



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
(Ministry of Labour and Employment, Government of India)



श्रम एवं रोजगार मंत्रालय
Ministry of Labour and Employment
भारत सरकार (Government of India)

HOME

ABOUT US

WRITE TO US

ACTS

ESI SCHEMES

TENDER

DASHBOARD

PUBLIC GRIEVANCE

Health Passbook

User-friendly mechanism for beneficiary Identification, recording of clinical findings and consultation advice by the Insurance Medical Practitioner(s)

Your Treatment Details at a Glance

- Small QR coded booklet with the credential of ESIC beneficiary having photograph affixed on the cover of the Health Passbook duly attested by the Employer/ESIC Branch Manager
- Every family member of the Insured Person is entitled for a Health Passbook
- The Health Passbook is issued to each dependent member of the

Click on Insured Person/Beneficiary

Latest News & Events



Employer Login



Insured Person /
Beneficiary



Insurance Medical
Practitioner(IMP)



mEUD



ESIC
Staff / Pensioner



Lawyer

IP Portal



कचबेनि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Insured Person/Beneficiary Portal



Language/भाषा: English ▼

Insured Person / Beneficiary Login

☒ Insured Person ☐ ESI Staff

Username*

1199900090

Password*

Ip@1234567

Captcha*

7bc791

Refresh

7bc791

[Sign Up](#)

[Forgot Password](#)

[IP Portal](#) [Secure](#) [Login](#) [Help](#) [File](#)

Enter login credentials and
click "Login" button

LOGIN

The Employees' State Insurance Act, 1948,

An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.]



User ID 1199900090

Change Password



Insured Person Details

Language/भाषा: English

Details

| | | | |
|---------------------------|--------------------------|-----------------------------|------------|
| Insured Person Name | Subbu a | Insurance Number | 1199900090 |
| UHID Number | MH01.0000000001 | Date of Birth | 03/01/1992 |
| Dispensary Name | Dispensary Azadpur | Disability Type | -- N.A -- |
| Dispensary For Family | Azadpur, DL (ESIC Disp.) | Registration Date | 12/05/2015 |
| First Date Of Appointment | 01/01/2015 | Current Date of Appointment | 27/07/2022 |
| Mobile Number | *****1738 | Account Number | *****4747 |

Insured Person

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)

Value Added Services

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#)

Click on this link to submit the
Cash Benefit Claim Request



Login User : *****



List of Online Certificates uploaded by
dispensary/hospital will be displayed here

Online Certificates

| S.No | Number | Type | Sub Type | Date/Time of Generation | Request Claim |
|------|-------------------|-------------------|----------------------|-------------------------|---|
| 1 | DUMMY000012200044 | Maternity Benefit | Expected Confinement | 7/27/2022 3:31:06 PM | Click here to raise request |

Click on this link in order to raise
the claim request

टिप्पणी:

- 1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।
- 2- दावा अनुरोध जमा करने के लिए ऑनलाइन आवेदन केवल तभी किया जा सकता है जब यूएन(UAN) को सीड किया गया हो और बैंक विवरण ईएसआईसी शाखा कार्यालय द्वारा सत्यापित किया गया हो। यह एक बार की गतिविधि है। सहायता के लिए कृपया शाखा कार्यालय से संपर्क करें
- 3- इन प्रमाणपत्रों के खिलाफ ऑनलाइन दावा अनुरोध उत्पन्न किया जा सकता है, यदि पहले से अन्य माध्यमों/मीडिया के माध्यम से जमा नहीं किया गया है।

Footnote:

- 1- The claimant shall certify that the displayed Bank Credentials are correct and valid where the money could be transferred after successful verification of the claim.
- 2- Online application for Claim Request Submission can only be made if the UAN is seeded in ESIC records by the Employer/ESI Officer and the Bank Details have been verified by the ESIC Branch Office. This is an one-time activity. Please contact Employer / Branch Office for assistance in case of updation of Bank Details/ UAN



Login User : 1199900090



Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Insured Person's Particulars

| | | | |
|---------------------------------|----------------------|-------------------------|---|
| Insurance Number:* | 1199900090 | Name : | Subbu a |
| UAN Number:* | 675433245677 | ABHA : | |
| Date of Issue: | 7/27/2022 3:31:06 PM | Name of Branch Office:* | BO - Ajmer Gate |
| Date of Expected Confinement :* | 27/07/2022 | | Click to view Maternity Benefit Certificate Created by Doctor |
| Mobile :* | 9712781738 | | |

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

| | | | |
|-------------|--------------------|------------------|---------------|
| Bank Name:* | ICICI BANK LIMITED | Account Number:* | 8437463764747 |
|-------------|--------------------|------------------|---------------|

☐ I hereby agree to the following-

1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as shown above) with effect from * 27/07/2022

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the . I have drawn maternity benefit only upto

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User: 1199900090

Maternity Certificate details

Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Insured Person's Particulars

Insurance Number:*

UAN Number:*

Date of Issue:

Date of Expected Confinement:

Mobile :*

Bank Name:*

FORM 18 - DOCTOR CERTIFICATE OF EXPECTED CONFINEMENT / CONFINEMENT / MISCARRIAGE

| | | | |
|-------------------------|----------------------|--|-----------------------|
| Certificate No.: | DUMMY000012200044 | Hospital/Dispensary Name: | test |
| IP Number: | 1199900090 | IP Name: | Subbu a |
| Issue Date: | 7/27/2022 3:31:06 PM | Doctor Name: | Mr. Application L ONE |
| Name of Husband: | Sivaiah A | Confinement Type: | Expected Confinement |
| Expected Date: | 27/07/2022 | Remarks by Medical Officer, If Any: | |

☐ I hereby agree to the following:

1- I, the above mentioned Insured Person,

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the . I have drawn maternity benefit only upto

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User : 1199900090



Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Insured Person's Particulars

| | | | |
|------------------------------|------------|-------------------------|--|
| Insurance Number | 1199900090 | Name : | Subbu a |
| UAN Number | | ABHA : | N/A |
| Date of Issue | | Name of Branch Office:* | BO - Ajmeri Gate |
| Date of Expected Confinement | | | Click to view Maternity Benefit Certificate Created by |
| Mobile :* | 9712781738 | | |

BANK DETAILS OF THE INSURED PERSON

Bank Name: ICICI BANK LIMITED

☐ I hereby agree to the following-

- 1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as per the certificate issued from * 27/07/2022
- 2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
- 3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the [] . I have drawn maternity benefit only upto []
- 4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

IW need to click on the declaration checkbox to proceed further

Click on Submit button to submit the Claim Request.

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



Login User : 1199900090



Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Click on Yes button.

Insured Person's Particulars

| | | | |
|---------------------------------|--|---|---|
| Insurance Number:* | 1199900090 | M | Subbu a |
| UAN Number:* | 675433245677 | | N/A |
| Date of Issue: | DO YOU REALLY WANT TO SUBMIT YOUR CLAIM REQUEST? | | BO - Ajmeri Gate |
| Date of Expected Confinement :* | <input type="button" value="Yes"/> <input type="button" value="No"/> | | Click to view Maternity Benefit Certificate Created by Doctor |
| Mobile :* | 9712781738 | | |

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

| | | | |
|-------------|--------------------|------------------|---------------|
| Bank Name:* | ICICI BANK LIMITED | Account Number:* | 8437463764747 |
|-------------|--------------------|------------------|---------------|

☒ I hereby agree to the following-

1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage (as shown above) with effect from * 27/07/2022


2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022

4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1199900090

Maternity Benefit Claim Request Form (Expected Confinement / Confinement / Miscarriage)

Insured Person's Particulars

| | | | |
|---------------------------------|---|--------|---------|
| Insurance Number:* | 1199900090 | Name : | Subbu a |
| UAN Number:* | 675433245677 | ARHA : | N/A |
| Date of Issue: | BO - Ajmeri Gate | | |
| Date of Expected Confinement :* | Click to view Maternity Benefit Certificate Created by Doctor | | |
| Mobile :* | 9712781738 | | |

MATERNITY BENEFIT CLAIM REQUEST HAS BEEN SUBMITTED SUCCESSFULLY!!!

Close

BANK DETAILS OF THE INSURED PERSON AS PER

| | | |
|-------------|--------------------|----|
| Bank Name:* | ICICI BANK LIMITED | Ac |
|-------------|--------------------|----|

☒ I hereby agree to the following-
1- I, the above mentioned Insured Woman, hereby claim Maternity Benefit for expected confinement / confinement / miscarriage.
2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
3- I, do hereby give notice that I have taken up / shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022
4- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank account.

Submit

Cancel

Claim Request has been submitted successfully.
Now click on Close button.
This claim request will be displayed on Staff Portal

टिप्पणी:

1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद धन हस्तांतरित किया जा सकता है।

Staff Portal



ESIC

Employees' State Insurance Corporation

Insurance

0

Welcome to ESIC Insurance



The Employees' State Insurance Act,
1948

"An Act to provide for certain benefits
to employees in case of sickness,
maternity and employment injury and to
make provision for certain other matters
in relation thereto."

Login

* Required Fields

User Name:*

userda11

Password:*

Login

[Forgot Password](#)

[Help Test](#)

**Staff User need to enter the valid login credentials
and click on "Login" button**



क र बी नि
ESIC

कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Location and Role Selection

User Location : BO-Ajmeri Gate

User Role : LDC/UDC at Branch Office ▼

Login

Select the Location and Role of the staff user
and click on "Login" button



User Login: Superintendant Manian

0



My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer Registration

- Create a New Claim or Request
- Process a Claim or Request
- Upload Certificates
- Initiate Abstention Verification
- Upload Reply From VRC/AVTI
- Ledger Sheet
- Super Specialty Check
- Claim Acknowledgement
- IP Conflict Resolution
- Citizen's Charter Reports
- Update Bank Details
- View Children Details
- Claim Deletion Screen

RECOVERY

This section has the Navigations through Different Phases of Recovery Process and Issue of C...

- Cash Benefit Claim Requests
- Certificate Deletion Screen
- CovidAcknowledgement

Under the Benefit tab, click on “Cash Benefit Claim Request” to view the Cash Benefit Claim Requests submitted by IW (Insured Women)

This section has the Navigations through Different Phases in Revenue



User Login: Superintendant Manian

Wednesday, July 27, 2022 4:59:48 PM
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Claim Requests

IP Number :

Claim Request Submission From Date :

Claim Request Creation To Date :

Search

Reset

List of Cash Benefit Claim Requests will be displayed here

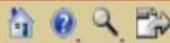
| Sr.No. | IP Number | IP Name | Certificate Number | Certificate Type | Certificate Issue Date | Claim Request Submission Date |
|--------|------------|---------|--------------------|----------------------|------------------------|-------------------------------|
| 1 | 1199900090 | Subbu a | DUMMY000012200044 | Expected Confinement | 27/07/2022 | 27/07/2022 |

Click on IP Number to view the submitted Claim Request details



User Login: Superintendent Manian

Wednesday, July 27, 2022 5:00:41 PM
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Claim Request Form

Insured Person's Particulars

| | | | |
|---------------------------------|--------------|-------------------------|---|
| IP Number:* | 1199900090 | IP Name : | Subodh a |
| UAN Number:* | 675433245677 | ABHA : | |
| Issue Date of Certificate:* | 27/07/2022 | Name of Branch Office:* | BO - Alwar |
| Date of Expected Confinement :* | 27/07/2022 | | Click to view Maternity Benefit Certificate Created by Doctor |
| Mobile :* | 9712781738 | | |

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

| | | | |
|-------------|--------------------|------------------|---------------|
| Bank Name:* | ICICI BANK LIMITED | Account Number:* | 8437463764747 |
|-------------|--------------------|------------------|---------------|

Declaration of Insured Person:

☒ I hereby agree for the following-

- 1-I, the above mentioned Insured Woman, hereby claim Maternity Benefit that for expected confinement/ confinement /miscarriage (as shown above) with effect from 27/07/2022
- 2-I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
- 3-I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022
- 4-I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

Proceed for Claim Creation

Cancel



User Login: Superintendant Manian

Wednesday, July 27, 2022 5:00:41 PM



My Work

Registration

Benefits

Maternity Certificate details

Others

Claim Request Form

Insured Person's Particulars

IP Number:* 1199900090 IP Name : Subbu a

UAN Number:* FORM 18 - DOCTOR CERTIFICATE OF EXPECTED CONFINEMENT / CONFINEMENT / MISCARRIAGE

Issue Date of Certificate:* Certificate No.: DUMMY000012200044 Hospital/Dispensary Name: test

Date of Expected Confinement: IP Number:* 1199900090 IP Name: Subbu a

Mobile :* Issue Date:* 7/27/2022 3:31:06 PM Doctor Name: Mr. Application L ONE

Bank Name:* Name of Husband:* Sivaiah A Confinement Type: Expected Confinement

Declaration of Insured Person

Expected Date* 27/07/2022 Remarks by Medical Officer, If Any:

☒ I hereby agree for the following

Close

1- I, the above mentioned Insured Person,

2- I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.

3- I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022. I have drawn maternity benefit only upto 20/10/2022

4- I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

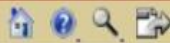
Proceed for Claim Creation

Cancel



User Login: Superintendent Manian

Wednesday, July 27, 2022 5:00:41 PM
0



My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

Claim Request Form

Insured Person's Particulars

| | | | |
|---------------------------------|--------------|-------------------------|---|
| IP Number:* | 1199900090 | IP Name : | Subbu a |
| UAN Number:* | 675433245677 | ABHA : | NA |
| Issue Date of Certificate:* | 27/07/2022 | Name of Branch Office:* | BO - Ajmeri Gate |
| Date of Expected Confinement :* | 27/07/2022 | | Click to view Maternity Benefit Certificate Created by Doctor |
| Mobile :* | 9712781738 | | |

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

| | | | |
|-------------|--------------------|------------------|---------------|
| Bank Name:* | ICICI BANK LIMITED | Account Number:* | 8437463764747 |
|-------------|--------------------|------------------|---------------|

Declaration of Insured Person:

☒ I hereby agree for the following-

- 1-I, the above mentioned Insured Woman, hereby claim Maternity Benefit that for expected confinement/ confinement /miscarriage (as shown above) with effect from 27/07/2022
- 2-I, further declare that I have ceased / shall cease to work for remuneration with effect from the aforesaid date.
- 3-I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the 27/07/2022 . I have drawn maternity benefit only upto 20/10/2022
- 4-I, do hereby certify that my Bank Details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this account.

Proceed for Claim Creation

Cancel

Post verifying claim request details, Staff User (LDC/UDC) will follow the existing Claim Creation process by clicking on "Proceed for Claim Creation" button

Thank You