

**Brief Note in respect of working of ESI Scheme in
_____Region as on 31/3/2019**

A-Brief Note on ESI Scheme in the Region.

B-Establishment

Name & Address of Regional Office Telephone No. /Fax No. & VOIP No./
Mobile No./Official E-mail ID/Web site of
RD

Name(s) & Address(s) of Sub-Regional Telephone No. /Fax No. & VOIP No./
Office(s), if any. Mobile No./Official E-mail ID/Web site of
JD(I/C), if any.

(1)

(2)

Total number of Branch Office in the Furnish the details in from **Annexure-1**
Region: enclosed herewith Region/SRO/Div. Office-
wise separately.

Name and Address of the ESIC Model Hospital in the State	Telephone No./Fax No. & VOIP No./Mobile No./ Website of Medical Superintendent	Numbers of Beds	Percentage of Bed Occupancy

C- Information regarding State Government.

- 1 Name, address & telephone , fax and Mobile number of the Chairman, Regional Board. Telephone, Fax and Mobile Numbers./Official E-mail ID

- 2 Name, address & telephone including fax number of the, Secretary, Labour /Health (In charge of ESI Scheme in the State). Telephone, Fax and Mobile Numbers./Official E-mail ID

- 3 Name, address & telephone including fax number of the, Director, Health / Insurance Medical Service, ESI scheme in the State. Telephone, Fax and Mobile Numbers./Official E-mail ID

4	Name, address and telephone including fax number of the Chairman, state Autonomous Body (SAB)/ society(i.e. the Chief Secretary of the State)	Telephone, fax and mobile Numbers./Official E-mail ID
5	Name, address and telephone including fax number of the CEO, state autonomous Body (SAB)/ society	Telephone, fax and mobile Numbers./Official E-mail ID

D-General Information in respect of the Region

Sr. No.		Year 2016-2017	Year 2017-2018	Year 2018-2019
1	Total no. of districts			
2	Total no. of districts fully notified			
3 a)	Total no. of Partially implemented districts (In centers only)			
b)	Total no. of districts HQ and adjoining areas notified in non-implemented districts			
5	Total no. of non-implemented districts			
6	Number of Insured Persons			
7	Number of Insured Women			
8	Number of Employees			
9	Number of Beneficiaries			
10	Number of registered Employers			
11	Revenue Income of Region (in crores incl. Recovery)			
12	Amount of Revenue Recovery (in crores)			
13	Expenditure on Cash Benefits (in crores)			
14	Expenditure on Medical Benefits (in crores)			
15	a) Number of DCBO Sanctioned b) Number of DCBOs operationalised			

16	a) Number of EUD/MEUD Sanctioned b) Number of EUD/MEUD operationalised			
17	a) No. of IMP empaneled b) No of Modified IMP's empaneled			
18	Other Information, if any			

E – Information regarding Employees Insurance Court.

1. Total No. of E.I. Courts notified in the state along with address
2. Whether MAT is in existence in the state. If yes, details of the same

F-Information regarding Medical facilities.

Sr. No.	Description	Remarks
1	Number of ESI Hospitals & Annexes run by the State Govts. along with their addresses. (District wise) Hospitals = Annexes =	Telephone, Fax and Mobile Numbers/Official E-mail ID/Website if any of Medical Superintendents. Please furnish details of ESI Hospitals & Annexes run by State Govt. in Annexure-2
2	Run by ESI Corporation	Annexure-2A
3	Number of ESI dispensaries in the State (Districts Wise)	Kindly furnish complete addresses & details in Annexure-3.
4.	Number of DCBO's	Annexure-3A
5.	Number of Panel Clinics	
6.	Number of IMP's / Modified/IMP's/MeUD's/ PHC/CHC	Kindly furnish complete address & details in Annexure-5
7.	Numbers of Tie-up Hospitals (Please furnish the list in Annexure-4)	
8.	Other information, if any.	

G-Information regarding Projects under Construction in Region

Sr. No.	Name & description of Project in Brief	Estimated amount of Project	Estimated date of completion	Remarks, if any.
1				
2				

H-Issues pending with the State Government, if any.

Sr. No. Detail of action pending, if any, in brief.

I-Functioning of various Bodies in the State

1. Whether Regional Board is constituted Yes/No.
2. If Yes, date of meetings held along with total no. of meetings held so far.
3. Whether State Executive Committee has been formed Yes/No
4. If Yes, date of meetings held along with total no. of meetings held so far.
5. Whether State Autonomous Body / Society has been formed in the State Yes/No
6. Details of notification & date from which it is effective.

7.	Whether Local Boards are Constituted	
8.	If Yes, total no. of Local Boards in existence(with details Districts wise)	

J-Coverage of Establishment

1. Whether the threshold for coverage of establishments under section 1(5) of ESI Act in the State has been reduced to 10 Yes/No
2. If Yes, Notification of the State & date from which it is effective.
3. Whether Educational Institutions are notified by the with State Yes/No
4. If Yes, Notification of the State & date from which it is effective.
5. Whether Medical Institutions are notified by the State Yes/No
6. If Yes, Notification of the State & date from which it is effective.
7. Whether Contract and Casual Workers of the Municipal Corporations Municipal Bodies are notified for coverage in the State. Yes/No
8. If Yes, Notification of the State & date from which it is effective.

I-Other remarks, if any.

Encl: Annexures 1,2,2A,3,3A,4,5,6,7,8 & 9

Place :

Date :

(Regional Director)
ESIC Regional Office

Signatures of the Regional Director

Annexure-1

**District wise List of Branch Offices & addresses thereof in _____ Region
(Including in respect of Sub-Regional/Divisional Offices) as on 31st March, 2019**

Sr.No.	Name of Branch Office	Address	District	Phone number, if any	VOIP Number & site code under Project Panchdeep
--------	-----------------------	---------	----------	----------------------	---

Annexure-2

**District wise List of ESI Hospitals & Annexes run by State Govts. In _____
Region. (Including in respect of Sub-Regional/Divisional Offices) as on 31st March, 2019**

Sr.No.	Name of ESI Hospital/Annexe	Address	District	Phone number of Medical Superintendent	VOIP Number & site code under Project Panchdeep, if any of MS.	Number of Beds	Percentage of bed occupancy
--------	-----------------------------	---------	----------	--	--	----------------	-----------------------------

Annexure 2A

**District wise List of ESIC Hospitals & Annexes run by ESI Corporation. In _____
Region. (Including in respect of Sub-Regional/Divisional Offices) as on 31st March, 2019**

Sr.No.	Name of ESI Hospital/Annexe	Address	District	Phone number of Medical Superintendent	VOIP Number & site code under Project Panchdeep, if any of MS.	Number of Beds	Percentage of bed occupancy
--------	-----------------------------	---------	----------	--	--	----------------	-----------------------------

Annexure-3

**District wise List of ESI dispensaries & addresses thereof in _____ Region.
(Including located in Sub-Regional/Divisional Offices) as on 31st March, 2019**

Sr.No.	Name of ESI Dispensary	Address	District	Numbers of Medical Officers	Phone number, if any	VOIP Number & site code under Project Panchdeep, if any.
--------	------------------------	---------	----------	-----------------------------	----------------------	--

Annexure 3A

District wise List of DCBO's & addresses thereof in _____ Region. (Including located in Sub-Regional/Divisional Offices) as on 31st March, 2019

Sr.No.	Name of ESI Dispensary	Address	District	Numbers of Medical Officers	Phone number, if any	VOIP Number & site code under Project Panchdeep, if any.
--------	------------------------	---------	----------	-----------------------------	----------------------	--

Annexure-4

District wise List of Tie-Up Hospitals where arrangements made for medical facilities for Insured Persons and their dependants in _____ Region. (Including located in Sub-Regional/Divisional Offices) as on 31st March, 2019

Sr.No.	Name of Hospital/Institutions	Address	District	Numbers of Beds	Specialty for which tie-up arrangements made.	Phone/Fax/Mobile No. & Websites, if any
--------	-------------------------------	---------	----------	-----------------	---	---

Annexure-5

List of IMP's, Modified/MP, MEUD, EUD, PHC & CHC empaneled for ESI Scheme in _____ Region. (Including located in Sub-Regional/Divisional Offices) as on 31st March, 2019

Sr.No.	Name of IMP/PHC/CHC	Address	District	Whether it is IMP/CHC/PHC	Phone/Fax/Mobile No. & E-mail ID	Area for which specified	Details uploaded on IMP Portal
--------	---------------------	---------	----------	---------------------------	----------------------------------	--------------------------	--------------------------------

Annexure-6

District wise details of the Region

Sr.No.	Name of Distt	Whether completely Notified in Districts, Hqrs Notified or Notified in Centers	Jurisdiction RO/SRO	No. of BOs	No. Dispensaries	No. of ESI Hospital (Both ESIS and ESIC)	No. of Employer Registered as on 31.03.2019
--------	---------------	--	---------------------	------------	------------------	--	---

