.04.2005 under which unemployment allowance is paid to the Insured Persons for a maximum period of twelve months (w.e.f. 01.02.2009) who has been rendered unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, in case contribution in respect of him/her have been paid or payable for a minimum of three years (w.e.f. 11.09.2009) prior to the loss of employment. The Insured Person and his/her family is also entitled to medical care for a period of twelve months (w.e.f. 01.02.2009) from the date of unemployment. This allowance shall cease to be payable in case the Insured Person gets employment or attains the age of superannuation or 60 years, whichever is earlier. Daily rate of Unemployment Allowance is equivalent to the Standard Benefit Rate corresponding to the average daily wages drawn by the IP/IW during the last four completed contribution periods, immediately preceding the date of unemployment.
- (xv) According to the amendment in Rule 51A in ESI Central Rules 1950, wage limit for coverage of an disabled employees under the person with disabilities (equal opportunities protection of rights and full participation) Act 1995 (1 of 1996) and under the national trust of welfare of persons with Autism, Cerebral Palsy Mental Retardation and multiple disabilities Act, 1999 (44 of 1999) shall be Rupees twenty-five thousand a month w.e.f. of 01.04.08.
- (xvi) The payment of Permanent Disablement Benefit & Dependents' Benefit through Electronic Clearing System (ECS) has been implemented since 01.01.2010 for those IPs/beneficiaries who opt for ECS Payment.

(xvii) Regional Directors/Directors/Joint Directors(I/c) may, after thorough investigation, accept Declaration Forms submitted by an employer in respect of an employee who has already sustained Employment Injury resulting in death/Temporary Disablement of the IP subject to the condition that Declaration Form has been duly signed by the deceased.

MEDICAL BENEFIT

- (i) The families of insured persons who were previously entitled to medical Benefit, 13 weeks after the date on which the insured person himself became entitled to medical Benefit have been made entitled from the same day as the insured person himself. This has come into force from 17.12.1977.
- (ii) Since 1978, the medical treatment in cases of insured persons who go out of coverage of the Scheme during the period of treatment would not be discontinued till the spell of sickness ends or in the case of long term ailments so long as insured persons (excluding members of the families) required active treatment.
- (iii) Since February, 1991 Medical Benefit has been extended to retired insured persons and their spouses, on attaining the age of superannuation and to insured persons who cease to be in insurable employment on account of permanent disablement caused due to employment injury and their spouses on payment of contribution of Rs.120/- per annum.

PUBLIC GRIEVANCES REDRESSAL MACHINERY SET-UP IN ESIC

1. The Cabinet Secretariat, Government of India vide Notification no. A-11013/1/88-Ad-I dated 2.06.98 has extended the jurisdiction of Directorate of Public Grievances to ESI Hospitals and Dispensaries directly managed by the ESI Corporation under the Ministry of Labour.

2. Accordingly, the ESI Corporation has set up the Public Grievances Redressal System at Corporate Headquarter as well as at the Regional Offices, ESI Hospital & Dispensary levels. To ensure expeditious disposal of complaints and grievances under the ESI Scheme, various measures have been taken by the Corporation. A Public Grievance Cell has been set-up in ESIC, Head Quarters Office which is headed by a senior officer of the level of Additional Commissioner/Director who has been designated as Director (Public Grievances). This Cell monitors the grievance redressal machinery in the entire ESI set-up comprising Regional Offices,

Sub-Regional Offices, Branch Offices, ESI Hospitals and Dispensaries managed directly by the E.S.I. Corporation. Further in each Regional Office, Branch office and in ESI Hospital/ Dispensary, a designated Grievance Officer has been nominated to ensure prompt and effective redressal of grievances. Detailed guidelines have also been issued from the Hqrs. Office vide Memo No. Z-14/11/4/98-Ins-I dated 8.05.98 to all concerned to look into the public grievances of the beneficiaries and settle them within the stipulated time frame.

(i) A new Instruction on Public Grievance policy has been issued vide DO letter no. Z-14/11/04/2009-PG dated 23/11/2009 to all RDs/SSMC/JD,I/C/SMC/MS/ D(M)D/All Trade Union/Associations to settle the grievances on top priority.

(ii) Instruction on Email/on line grievances has been issued to RDs/JD, I/C vide letter no. Z/14/11/04/ 2009-PG dated 09/10/09 & 3/12/09 to ensure that on line grievance related to ESI Corporation received from Directorate of Public Grievance of Ministry will be given top priority and settle them within stipulated time frame.

3. Grievances and complaints are not only received directly but are also received through the Cabinet Secretariat (Directorate of Public Grievances). Ministry of Labour & Employment & Prime Minister's Office etc. These complaints are promptly taken up and efforts are made to redress them within the time frame.

4. The Corporation has taken measures to strengthen the internal Grievance Handling Machinery by imparting required training to its Officers & members of Staff. The Corporation has conducted “Workshops on Redressal of Public Grievances” at various Regional Centers & Zonal Training Centres by inviting the Branch Managers, Social Security Officer, Officers & staff of the Corporation. In these workshops the emphasis is given on understanding the nature and types of Public Grievances in Corporation and the ways and means to redress these grievances effectively. Thrust has also been given to build up a client friendly work environment in the field offices and establishments.

5. Upto 31st December, 2010 a total number of 3136 grievances/complaint were received from various quarters out of which 2786 grievances have been disposed off through the internal grievance handling mechanism and rest are under process of settlement.

6. Apart from the above, efforts have also been made to redress the public grievances relating to the medical care. The State Governments are required to provide the medical benefit to the beneficiaries. In this regard the Director General has from time to time sought the co-operation of the State Health/Labour Secretaries of the concerned states for expeditious disposal of public grievances pertaining to inadequacies in so far as Medical care cases are concerned. Similarly, the Regional Director of the Corporation who are Member-Secretaries of the Regional Boards have also been requested to incorporate 'Redressal of Public Grievances' as an Agenda Item for all Regional Boards Meetings for review.

7. The Public Grievance System has introduced its e-mail address on Internet from November, 2004. Through this e-mail address, 307 representations/ complaints were received upto December, 2010 and all these were forwarded to concerned Regional Director/Joint Directors/Medical Superintendents through e-mail. Out of these 290 cases were settled by the end of December, 2010.

8. In order to bring transparency in the system and to provide easy step to stake holders to access the information pertaining to ESIC and to make the ESI Scheme customer friendly, a Toll Free Helpline is installed and activated since 1.12.2006 (functioning all the working days from 9:30 A.M. to 5:30 P.M.). Advertisement has also been made in all national leading dailies in this connection. The system is functioning under the direct supervision of Public Grievance Cell and reviewed by the Insurance Commissioner & Director General fortnightly. At present, system is being operated manually, but efforts are being made to develop software on the subject.

9. Some of the other measures taken by the Corporation to ensure prompt settlement of Public Grievances are as follows: -

(i) Educating the target public through internal publications of the ESI Bulletins (ESI Samachar), House Journals, Citizens' Charter, Pamphlets on Benefits Employees' Guide/Employers' Guide etc. available under the Scheme.

(ii) Shikayat Adalats and Open-House Meetings for redressal of Public Grievances of beneficiaries are periodically arranged at the level of Regional Offices and Branch Offices.

(iii) Facilitation Centers have been opened in the offices of the Corporation such as Hqrs. Office/Regional Office and ESI Hospitals managed directly by the E.S.I. Corporation.

(iv) Advertisement is also made in all national leading dailies periodically giving the details of new initiatives of ESI Corporation like scheme of incentives to employers for providing employment to persons with disabilities, Rajiv Ghandi Shramik Kalyan Yojna and Project Pehchan work etc.

(v) As a part of efforts to provide 24 X 7 services in handling beneficiaries issues, it is also proposed to launch a 24 hours toll free number at Hqrs. Office shortly.

1. ISO 9001:2008 Certification in ESI Corporation

The certification for ISO 9001:2000 (QMS) for Hqrs. Office, ESI Hospital Basaidarapur, ESI Dispensary Factory Road and all 17 offices of Region Office Delhi was taken up by Hqrs. Office (MSU Branch) in 2006. The ISO certificate awarded by M/s Indian Register quality System, New Delhi was valid upto 9th November, 09. Now Hqrs. Office is certified under ISO 9001:2008 and the Certificate is valid upto 15.02.2013. At present 21 RO/SRO/DO'S & 11 ESI Hospitals/Model Hospital are certified under ISO 9001:2008. All remaining units have been directed to obtain the upgraded certification upto 31.03.2011.

PUBLIC RELATIONS

The ESI Corporation has a set up of Public Relations Division consisting of full fledged P.R. Branch at Hqrs. Office, New Delhi assisted by one each Nodal Officer at the Regional and Sub-Regional level. Brochures/pamphlets/booklets/Annual Report and other literature for the Corporation are published centrally, apart from interacting with media for dissemination of information on new initiatives, meetings, seminars, exhibitions, health check-up camps, health melas, awareness camps etc.

During the year 2009-10, massive efforts have been made to highlight the activities of the Corporation as well as to raise the level of awareness of the target public about various aspects of the social security programmed administered under the ESI Scheme. Some major public relations activities organized during the year 2009-10 are reproduced below:

1. The Regional/Sub-Regional & Divisional Offices of the Corporation organized 200 seminars/workshops on ESI scheme for employees and employers of their respective areas. The programme content of the workshops comprised presentations on various aspects of the scheme, Project 'Pehchan', awareness about Project 'Panchdeep' (IT Roll out), distribution of publicity material, group discussions and question answer sessions. Senior officers of the Corporation including Director General, Insurance Commissioner, Medical Commissioner and Regional Directors also participated and made presentations at important seminars/workshops sponsored by leading chambers of commerce and industry and employers organizations etc.
2. The Hqrs. Office and the Regional Offices of the Corporation have arranged TV programmes on the ESI Scheme in co-ordination with Doordarshan authorities and other local news channels. Most of these programmes were in the form of panel discussions, talks and interviews etc. This popular medium was also utilized to cover certain important developments like commissioning of foundation stone laying ceremonies of hospitals, dispensaries and other off-the-routine activities.

Major events including meetings of the Corporation, launch of Project Pehchan-distribution of cards, opening of Sub-Regional Office (South Asia) for ISSA with ESIC, foundation stone laying ceremonies/inaugurations of new ESIC establishments and medical service outlets were covered by AIR/Doordarshan and other electronic news channels as well as print media.

3. The Hqrs. Office and the Regional/Sub-Regional and Divisional Offices issued press releases from time to time to the national, regional and language newspapers about the highlights of activities of the scheme. In all about 300 press releases were issued by the Corporate Offices, during the year either directly or through news agencies including the Press Information Bureau, Govt. of India and Directorates of Information and Public Relations of the State Governments.
4. On the occasion of the 58th anniversary of the launching of the ESI Scheme, the Corporation organized a 'Special Services Fortnight' from 24th Feb., 2010 to 10th March, 2010.

Multi media publicity to bring up the level of awareness amongst the ESI beneficiaries/general public about the benefits of the scheme was one of the major objectives of the special services fortnight. This was a huge public relations exercise. During the Special Services Fortnight more than 125 Seminars, Workshops and meetings were organized, where nearly 4500 employers, employees and beneficiaries attended the functions. The Medical Superintendents of the ESI Hospitals organized more than 225 Health Check-up Camps, Blood Donations Camps, Healthy Baby Shows, Family Welfare Programmes, Immunization Programmes and other health awareness programmes, where 7500 beneficiaries availed the medical services. The Members of the Corporation and Regional Boards participated in these programmes. More than 250 leading newspapers of the country gave coverage of the news related to these programmes. About 175 Shikayat Adalats were held to redress the grievances of the insured persons, beneficiaries and the employers.

5. The Regional Offices and the Hqrs. issued a number of advertisements to various national and regional newspapers to bring up the level of awareness among the employers and employees etc. concerning various provisions of the ESI Act, various aspects of project 'Pehchan' and project 'Panchdeep', incentive scheme for the employers for employing disabled persons etc. The Hqrs. issued various display advertisements in leading newspapers in the country on different new initiatives of the Corporation to bring ESIC closer to people. On the occasion of 58th Anniversary of ESI Scheme, a half page advertisement was issued to leading national dailies in Hindi & English by the Hqrs. Office and in respective regional languages by the Regional Offices. One, two full page advertorial was got published in 1 leading English newspaper and one full page in the leading Hindi newspaper on national scale. Full page advertisements on ESI Scheme were also issued to some journals etc. for popularizing the Scheme among the small and medium category of employers and their employees.
6. Emphasis was laid on educating the insured population about the benefits and contributory conditions under the Scheme and about different aspects of IT Roll Out project during the under report by producing adequate printed educational material about the ESI Scheme. Posters, Pamphlets and brochures on different aspects of the scheme were produced for distribution among the insured persons through the

network of Branch Offices, ESI Hospitals and dispensaries all over the country. This year's highlight was that every publicity material was released simultaneously in Hindi, regional languages as well as in English.

7. In compliance of the meetings of the ESI Corporation regarding awareness campaign, the ESI Corporation done a massive media and awareness campaign on project 'Pehchan' (an integral component of Project 'Panchdeep'-IT Roll Out Plan) for educating the target audience which included the Insured Persons, their family members and the employers covered under the ESI Scheme. This campaign was taken up fro soliciting the participation of these target audience in capturing the data, photographs etc. for generation of smart cards named as 'Pehchan Cards'. Such participation was also required for the success of other components of the IT Roll Out Plan. In this media campaign, all kinds of media like television, radio, newspapers, magazines, hoardings, other outdoor media like vans, boards mounted on auto-rickshaws, local publicity through loudspeakers etc. were utilized, at the national, state and the local level.

RTI ACT

1. The Right to Information Act'2005 has been implemented in all offices in ESI Corporation including ESI Hospitals and Dispensaries which are directly run by the Corporation. Public Authority has appointed **Central Public Information Officers (CPIOs)** in all Regional/Sub-Regional/Divisional Offices, Hospitals , Dispensaries, Branch Offices, Directorate (Medical) Delhi/Noida and Hqrs. Office.
2. The applicant may seek information under RTI Act and deposit prescribed fee of Rs.10/- in cash in any Office of the Corporation or through challan drawn in favour of ESIC fund Account No-1 in the designated branch of State Bank of India or Indian Postal Order or Demand Draft drawn in favour of ESIC Fund A/c No.1.
3. The information to the applicant is ordinarily provided in the form in which it is sought.

4. Manual of the Right to Information has been published which provides following information:-

- I) Particulars of the ESI Corporation, introduction, functions and Duties of the Organization.
- II) Powers & Duties of officers and employees in ESI Corporation.
- III) Procedure followed in decision making process.
- IV) Norms set for the discharge of its function.
- V) List of Publications of various procedures/Rules/Regulations/Norms in ESI Corporation.
- VI) Statement of categories of documents in ESIC.
- VII) Particulars of the arrangement that exists for consultation with or representation by members of public in relation to formulation of policy or implementation thereof.
- VIII) Statement of Boards/Counsels/Committees and other bodies.
- IX) A directory of officers and employees.
- X) Monthly Remuneration received by each officer/employees of ESI Corporation.
- XI) Budget under various heads.
- XII) The manner of execution and subsidy programme with its details.
- XIII) Particulars of recipients of concessions permits or authorizations granted by ESIC.
- XIV) Details in respect of information available or held by ESI Corporation in electronic form.
- XV) Particulars of facilities available to citizens for obtaining information etc.
- XVI) Rules framed by DOPT under the right to information Act, 2005.
- XVII) The name, designation & particulars of “Central Public Information Officers”.
- XVIII) List of CPIO’s in ESIC.

2940 requests for information were received during the period April 2009 to March 2010 out of which in 2834 cases information was provided and in 106 cases information was rejected.

5. ESIC is charging the cost towards information as prescribed by Right to Information (Regulation of fees and cost, Rules 2005).

The applicants belonging to below poverty line are being provided information free of cost, after ascertaining the proof in support of their claim of belonging to the below poverty line. The information is being provided free of cost, if delayed beyond 30 days of receipt of the application in office.

6. If the information sought for relates to life or liberty of a person, the same is being provided within 48 hours of the receipt of the request. The name and the address of the Appellate Authority is being mentioned in the reply of CPIO/orders of the Appellate Authority to facilitate applicant desirous of making appeal under RTI Act, 2005.

TRAINING

The National Training Academy is the nodal agency to handle all matters relating to training of officers and staff of ESIC and officer and staff working under ESIC in State Government. NTA is presently functioning under the charge of Additional Commissioner who is assisted by officers of other categories and medical officers. Since inception NTA has been moving on steadily towards excellence imparting quality inputs to employees at different levels- both medical and non-medical covering functional areas, management and law in association with premier Business Schools. During 2010-11 NTA has conducted/organized 33 programmes, 9 Out-house programmes and 24 in-house programmes, details of which are enclosed at Annexure-A.

ANNEXURE-A

MEDICAL

Sl. No.	Name of the program	Month	Place	No. of trainees
1.	Induction Program for nurses	Jan 2010	Chennai	32
2.	Induction Program for Delhi Doctors	Jan 2010	Delhi	32
3.	Mdp Program for SAG Drs.	Feb 2010	Mumbai	22
4.	Induction Program for Jhilmil Nurses	March 2010	Delhi	30
5.	IIM Program for Drs & JDs Hospitals	March 2010	Indore	25
6.	Induction Program in	June 2010	Kollam	23
7.	Orientation Program	July 2010	Guwahati Hospital	25
8.	Leadership Conclave	Aug 2010	Hqtrs.	25
9.	Orientation Program	Aug 2010	Mumbai	23
10.	Leadership Program	Aug 2010	Mumbai	18
11.	Trinetra Leadership Conclave (MSs, SSMCs, RDs, Dir. Med.)	Sep 2010	Scope New Delhi	138
12.	2 Days Leadership Conclave	Sep. 2010	Delhi	146
13.	Eagle-I	Oct 2010	NTA Dwarka	25
14.	Eagle-I	Nov 2010	NTA Dwarka	25
15.	Induction Program for Drs.	Nov 2010	Jokha	23
16.	Induction Program for Drs.	Dec 2010	Paripally	23
17.	Vide Conferencing for Nurses	Dec 2010	Hqtrs.	200
18.	Conclave on Medical Logistics	Dec 2010	Hqtrs.	45
	Total			880

Total programs-18, Out house program=1, In-house=17

Total trainees=880

Non-Medical

Sl. No.	Name of the program	Month	Place	No. of trainees
1.	Finance for Non-Finance Executives	11 th to 15 th Jan 2010	Mumbai	15
2.	Healthy Living & Positive Thinking	15 th to 19 th March 2010	Aurobindo Ashram, New Delhi	50
3.	Workshop on Change Management	27 th & 28 th May 2010	NTA, Dwarka	160
4.	WIPRO-IT Rollout/Change Management Workshop	12 th April to 15 th June 2010	Hotel Smart Villa, Gurgaon	509
5.	2 Days Leadership Conclave	4 th & 5 th Sep. 2010	Scope Convention Hall, Delhi	146
6.	37 th Management Convention	22 nd and 23 rd Sep 2010	AIMA, Kolkata	02
7.	Induction course for newly recruited D.D.s	15 th to 30 th Sep 2010	NTA, Dwarka	57
8.	Management Development Programme	1 st to 30 th Oct 2010	YASHDA, Pune	56
9.	Insurance Programme (General & Life Insurance)	31 st Oct to 2 nd Nov 2010	NIA, Pune	57
10.	Course on Administration & Vigilance for the office	8 th to 13 th Nov. 2010	NTA, Dwarka	57
11.	Wildlife Conservation & Protection	15 th to 20 th Nov. 2010	Nainital	57
12.	Workshop on Communication & PR skills	22 nd to 26 th Nov 2010	IIMC, Delhi	57
13.	Workshop on Financial Management	29 th Nov to 10 th Dec 2010	NIFM, Faridabad	57
14.	Training Programme of Benefits Module, Revenue Module, Finance & Non - Finance	13 th Dec to 14 th Jan 2011	NTA, Dwarka	58
15.	Satguru Inner Engineering Programme	16 th to 19 th Dec. 2010	ISHA, New Delhi	10
Total				1348

Total General Cadre Trainees=1348 Total Program=15 Inhouse=7 Outhouse=8

Total Program done by NTA=33 (Outhouse-9 & Inhouse=24)

Total Trainees'=2228

INFORMATION SYSTEMS DIVISION

The work of IT Roll Out Plan of ESIC “Project Panchdeep” has been assigned to M/s.WIPRO as Systems Integrator on BOOT Model vide LOI dated 12.02.2009. The time line for commissioning the project was 18 months which has lapsed on 11.08.2010 and the project is delayed.

The work of issue of two identification cards to each IP (one for himself and one for his family) for availing of the benefits from any institution of ESI at any place has commenced in the month of August 2009. Till 31st December, 2010, more than 67.65 lakh IPs have been enrolled by capturing photo/bio-metric details of IP and their dependants. The work of enrollment of IP, i.e. Pehchan Module is presently going on in all states.

Based on the studies, ERP (Software Modules) development work is almost complete. M/s. WIPRO has also provided all modules for User Acceptance Test (UAT) which were completed. The integrated UAT of various modules was also completed. Module testing by Technical Consultant is going on. The establishment of Data Centre and Disaster Recovery Centre is complete. The networking and hardware installation by the System Integrator has been completed in nearly 1979 sites and rest are being done and site discrepancies and other requirements are being addressed for rectification. Supply of networking component and supply of hardware i.e. Computers, Printers etc. at various ESIC locations i.e. Hqrs. Office, Regional Offices, SROs, State Directorates, Hospitals, Dispensaries and Branch Offices are going on. Two Training Centres/Video Conferencing Centres are being set up in each State – one attached with Regional Office for training on ERP to Officers/officials and another attached with ESI Directorate for training in Medical modules.

M/s. WIPRO, System Integrator (SI) for IT Project Panchdeep has carried out various following activities :-

1. System Study, Analysis and design.
2. Software development, testing and installation.
3. Preparation of Data Centre/Recovery Centre.
4. Provisioning of necessary servers, computers, nodes and other peripherals.
5. Inter-networking of all ESI Institutions.
6. Commissioning of the enterprise wide software.

The completed modules of the project has been launched in all the implemented states where various modules of software have been put on production utilization depending on suitability and readiness level, which are in use. Based on real time feedback of errors in production environment, System Integrator is carrying out rectifications.

The Steering Committee under the Chairmanship of Director General is closely monitoring the implementation of the Project.

GENERAL INFORMATION AND STATISTICAL DATA REGARDING THE EMPLOYEES' STATE INSURANCE SCHEME

General information regarding benefits, coverage etc. under the ESI Scheme and the latest statistical data regarding the scheme are summarized at Annexures given below.

1. Statement showing the details of benefits provided under the ESI Act.	Annexure – I	57
2. Benefits & contributory conditions/	Annexure - II	63
Table of Standard benefits Rates	Annexure – II (A)	67
3. General Information regarding ESI Scheme	Annexure – III	69
4. Revenue & Expenditure of Corporation	Annexure – IV	71
5. Statistical Data regarding ESI Scheme	Annexure – V	73
6. Progress made under ISM as on 01.01.2008	Annexure – VI	75

STATEMENT SHOWING THE DETAILS OF BENEFITS PROVIDED UNDER THE ESI ACT, 1948

(1) MEDICAL BENEFIT

- (i) Medical Benefit is available to an Insured person and his family from the day he enters insurable employment. There is a huge infrastructure comprising of hospitals, dispensaries, annexes, Specialist centre, IMP Clinics and arrangements with other institutions to provide medical care to beneficiaries. The range of services provided covers preventive, promotive, curative and rehabilitative services. Besides the out-patients services through dispensaries of IMP Clinics, the in-patient services arrangements exist through ESI Hospitals or arrangements with other hospitals.

The provision for Super specialty services for beneficiaries are mainly through tie-up arrangements with reputed institutions.

The Corporation has also set up revolving fund with Regional Directors in respect of all States except Meghalaya, Pondicherry, on consent of State Govt. for making advance payments/ reimbursement in respect of Speciality/Super Speciality case.

The Corporation has also set up Revolving Fund with Regional Directors for purchase of Drugs and Dressings, Equipments and their Repair and Maintenance (including annual maintenance contracts) in respect of Andhra Pradesh, Assam, Chandigarh Admn., Himachal Pradesh, Kerala, Karnataka and West Bengal at the request of these State Govts.

ESI has developed its own pharmacopoeiae for drugs. All drugs and dressings (including vaccine and sera that may be considered necessary and generally in accordance with pharmacopoeia are supplied free of charge.

Insured Persons and their family members are provided artificial limbs, aids and appliance as well. All Diagnostic facilities are provided through ESI owned hospitals and in case of sophisticated tests like CT Scan, MRI etc., contractual arrangements are made.

- (ii) **Medical Benefit to insured persons who ceases to be in insurable employment on account of permanent disablement:**

The Medical Benefit has further been extended to permanently disabled insured person and his spouse who ceased to be in insurable employment due to employment injury with effect from 01.02.1991. This benefit is provided on payment of contribution by him in lump-sum for one year at the rate of Rs.10 per month at a time.

(iii) **Medical Benefit to retired insured persons :**

Medical Benefit has also been extended to the insured persons and his spouse who retires on attaining the age of superannuation or retires under VRS or retires prematurely and who was in insurable employment for at least 5 years. This benefit is provided on payment of contribution by him at the rate of ten rupees per month in lump sum for one year in advance.

(2) **SICKNESS BENEFIT (IN CASH)**

Sickness Benefit represents periodical payments made to an insured person during the period of certified sickness. To qualify for this benefit, contribution should have been paid for at least 78 days in the relevant contribution period. The maximum duration of Sickness benefit is 91 days in two consecutive benefit periods. There is a waiting period of 2 days which is waived if the insured person is certified sick within 15 days of the last spell for which sickness benefit was last paid. The Sickness Benefit rate is roughly equivalent to 60% of the average daily wages of an insured person w.e.f. 01.12.2007.

After exhausting the Sickness Benefit payable upto 91 days, an insured person if suffering from Tuberculosis/Leprosy, mental and malignant diseases or any other specified long-term disease, he is entitled to Extended Sickness benefit at a higher cash benefit rate of about 70% of average daily wage for a period of two years, provided he has been in continuous service for a period of 2 years or more in a factory or establishment to which the provisions of the Act apply and fulfills the contributory conditions. The list of these long-term diseases is constantly reviewed and 34 diseases are included presently. The Director General/Medical Commissioner have also been authorised to extend the benefit to many other rare diseases.

Enhanced Sickness benefit at double the standard benefit rate i.e. at about full average daily wages is also provided to insured person eligible to sickness benefit, for undergoing sterilisation operations for family planning, for upto 7 days in case of vasectomy and upto 14 days for tubectomy, the period being extendable in cases of post-operative complication etc.

(3) MATERNITY BENEFIT

Maternity Benefit implies periodical payment to an insured woman in case of confinement or mis-carriage or sickness arising out of pregnancy, confinement, pre-mature birth of child or mis-carriage. For entitlement to Maternity Benefit, the insured woman should have contributed for not less than seventy days in the immediately preceding two consecutive contribution periods with reference to the benefits periods in which the confinement occurs or it is expected to occur. The daily rate of benefit is double the standard benefit rate.

Maternity Benefit is payable for a maximum period of 12 weeks in case of confinement, 6 weeks in case of mis-carriage and additional one month in case of sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage or medical termination of pregnancy. Maternity Benefit continues to be payable in the event of death of an insured woman during her confinement or during the period of 6 weeks immediately following her confinement leaving behind a child for the whole of that period, and if the child also dies during the said period, until the death of the child.

(4) DISABLEMENT BENEFIT

In case of temporary disability arising out of employment injury, disablement benefit is admissible to an IP for the entire period so certified by the Insurance Medical Officer/Insurance Medical Practitioner for which the insured person does not work for wages. The cash benefit is not subject to any contributory conditions and is payable at a rate equivalent to about 75% of the average daily wage. The temporary disablement benefit is however, not payable for an employment injury resulting in incapacity for less than three days excluding the date of accident.

Where the disablement due to an employment injury results in permanent, partial or total loss of earning capacity, the periodical cash payments are made to the insured persons for life depending on the loss of earning capacity as may be certified by a duly constituted Medical Board. The cash benefit rate is revised periodically to protect against erosion in the real value of rupee subject to availability of funds.

However, commutation of periodical payment is permissible where the permanent disablement stands assessed as final and the daily rate of benefit does not exceed Rs.5/- per day, and where Benefit rate exceeds Rs.5/- per day but commuted value does not exceed Rs. 30,000/- at the time of the commencement of final award of his permanent disability.

(5) DEPENDANTS' BENEFIT

Periodical payments is paid to dependants of an insured person who dies as a result of employment injury. The widow & widow mother receive monthly pension for life or until re-marriage. An amount equivalent to 3/5 of dependent benefit rate is payable to the widow. Widowed mother and each child also share among themselves an amount equivalent to 2/5th of the disablement benefit. Son get benefit till 25 years of age, provided, incase of infirmity, the benefit continues to be paid, till the infirmity lasts. daughters are entitled to share dependants benefit till marriage. However, it is subject to the condition that the total dependants benefit distributed does not exceed, at any time, the full rate of disablement benefit. In case it exceeds the above ceiling, the share of each of the dependants is, proportionately reduced. In case the insured person does not leave behind any widow or child or widowed mother, the benefit is payable to other dependants. The periodical increases in amount of pension linked with the cost of living index is sanctioned from time to time to compensate for loss of real value.

(6) FUNERAL EXPENSES

Funeral expenses upto a maximum of Rs.5,000/- on the funeral of a deceased insured person are reimbursed. The amount is paid either to the eldest surviving member of the family or in his absence to the person who actually incurs the expenditure on the funeral. The ceiling amount has been enhanced to Rs.5,000/- w.e.f. 01.09.2009 as per recommendation of the ESI Corporation (Now enhanced to Rs. 10,000/- w.e.f. 01.04.2011).

(7) REHABILITATION ALLOWANCE

Rehabilitation allowance is paid to the insured persons for each day on which they remain admitted in an Artificial limb centre at double the Standard Benefit rate.

(8) RAJIV GANDHI SHRAMIK KALYAN YOJANA (RGSKY)

Under Rajiv Gandhi Shramik Kalyan Yojana, which has been introduced w.e.f. 01.04.2005, unemployment allowance is paid to the insured person for a maximum period of twelve months (w.e.f. 01.02.2009) who has been rendered unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, in case contribution in respect of him/her

have been paid or payable for a minimum of three years (w.e.f. 11.09.2009) prior to the loss of employment. The Insured Person and his/her family is also entitled to medical care for a period of twelve months (w.e.f. 01.02.2009) from the date of unemployment. This allowance shall cease to be payable in case the Insured Persons gets re-employment or attains the age of superannuation or 60 years, whichever is earlier. Daily rate of Unemployment Allowance is equivalent to the Standard Benefit Rate corresponding to the average daily wages drawn by the IP/IW during the last four completed contribution periods, immediately preceding the date of unemployment.

(9)PROVISION OF SOCIAL SECURITY FOR WORKERS IN THE UNORGANISED SECTOR

Out of the total work force of about 459 Millions in India, 26.96 Million workers are in the organized sector, (18.19 Million in public sector and 8.77 Million in private sector) and the rest are in the unorganized sector. The ESI Act covers workers in the organized sector only. At present about 12.93 Million workers (i.e. 48% of organized sector) are covered under the Employees' State Insurance Act, which represents only about 2.82% of the total work force in the country. The remaining workers in the unorganized sector to which the ESI Act does not apply remain outside the social security umbrella due to the following reasons :-

- (vi) Employees of Central and State Govts. who are provided social protection under the rules of the respective Governments;
- (vii) Workers of factories/establishments using power and employing less than 10 persons and non-power using factories and establishments employing less than 20 persons;
- (viii) Workers of factories/establishments situated in the non-implemented areas, where the ESI Scheme has not been implemented;
- (ix) Workers of seasonal factories/establishments;
- (x) Workers drawing wages exceeding Rs.10,000/- per month.

The workers engaged in agriculture and allied activities, household industry, building and construction, small factories/establishments, home workers, domestic servants, artisans, self-employed persons such as fishermen, hawkers, auto-rickshaw drivers etc. all constitute the informal or unorganized sector. The main characteristics of workers in the unorganized sector are acute incidence of under employment, the scattered nature of work places, high incidence of

home-based or, low collective bargaining power and the absence of an employer-employee relationship.

The workers employed in the organized sector and working in the smaller factories and establishments can be brought under the ESI Scheme by gradually lowering the threshold limit for coverage under the ESI Act. Likewise, the workers who are drawing wages above the wage limit Rs.10,000/- per month can be brought under the ambit of the ESI Scheme by enhancing or removing the wage limit altogether.

Factories and establishments located in non-implemented areas having sufficient concentration of workers are being brought under the ESI Act gradually as per the phased programme drawn in consultation with the State Governments.

A majority of the workers in the unorganized sector comprise agricultural workers and cultivators located in the rural areas. The social security needs of workers in this sector are different from those in the organized sector.

The workers in agricultural sector mainly require wage and income support in times of drought, lean seasons and during periods of unemployment. In addition, they also require medical care. The level of their earning is not fixed and there is no fixed employer-employee relationship with the wage records etc., which make recovery of contribution from such workers a challenge.

As the ESI Scheme framed under the ESI Act, 1948 in its present shape provides a uniform package of benefits at a uniform rate of contribution, it cannot be extended to workers in the unorganized sector in its present form. The Govt. of India, Ministry of Labour & Employment has introduced a Scheme called "Rashtriya Swasthya Bima Yojana" for providing social security BPL (Below Poverty Line) workers in the unorganized sector.

The details of benefits, contributory conditions and rate/scale are given in the Table at Annexure-II-A.

Annexure-II

BENEFITS & CONTRIBUTORY CONDITIONS

(i) (a)	SICKNESS BENEFIT	Payment for atleast 78 days in the relevant contribution period	91 days in any two consecutive periods.	As at Annexure-II-A (about 60% of wages)
(b)	EXTENDED SICKNESS BENEFIT (for 34 specified long term diseases)	Continuous employment for a period of two years and contribution for 156 days in four consecutive contribution periods.	Two years	140% of the Standard Benefit rate (about 70% of the wages)
(c)	EXHANCED SICKNESS BENEFIT (for undergoing sterilization operation for family welfare.)	Same as for Sickness Benefit.	7 days for vasectomy and 14 days for tubectomy; extendable in cases in post operative complication etc.	Twice the Standard Benefit rate (full wages).
(ii)	DISABLEMENT BENEFIT (EMPLOYMENT INJURY)			
(a)	Temporary Disablement Benefit	He/She should be an employee on the date of employment injury.	Till the incapacity lasts.	150% of the Standard Benefit rate (about 75% of the wages)
(b)	Permanent Disablement Benefit	-do-	For life	Depends upon the loss of earning capacity of the workers which is determined by a Medical Board.
(iii)	DEPENDANTS BENEFIT (Rule 58)	The deceased should be an employee on the date of fatal accident.	<ol style="list-style-type: none"> 1. To widow/widows for life or until remarriage 2. To widowed mother during life. 3. to legitimate or adopted son until he attains the age of twenty five years. 4. To legitimate or adopted daughter till marriage. 5. To legitimate or adopted son or daughter 	150% of the Standard Benefit rate (about 75% of the wages) to be divided amongst the dependants in the prescribed ration.

			<p>wholly dependant on the earning of the insured person at the time of his/her death, who have attained the age of twenty five years and are infirm, till infirmity lasts.</p> <p>5. To other dependants for life or till marriage or upto the age of 18 years, as the case may be</p> <p><i>(Required amendment in the relevant Rule is yet to be notified by the Central Government)</i></p>	
(iv)	MATERNITY BENEFIT	Payment of contribution for 70 days in immediately preceding one or two consecutive contribution periods.	12 weeks of which not more than six weeks can precede the expected date of confinement; 6 weeks for miscarriage and additional one month for sickness arising out of pregnancy confinement, premature birth of child or miscarriage.	Double the standard benefit.
(v)	FUNERAL EXPENSES	He should be an insured person on the date of death.		Actual expenditure on funeral not exceeding Rs. 5,000/- (w.e.f. 1.9.2009) enhanced to Rs. 10,000/- w.e.f. 01.04.2011.
(vi)	REHABILITATION ALLOWANCE	Entitlement to medical benefit or if disabled due to employment injury.	For each day on which insured person remains admitted in Artificial Limb-Centre for fixation/repair or replacement of artificial limb.	At double the Standard benefit rate.
(vii)	MEDICAL BENEFIT	No condition (insured person and his family is eligible from the date of entry of I.P.	Till the disability/disease lasts.	Full medical care (all facilities including hospitalization) for I.P. and members of their family.

		into insurable employment)		
(viii)	MEDICAL BENEFIT TO RETIRED/DISABLED INSURED PERSONS AND HIS/HER SPOUSE	<p>On payment of Rs.10/- p.m. in lump-sum for one year in advance</p> <p>(i) by insured persons who retire from insurable employment on attaining the age of superannuation or under VRS or prematurely after being in insurable employment for not less than five years</p> <p>(ii) by insured persons who cease to be in insurable employment on account of permanent disablement due to an employment injury.</p> <p><i>(Required amendment in the relevant Rule is yet to be notified by the Central Government)</i></p>	<p>Period for which contribution is paid.</p> <p>IPs are entitled for full medical care for self and spouse only, Period for which contribution is paid, till attaining the age of superannuation.</p>	Full Medical care.
(ix)	Confinement Expenses	To an Insured Woman or an I.P. in respect of his wife incase facilities for confinement are not available in ESI Institutions.	Up to two confinements only w.e.f. 01.12.2008	Rs. 2,500/- per case.
(x)	Vocational Rehabilitation Allowance Skill Development Scheme under R.G.S.K.Y.	Not more than 45 years of age and disability not less than 40% due to Employment Injury	All the days of training in Vocational Rehabilitation Centre	Rs. 123/- per day or the actual amount charged by Vocational Rehabilitation Centre, whichever is higher.

(xi)	Unemployment Allowance	An I.P. who has lost employment due to closure of factory, retrenchment or permanent disablement of at least 40% arising out of non-employment injury and the contribution in respect of him have been paid/payable for a minimum of three years prior to the loss of employment	Maximum period of one year during life time w.e.f. 01.02.2009	about 50% of average daily wage.
(xii)	Vocational Rehabilitation Skill Development Scheme (under Rajiv Gandhi Shramik Kalyan Yojana)	IP/IW should be in receipt of Unemployment Allowance under Rajiv Gandhi Shramik Kalyan Yojana	Short duration of ten weeks or other longer duration courses of upto six months at Advance Vocational Training Institutions.	Entire fee charged by the Institutions I paid by the Corporation. To and fro Rail/Bus fare to IP/IW who has to travel to attend the training programme at AVTIs as charged, is reimbursed.

Annexure-II-A**T A B L E**

S. No.	Average Daily wages are	Standard Benefit Rate
1.	Below Rs. 28	Rs. 14/- or full average daily wage whichever is less.
2.	Rs. 28 and above but below Rs. 32	Rs. 16/-
3.	Rs. 32 and above but below Rs. 36	Rs/ 18/-
4.	Rs. 36 and above but below Rs. 40	Rs. 20/-
5.	Rs. 40 and above but below Rs. 48	Rs. 24/-
6.	Rs. 48 and above but below Rs. 56	Rs. 28
7.	Rs. 56 and above but below Rs. 60	Rs. 30/-
8.	Rs. 60 and above but below Rs. 64	Rs. 32/-
9.	Rs. 64 and above but below Rs. 72	Rs. 36/-
10.	Rs. 72 and above but below Rs. 76	Rs. 38/-
11.	Rs. 76 and above but below Rs. 80	Rs. 40/-
12.	Rs. 80 and above but below Rs. 88	Rs. 44/-
13.	Rs. 88 and above but below Rs. 96	Rs. 48/-
14.	Rs. 96 and above but below Rs. 106	Rs. 53/-
15.	Rs. 106 and above but below Rs. 116	Rs. 58/-
16.	Rs. 116 and above but below Rs. 126	Rs. 63/-
17.	Rs. 126 and above but below Rs. 136	Rs. 68/-
18.	Rs. 136 and above but below Rs. 146	Rs. 73/-
19.	Rs. 146 and above but below Rs. 156	Rs. 78/-
20.	Rs. 156 and above but below Rs. 166	Rs. 83/-
21.	Rs. 166 and above but below Rs. 176	Rs. 88/-
22.	Rs. 176 and above but below Rs. 186	Rs. 93/-
23.	Rs. 186 and above but below Rs. 196	Rs. 98/-
24.	Rs. 196 and above but below Rs. 206	Rs. 103/-
25.	Rs. 206 and above but below Rs. 216	Rs. 108/-
26.	Rs. 216 and above but below Rs. 226	Rs. 113/-
27.	Rs. 226 and above but below Rs. 236	Rs. 118/-
28.	Rs. 236 and above but below Rs. 250	Rs. 125/-
29.	Rs. 250 and above but below Rs. 260	Rs. 130/-
30.	Rs. 260 and above but below Rs. 270	Rs. 135
31.	Rs. 270 and above but below Rs. 280	Rs. 140/-
32.	Rs. 280 and above but below Rs. 290	Rs. 145/-
33.	Rs. 290 and above but below Rs. 300	Rs. 150/-
34.	Rs. 300 and above but below Rs. 310	Rs. 155/-
35.	Rs. 310 and above but below Rs. 320	Rs. 160/-
36.	Rs. 320 and above but below Rs. 330	Rs. 165/-
37.	Rs. 330 and above but below Rs. 340	Rs. 170/-
38.	Rs. 340 and above but below Rs. 350	Rs. 175/-
39.	Rs. 350 and above but below Rs. 360	Rs. 180/-
40.	Rs. 360 and above but below Rs. 370	Rs. 185/-
41.	Rs. 370 and above but below Rs. 380	Rs. 190/-
42.	Rs. 380 and above but below Rs. 390	Rs. 195/-

GENERAL INFORMATION REGARDING EMPLOYEES' STATE INSURANCE SCHEME

1. COVERAGE UNDER THE ESI ACT, 1948:

- A. The Act was initially applicable to the factories using power and employing 20 or more coverable employees, but it is now applicable to factory's running with or without power employing 10 or more person.
- B. Under Section 1(5) of the Act, the Scheme has been extended to shop, hotel, restaurants, cinemas including preview theatres, road motor transport undertaking and newspaper establishment employing 10 or more person subject to issue of gazette notification by appropriate government.
- C. The Scheme has further been extended under section 1(5) of the Act to Educational Institutions in few states like Rajasthan, Bihar, Pondicherry, J&K, Uttaranchal, Chhattisgarh, West Bengal Jharkhand, Kerala, U.P, Andhra Pradesh, Assam, Punjab, & Tamil Nadu, on Medical Institution in West Bengal, Rajasthan, Bihar, Kerala, Himachal Pradesh, Uttarakhand, Andhra Pradesh, Punjab, Assam, UT Chandigarh, Jharkhand, & Orissa.
- D. The existing wage limit for coverage under the Act is Rs. 15,000/- per month (with effect from 01/05/2010)

2. **Launch of New Amnesty Scheme 2010:-** New Amnesty Scheme 2010 was launched w.e.f. 01/03/2010 & will be effective till 28/02/2011. The objective of Scheme is to reduce the no of litigation & unlock the dues stuck up in court under this scheme all pending cases filed u/s 84,85,75 upto 28/02/2010 can be settled.

3. **Latest of amendment in the Act (ESIC Amendment 2010)**

1. Change of designation of Insurance Inspector:-

The designation of Insurance Inspector has been changed to Social Security Officer with effect from 01/06/2010.

2. Provision of Appellate Authority:-

Appellate Authority has been created by insertion of new section 45AA in the Act. As per this provision if employer is not satisfied with the order passed u/s 45-A, he may prefer an appeal to an Appellate Authority as may be provided by regulation within 60

days of date of such order by depositing 25% of contribution or as per his own calculation whichever is higher provided that if employer finally succeeds in the appeal, the corporation shall refund such deposit to the employer alongwith such interest as may be specified in the regulation

3. Time limit for assessment of contribution:-

Section 45-A has been amended to include that no order under this section shall be passed to claim contribution for the period beyond 5 years from the date on which contribution become payable.

2. AREAS COVERED

The ESI Scheme is being implemented area-wise by stages. The Scheme has already been implemented in different areas in the following States/Union Territories:-

- (i) **States:** All the States except Manipur, Sikkim, Arunachal Pradesh and Mizoram.
- (ii) **Union Territories:** Delhi, Chandigarh and Pondicherry.

2. RATE OF CONTRIBUTION

- (i) Employers' Equal to 4.75% of the wages payable to employees.
- (ii) Employees' Equal to 1.75% of the wages payable to employees.

4. (A) In addition, the ESI Corporation, at its meeting held on 23.12.1997 approved the revision in the limit of expenditure on provision of initial equipments for new ESI Hospitals, Dispensaries, annexes/Detention wards and Ambulances. The expenditure on items given below will be under shareable pool but from outside the ceiling on medical care.

ANNEXURE-IV

REVENUE EXPENDITURE

<u>1. Revenue of ESI Corporation</u>	<u>Amount</u> (Rs. in lakhs)
Actual from 1.4.2010 to 30.9.2010	3,305,76.28
Revised Estimates for 2010-2011	6,589,50.50
Budget Estimates for 2011-2012	6,926,89.75
<u>2. Total Expenditure</u> <u>(Revenue Account)</u>	
Actual Expenditure from 1.4.2010 to 30.9.2010	1,453,79.51
Revised Estimates for 2010-2011	3,930,29.55
Budget Estimates for 2011-2012	5,079,69.70
<u>3. Total Expenditure (Capital Account)</u> <u>(Excluding Staff Cars)</u>	
Actual Expenditure from 1.4.2010 to 30.9.2010	646,71.60
Revised Estimates for 2010-2011	1,349,89.00
Budget Estimates for 2011-2012	1,533,00.00

ANNEXURE-V

STATISTICAL DATA REGARDING ESI SCHEME (ALL INDIA)

Sl.No.	Heads	All India	
		As on 31.12.2009	As on 31.12.2010
1	No. of Employees Covered	126.40 Lakhs	139.58 Lakhs
2	No. of I.Ps Covered	130.11 Lakhs	143.64 Lakhs
3	No. of Beneficiaries	504.81 Lakhs	557.31 Lakhs
4	No. of Centres	788	788

PROGRESS MADE UNDER ISM AS ON 01.01.2011

ESI Corporation, a premier Social Security Organization has been providing full medical care to its beneficiaries. Along with the Allopathic system of medicine, the ESI Corporation has been giving importance to promote AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeopathy) facilities in ESI Scheme in various States. AYUSH facilities have been developed in a phased manner all over the country.

In the 134th meeting of the ESI Corporation held on 21.12.2005, it has been approved to bear the entire expenditure for setting-up of AYUSH Units in new areas for all States & UT's for the first five years by ESI Corporation instead of 3 years. The Sub-Committee of ESIC on ISM under the Chairmanship of the Secretary Labour, had eight meetings so far and decision/guidance taken by the Sub-Committee are being conveyed to the State Govt. for taking action in establishing Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy units in their existing ESI hospitals.

For the popularization of AYUSH facilities, the Corporation is making efforts and is participating in various exhibitions/Health melas. For providing timely and quality medicines, the Corporation has formulated Central Ayurvedic Rate Contract.

The latest position of Ayurveda, Yoga, Siddha, Homeopathy facilities in various States as on 01.01.2011 is placed below

STATEMENT SHOWING FACILITIES PROVIDED UNDER AYUSH (AYURVEDIC, YOGA, UNANI, SIDDHA & HOMEOPATHY) AS ON 01.01.2011

AYURVEDIC

Sr. No.	State	No. of units in Disp./Hospitals	No. of Ayurvedic Physician	No. of beds in hospitals
1.	Andhra Pradesh	2	2	-
2.	Assam	1	1	02
3.	Bihar	1	1	-
4.	Chandigarh	1	1	-
5.	Delhi	11	11+2*	30
6.	Goa	1	1	-
7.	Gujarat	61	61	25
8.	Haryana	2	2	-
9.	Jammu & Kashmir	1	1	-
10.	Jharkhand	1	1	-
11.	Karnataka	2	3	3
12.	Kerala	13	14	40

13.	Madhya Pradesh	3	3	-
14.	Maharashtra Mumbai Nagpur	01 02	01 02	- -
15.	Orissa	2	2	-
16.	Punjab	02	02	-
17.	Rajasthan	01	01	-
18.	Tamil Nadu	01	02	-
19.	Uttar Pradesh	13	12	-
20.	West Bengal	6	5	-

* One posted in Hqrs. Office and One in Central Stores

- 7 Post of Contractual Medical Officer Ayurveda have been sanctioned in the 7 (Seven) Hospitals in the State of West Bengal

Panchkarma Therapy:

- Jhilmil, Rohini – Delhi
- Bapu Nagar, Ahmedabad & 7 ESI Scheme Hospital in the State of Gujarat
- Lucknow (U.P.)
- Mulamkunnathukavu, Kerala

Kshar Sutra

- Okhla, Delhi
- Ezukone, Kerala
- Bapunagar, Ahmedabad
- Lucknow (U.P.)

B) YOGA

SR. NO.	STATE	NO. OF YOGA CENTRE
1.	ANDHRA PRADESH	03
2.	ASSAM	01
3.	BIHAR	01
4.	CHANDIGARH	01
5.	DELHI	27 (including 4 yoga centers in ESIC hospitals in Delhi)
6.	GUJARAT	09
7.	JHARKHAND	01
8.	KARNATAKA	01
9.	KERALA	01
10.	MADHYA PRADESH	01
11.	ORISSA	01
12.	PUNJAB	01
13.	R.O. KOLKATA	01
14.	TAMIL NADU	01
15.	UTTAR PRADESH	02

C) SIDDHA

Sr. No.	State	No. of Units Disp./Hospitals	No of Siddha Practitioners	No. of beds in Hospitals
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1.	Tamil Nadu	8	8	-
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D) HOMEOPATHY

Sr. No.	State	No. of units in Disp./Hospitals	No. of Ayurvedic Physician	No. of beds in hospitals
1.	Andhra Pradesh	1	1	-
2.	Kerala	14	14	12
3.	Rajasthan	1	1	-
4.	Uttar Pradesh	14	14	-
5.	Orissa	1	1	-
6.	Delhi	8	8	-
7.	West Bengal	6	6	-
8.	Goa	1	1	-
9.	Punjab	1	1	-

Seven Posts of Contractual Medical Officer Homeopathy have been sanctioned in ESI Scheme Hospitals in the State of West Bengal.

AYUSH FACILITIES AVAILABLE IN ESIC MODEL HOSPITALS IN THE STATES

Sl. No.	Name of the ESI Model Hospital	Ayurveda	Yoga	Homeopathy
1.	Andheri, Mumbai	OPD available	-	-
2.	Bapu Nagar, Gujarat	OPD available	Available	-
3.	Basaidarapur, Delhi	OPD available	Available	Available
4.	Belatola, Assam	OPD Available	Available	-
5.	Bharatnagar, Ludhiana (Punjab)	OPD available	Available	Available
6.	Chandigarh, Punjab	OPD available	Available	-
7.	Gurgaon, Haryana	OPD available	-	-
8.	Jaipur, Rajasthan	OPD available	-	Available
9.	Jammu, Bari Brahamna	OPD available	Available	-
10.	Joka, West Bengal	OPD available	Available	-
11.	K.K. Nagar, Chennai	OPD available	Available	-
12.	Kollam, Kerala	OPD available	Available	Available
13.	Nacharam, Andhra Pradesh	OPD available	Available	-
14.	Nandanagar, Indore (MP)	OPD available	Available	-
15.	Phulwari Sharif, Patna (Bihar)	OPD available	Available	-
16.	Rajajinagar, Bangalore	OPD available	Available	-
17.	Ranchi, Jharkhand	OPD Available	Available	-
18.	Rourkela, Orissa	OPD available	Available	-

RATE CONTRACT CELL

ESI Corporation established under the ESI Act,1948, provides comprehensive medical care services through a large network of health facilities. The commonly used and life saving drugs of leading pharmaceuticals firms are provided to ESI beneficiaries through DG ESIC Rate contract . The DG-ESIC Rate contract is finalized in Rate contract Cell, Hqrs. Office after following the tender process. The function of RC Cell are enumerated briefly, follow:-

- 1.a)** Finalization of DG-ESIC Rate contract for commonly used drugs & dressings for the use in ESI Institutions all over the country
- b)** Rate contract for Central Public Sector Undertaking (CPSU) pharmaceuticals firms

The rate contracts finalized run for a period of two years. The cell frames the list of drugs to be included in the Rate Contract through detailed deliberations and the recommendations of a broad based Drug Selection Committee constituted by Director General, ESIC. Tenders are invited from general firms through two bid system i.e Technical and Price bid through open advertisement.

The main eligibility criteria for firms/drug are following:-

1. The pharmaceutical firm should have minimum annual turn over of Rs. 20 crores for formulations in each of the last 03 years. However firms manufacturing dressing materials like gauze/bandages/bandage cloth etc. should have annual turn over of Rs. 1 crores in each of last 03 years.
- ii) Firm must be registered with Director General of Quality Assurance(DGQA), Ministry of Defence for manufacture and supply of drugs or firm must have WHO- GMP certificate or GMP certificate as per the revised schedule's' of Drugs and cosmetics rules for the drugs quoted.

- iii) Firm must have manufacturing and marketing certificates for the last three years except for the new drugs duly signed by concerned State Drug controller.
- iv) For the drugs which are being imported the firm should possess valid import license issued by Drug controller General of India and marketing license issued by concerned Licensing Authority.
- v) For Dressing materials such as gauzes and bandages, firm must possess ISI license issued by Bureau of Indian Standard.
- vi) Firms should have a valid manufacturing license from the State Drug controller for the drugs quoted.
- vii) Firms should submit a non-conviction certificate issued by the State Drug controller.

Presently, there are following running Rate contracts:-

- a) **RC131** for 175 drugs valid from 5.1.09 to 4.1.2011 EXTENDED UPTO 28.2.2011
 - b) **RC131(Addl.)** for 89 drugs valid from 11.5.2009 to 10.5.2011.
 - c) **RC133** for 422 drugs valid from 17.12.2009 to 16.12.2011.
 - d) **RC134(CPSU) firms** for 121 drugs valid from 22.3.2010 to 31.3.2012.
 - e) **RC-135(Replacement of RC131)** for 596 items is under process.
- 2.** Further Rate Contract cell also take action in respect of following matters:
- a) Initiates action against Rate Contract holders:-
 - i) Those supplying drugs & dressings declared 'Not of Standard Quality' by authorized drug testing laboratories.
 - ii) For not executing supply orders placed by Direct Demanding Officers.
 - b) Prepares/ updates purchase procedure guidelines –Amendment/revision etc from time to time.
- 3.** Rate Contract cell also handles ISO certification of ESIC Hospitals. The details of ISO certification awarded to ESIC Hospitals as on date are as under:-

ISO CERTIFIED ESIC HOSPITALS- As on 14.12.2010

Sl. No.	Place of the ESI Hospital	Date of Certification	Type of certification
1.	Basaidarapur, New Delhi	10.11.06 4.12.2009	9001:2000 9001:2008
2.	Rohini, Delhi	04.01.2008	9001:2000
3	Chandigarh	30.04.2008	9001:2000
4.	Jhilmil, Delhi	09.06.2008	9001:2000
5	Bari Brahma, Jammu	15.7.2008	9001:2000
5.	Noida, UP	01.10.2008	9001:2000
6.	Okhla, Delhi	07.10.2008	9001:2000
7.	Ludhiana	07.10.2008	9001:2000
8.	Bapu Nagar, Ahemdabad	13.12.2008	9001:2000
9.	Rajaji Nagar, Banglore	12/02/09	9001:2000
10.	K.K. Nagar, Chennai	13.02.2009 13.11.2010	9001:2000 9001:2008
12.	Joka, Kolkata	21.3.2009 13.07.2010	9001:2000 9001:2008
13.	Jaipur	20.05.2009	9001:2008
14	Andheri, Mumbai	11.06.2009	9001:2008
15	Kollam, Kerala	27.06.2009	9001:2000
16.	Rourkela, Orissa	23.07.2009	9001:2000
17.	Ranchi, Bihar	31.07.2009	9001:2000
18	Beltola, Guwahati, Assam	10.05.2010	9001:2008
19.	Nacharam, Hyderabad	27.05.2010	9001:2000
20	Phulwari Sharif Patna	03.07.2010	9001:2008
21	Adityapur, Jharkhand	20.11.2010	9001:2008

ESIC Hospitals under process for ISO Certification

Sl. No.	Name of the Hospital	Date of Taken over from State govt.
1.	Indore, Madhya Pradesh	01.04.07
2.	Ezhukone, Kerala	20.04.09
3.	Gurgaon, Haryana	20.05.09
4	Udyog mandal, cochin	02/11/09
5	Naroda, ahmedabad	01.04.10
6.	Peripally, Kerala	16.04.10

4. **Rate contract cell also monitoring the** Grading of 14 ESIC Hospitals which is being done by M/s Ma-Foi consulting Ltd . The details of grading awarded are as below:-

SL.NO.	HOSPITAL	GRADING
1	Guwahati	SL4
2.	Patna	SL3
3.	Nacharam, Hyderabad(A.P)	SL3
4	Jaipur	SL3
5.	Kerala	SL3
6.	Ludhiana	SL3
7.	Rourkela	SL3
8.	Chandigarh	SL3
9.	Ahmedabad	SL3
10.	Banglore	SL3
11.	Mumbai	SL2
12.	Indore	SL2
13.	Jammu	SL2
14.	Ranchi	SL1

The Grading is done on the overall Service level analysis based on a scale of 100-500 points

SL1	SL2	SL3	SL4	SL5
100-200	201-300	301-400	401-450	451-500

Presently the final surveillance of grading of above 14 ESIC Model Hospitals by M/s Ma-Foi consulting Ltd. is under process.