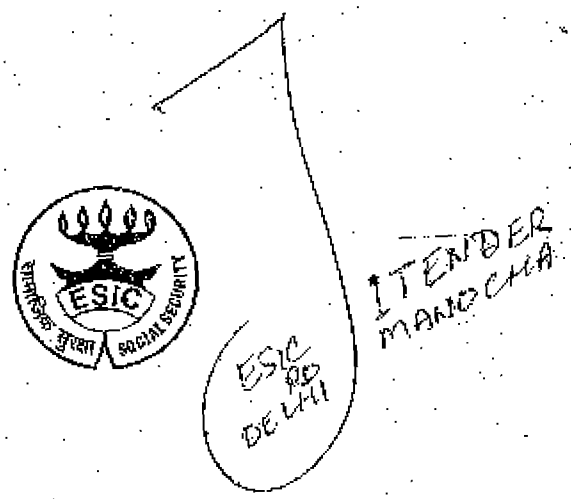
E.S.I. MEDICAL MANUAL

(Incorporating Instructions issued up to March 2000)

4th Edition (Revised)

Sept. 2002



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Director General

EMPLOYEES' STATE INSURANCE CORPORATION

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FOREWORD

Over the last 50 years, ESI Corporation has emerged as the country's leading multi-dimensional health insurance organisation. Today, it has a vast network of ESI hospitals, dispensaries and panel clinics for providing primary, specialist and in-patient services to about 32 million ESI beneficiaries all over the country. ESIC has also, recently decided to set up atleast one model hospital in each State.

With the thrust on overall improvement in service delivery, it has become necessary that insurance medical officers and medical administrators, working for the scheme, are well acquainted with the corporate policies, instructions and related guidelines, including the complexities of social insurance and documentation thereof. Medical certification, for instance, is one of the critical areas where caution has to be exercised by the certifying authority.

This revised and up-dated edition of the Medical Manual should serve as a useful reference book for adhering to stipulated processes and procedures. While appreciating the hard work that has gone into updating this exhaustive Manual, I look forward to its meaningful and productive use by the field offices and establishments of the Corporation.

New Delhi
Dated: 23-1-2003.

Ajay Dua
Director General

PREFACE
(To This Edition)

The third edition of the ESI Medical Manual was last published in 1989. In view of the changes that have taken place in the scope of service under the ESI scheme, as well as, simplification of procedures undertaken over the last decade, it was felt necessary to come up with an updated and revised edition of the Manual.

Easy access to various instructions and guidelines is of paramount importance in speeding up the process of service delivery, moreso, in a social security set up like ours where benefits are generally inter-linked and medical certification is an integral part of the day-to-day activity. Medical manual, a comprehensive compilation of norms and procedures incorporating the latest instructions is the most important corporate publication to depend upon for all information related to various aspects of medical benefit.

This, the fourth edition of the Manual, is the outcome of the hard work of a senior team of ESIC officers. Here, I would ,particularly, appreciate the level of involvement of Dr.D.K.Kapoor, Director (Medical) Headquarters, Dr.A.K.Khokhar, Dy.Medical Commissioner and Dr.T.K.Goel, Additional Director(DMD) in revising, recasting and updating this Manual. I am equally appreciative of the efforts Shri P.L.Kaul, Director Public Relations for his contribution in reformatting the manual with a new look, layout and design.

While all care has been taken to make it a comprehensive reference book on matters medical within the scheme, there could still be room for some improvements. Suggestions that could further enhance the usefulness of this Manual are, therefore, welcome.

S. Singh

New Delhi
Dated: 23-1-2003.

Dr.(Mrs.)S.Singh
Medical Commissioner

ABBREVIATIONS

Act	:	Employee's State Insurance Act, 1948.
AMO	:	Administrative Medical Officer
Corporation	:	Employee's State Insurance Corporation
Director	:	Director, ESI Scheme
EI	:	Employment Injury
EI Court	:	Employees' Insurance Court
ESB	:	Extended Sickness Benefit
ESIS	:	Employees' State Insurance Scheme
IMO	:	Insurance Medical Officer
IMP	:	Insurance Medical Practitioner
IP	:	Insured Person
IW	:	Insured Woman
LC	:	Local Committee
LO	:	Local Office
MAT	:	Medical Appeal Tribunal
MB	:	Medical Board
MBC	:	Medical Benefit Council
MR	:	Medical Referee
MRE	:	Medical Record Envelope
MRC	:	Medical Record Card
OD	:	Occupational Disease
PDB	:	Permanent Disablement Benefit
RO	:	Regional Office
Regulations	:	Employees' State Insurance (Central) Regfulations, 1950
Rules	:	Employees' State Insurance (Central) Rule, 1950.
SB	:	Sickness Benefit
SLO	:	Sub Local Office
SMB	:	Special Medical Board
SRO	:	Sub Regional Office
TDB	:	Temporary Disablement Benefit
TIC	:	Temporary Identification Certificate

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CHAPTER - I

THE ESI SCHEME OF INDIA

1.1 Concept of Social Security

Social Security is as old a concept as the society itself. It has evolved in form from times immemorial according to the needs of the mankind and level of social consciousness of the people. The changing conditions of life as affected by the changes in technology, new experiences and life styles in post industrialisation era have led to the creation of new demands of social legislations for providing foolproof social protection to citizens in general and industrial workers in particular.

Social security today is a dynamic concept that has drawn the attention of almost all the nations whether developing or developed. It has come to be considered as an essential input towards socio-economic amelioration of the masses as a protective measure against deprivation and destitution in the event of loss of wages or earning capacity due to death, disease and disablement, old age and unemployment.

In the post world war era, the basic frame work and concept of social security has universally changed from that of social assistance to social insurance with the sole objective of upholding human rights and human dignity of fellow citizens through concerted social action governed by relevant laws and legislations. Pooling of risks and resources for facing the uncertainties of life as enshrined in the ILO convention are today the hall marks of well conceived social security programmes the world over.

1.2 Social Security in India

Though the Workmen's Compensation Act was promulgated in India in 1923 to safeguard the interest of industrial workers in the event of death and disablement, there was no provision to take care of other contingencies more pressing and more frequent such as sickness, temporary disablement and maternity etc. or even medical care facilities. It was in fact in the post independent period that an array of social security legislation came into force though industrialisation was still in a nascent and fledgling state. Employees' State Insurance Act, 1948 was the first major landmark legislation on social security that covered a variety of risks that the workers

in the organised sector were exposed to. The Act itself was the culmination of a series of debates and discussions and recommendations of various committees and commissions on issues related to the welfare of labour force. Notable among these were the Royal Commission of Labour 1929, Bombay Enquiry Committee 1940 and a Review Committee headed by Prof. B.R. Adarkar in 1943.

Other social security legislations to follow included :-

i) Coal Mines Provident Fund and Bonus Scheme Act, 1948
ii) Plantation Labour Act, 1951
iii) Employees' Provident Fund Act, 1952
iv) Maternity Benefit Act, 1961 and ;
v) Payment of Gratuity Act, 1972

1.3 The ESI Act, 1948

The promulgation of Employees' State Insurance Act, 1948 envisaged an integrated need based social insurance scheme that would protect the interest of workers in contingencies such as sickness, maternity, temporary or permanent physical disablement resulting in loss of wages or earning capacity and death due to employment injury. The Act also guarantees reasonably good medical care to workers and their immediate dependants.

Following the promulgation of the ESI Act, the Central Govt. set up the ESI Corporation to administer the Scheme. The Scheme, thereafter was first implemented at Kanpur and Delhi on 24th February 1952. The Act further absolved the employers of their obligations under the Maternity Benefit Act, 1961 and Workmen's Compensation Act 1923. The benefit provided to the employees under the Act are also in conformity with ILO conventions.

1.4 Employees' State Insurance (Central) Rules, 1950

Section-95 of the ESI Act, 1948 empowers the Central Government, after consultation with the Corporation and subject to some other conditions, to make Rules, not inconsistent with the provisions of the Act for effective administration of the ESI Act. The Rules thus framed by the Central Govt. are called Employees' State Insurance (Central) Rules, 1950.

The Central Rules cover certain essential policy planning, administrative and functional areas such as:-

Appointments/elections of members of the corporation, Standing Committee and Medical Benefit Council etc; fixation of upper wage limit for purpose of coverage, rates of contribution; duties and powers of Director General and Financial Commissioner; investment of ESI Funds etc.

1.5 Employees' State Insurance (General) Regulations, 1950

Section-97 of the ESI Act, 1948 provides that the Corporation may, make regulations not inconsistent with the Act and the Rules made thereunder, for the administration of the affairs of the Corporation and for carrying into effect the provisions of the ESI Act. The regulations provide for matters such as;

Regulating the meetings of the Corporation, Standing Committee, MBC etc. and the procedures thereof; assessment and collection of contribution, sickness certification and eligibility of benefits, scale of benefits and commutation etc. The regulations also cover method of recruitment, pay and allowances and other conditions of service in respect of employees and officers of the Corporation other than Director General/ Financial Commissioner.

1.6 Administration of the Scheme

a) The Corporation

The Employees' State Insurance Scheme is administered by a corporate body called the ESI Corporation. This apex body is constituted and notified by the Central Government for a four year term and represents various interest groups comprising employees, employers, the Central and State Governments besides the parliament and medical profession. Union Minister of Labour functions as the Chairman of the Corporation whereas, Director General ESIC, is also an ex-officio member of the Corporation.

The Corporation is the highest policy making and decision taking authority under the ESI Act and oversees the functioning of the Scheme. The Corporation meets periodically to conduct business as may be required to regulate the functioning of the Scheme.

b) The Standing Commiltee

The Standing Committee is the statutory executive organ of the Corporation. The members are drawn from the main body of the Corporation by nomination and election. The nominated members include three members each of the Central Govt. and State Governments. Further, three members each representing employers and employees and one each representing parliament and the medical profession are elected from amongst the members of the Corporation through a voice vote. Secretary, Ministry of Labour, Govt. of India functions as the Chairman of the Standing Committee. Director General, ESI Corporation is also an ex-officio member of the Standing Committee.

The Standing Committee is vested with powers to administer the affairs of the Corporation, exercise any of the powers and perform any functions of the Corporation subject to the overall control and superintendence of the Corporation. Standing Committee is also empowered to constitute any non-statutory sub-committees for specific purposes as the need be.

c) Medical Benefit Council

Medical Benefit Council is an advisory body on matters related to the administration of medical benefit under the ESI Scheme. The council is constituted by the Central Govt. for a specific term and consists of :-

1. Director General, Central Health Services(ex-officio Chairman)
2. Deputy Director General/Addl. Director General, Central Health Services.
3. One member each representing respective State Govts.
4. Three members each representing employees, employers and the medical profession.
5. Medical Commissioner, ESI Corporation(ex-officio member)

The ESI Act empowers the Medical Benefit Council to advise the Corporation on matters related to developments and improvements in the medical service delivery system.

The constitution of the Corporation, Standing Committee and the Medical Benefit Council are dealt with in Section 4, 8 and 10 of the ESI Act, 1948 respectively. Powers of the Standing Committee and duties of the MBC are given under Section 18 and 22 respectively.

d) Regional Boards/Local Committees' etc.

The ESI Act empowers the Corporation to constitute Regional Boards and Local Committees at State-level and local level as advisory bodies for development and well being of the scheme at the grass roots level. Whereas the Regional Boards are constituted by the Chairman, ESI Corporation, the Local Committees within a State/Union Territory are nominated in turn by the Regional Board.

Regional Boards and Local Committees perform such functions as are stated under Regulation 10(14) and Regulation 10-A(9) of the ESI Regulations framed under the main Act.

1.7 Administrative Set-up

i) ESIC Headquarter

The Apex Central Office of the ESI Corporation is located at New Delhi. Director General appointed by the Central Govt. in consultation with the Corporation functions as the Chief Executive of the Corporation. For day to day administration of the Scheme the Director General is assisted by a Financial Commissioner, Insurance Commissioner and a Medical Commissioner as divisional heads. Other vital support services are provided by Administration Branch, Actuarial Branch, Public Relations Branch, Vigilance Branch, Planning and Development Branch, Construction Branch, Systems and Management Service Units and HRD Branch etc.

The ESIC Hqr. is responsible for translating the decisions of the Corporation into action, co-ordination with Central/State Govts. members of the Corporation and other statutory bodies, overall development and administration of the Scheme, manpower management of the Corporation and financial management etc.

ii) Regional Office & RDMC Office.

a) Regional Director

The Corporation has set-up a Regional Office in most of the States and even sub-Regional Office in certain dense industrial areas for smooth

operation and functioning of the Scheme. The Regional Offices are headed by Regional Directors who in turn report to the ESIC Hqr.

The Regional Offices are responsible for administering the Scheme in their respective states/areas of operation. The activities comprise implementation in co-ordination with State Govts, inspections, surveys and enforcement, collection of revenue, administration of local offices, cash offices and inspection offices, repair and maintenance of buildings owned by the Corporation and delivery of cash benefits to ESI beneficiaries etc.

The Regional Director also functions as member secretary of the Regional Board and is responsible for co-ordination of Board activities and arranging its periodical meetings in consultation with the Chairman of the Board.

b) Regional Deputy Medical Commissioner (RDMC)

On the medical side various regions have been grouped together into zones and RDMC is posted for each zone under whom Medical Referees are posted in each region. They are responsible for coordination of various Medical matters with the respective state governments and in turn report to the ESIC Hqr.

1.8 Infrastructure

Following a modest beginning in 1952 when the Scheme covered just about 1.2 lakh employees at Delhi and Kanpur, the ESI Scheme over the last five decades has come of age in terms of coverage, growth and development. By the end of March 1999 the Scheme had been implemented at 642 industrial centres across the country covering about nine million employees. The total number of beneficiaries were touching about 35 million whereas the number of factories and establishments brought within the purview of Act had risen to over 2.20 lakhs.

To cater to the multi-dimensional social security needs including health care of its clientele wide spread all over the country, the Corporation has already set-up 133 ESI Hospitals, 1452 service dispensaries, 43 annexes, 307 specialist centres and has also empanelled about 2800 private practitioners called Insurance Medical Practitioners.

The Corporation has also set up 25 Regional Office/Sub-regional offices and 826 Local Offices and cash offices for the administration of the Scheme including disbursement of cash benefits to ESI beneficiaries.

1.9 Finances of the Corporation

ESI Fund

All contributions paid by the insured workers, their employers and income from other sources are pooled into a common fund called the Employees' State Insurance Fund. The Corporation functions as the trustee of this fund which in turn is used for making social security provisions etc. as provided under the Act including the administration of the Scheme.

a) Employer's Contribution

Employer's contribution is a major source of revenue and is payable by the employers in respect of the insured employees in a factory, establishment covered under the ESI Act. The rates of contribution are in accordance with provision under clause 51 of the ESI(central)Rules 1950. These rates are reviewed and revised from time to time by the ESI Corporation for financial sustainability of the Scheme. The effective rate of contribution payable by the employers from 1.1.1997 is 4.75 percent of the wage bill. The employer also pays his share of contribution in respect of employees who are otherwise exempted from payment of employees contribution.

b) Employee's Contribution

Insured employee's contribution to the ESI fund is at the rate of 1.75 per cent of the wages (effective from 1.1.1997). The actual contribution by an employee is worked out on the basis of daily wages payable to him in a particular wage period. In case the average daily wage during a particular wage period is Rs.40/- or less he/she is exempted from payment of his/her share of contribution. (ESI Corporation meeting on 5.12.1999)

c) State Govt's Share

As provided under the ESI Act, currently evey State Govt's. share of expenditure on provision of medical benefit to ESI beneficiaries is fixed at

12.5% and the remaining 87.5% of expenses is borne by the Corporation keeping in view of the ceiling of expenses fixed on medical care. Amount spent in excess of the ceiling is, however, borne by the State Govt. concerned.

Further, wherever the incidence of sickness benefit payments to insured persons is found to be in excess of the all-India average, the excess amount is shared between the State Govt. and the ESI Corporation in the given proportion.

1.10 Implementation of the Scheme

The actual implementation of the Scheme in a State or in part of a State is decided by the State Govt. in consultation with and approval of the Corporation. Medical care is provided by the State Govt. except in Delhi and NOIDA. The ESI Medical Scheme in a State is headed by Director/Administrative Medical Office, ESI Scheme.

Further, the Corporation in order to promote speedy implementation of the scheme in new geographical areas has decided to bear full expenditure on administration of medical benefit in such areas for an initial period of three years.

* * *

CHAPTER - II

COVERAGE, REGISTRATION AND CONTRIBUTION

2.1 Introduction

Thousands of factories and establishments are in operation all over the country. A large number of persons are employed with them. In order that provisions of the Act are implemented properly and benefits are delivered to the employees in the appropriate manner, it is essential that coverable factories/establishments are registered, numbered and recorded, as also the employees and their contributions are collected and posted. Given below is the brief, of the procedure in this regard.

2.2 Coverage of Factories

The Act in the first instance applies to all non-seasonal factories, using power and employing 10 or more persons, and to non-power using factories employing 20 or more persons for wages on any day in implemented areas. There is an enabling provision in the Act under Section 1(5) to extend coverage to other classes of establishment – industrial, commercial, agricultural or otherwise. Most of the State Govts. have extended the provision of the Act to the following class of establishments, i.e., shops, hotels, restaurants, cinemas including preview theatres, road-motor transport agencies, newspaper establishments, etc.

The Act does not apply to workers engaged in mining operations, railway running sheds, certain seasonal factories operating for less than 7 months in a year. Factories or establishments run by the State Govts./ Central Govt. whose employees are in receipt of social security benefits substantially similar or superior to those provided under the Act can be exempted from coverage.

2.3 Coverage of Employees

A monthly wage limit is prescribed by the Central Govt. for the purpose of coverage of employees/workers of the aforesaid factories or establishments. An employee has been defined under Section 2(9) of the Act and means any person employed for wages in or in connection with the work of a factory or establishment to which this

Act applies. The wage ceiling is enhanced from time to time. The existing ceiling effective from 1.1.97 is Rs.6,500/- per month.

2.4 Contribution

E.S.I. Scheme being contributory in nature, all the employees in the factories or establishments to which the Act applies shall be insured in a manner provided by the Act. The contribution payable to the Corporation in respect of an employee shall comprise of employer's contribution and employee's contribution at a specified rate. The rates are revised from time to time. Currently, the employee's contribution rate (w.e.f. 1.1.97) is 1.75% of the wages and that of employer's is 4.75% of the wages paid/payable in respect of the employees in every wage period. Employees in receipt of a daily average wage upto Rs.40/- are exempted from payment of contribution. Employers will however contribute their own share in respect of these employees.

2.5 Collection of Contribution

An employer is liable to pay his contribution in respect of every employee and deduct employee's contribution from wages bill and shall pay these contributions at the above specified rates to the Corporation within 21 days of the last day of the Calendar month in which the contributions fall due. The Corporation has authorized designated branches of the State Bank of India and some other banks to receive the payments on its behalf.

2.6 Return of Contribution and Benefit Period

There are two contribution periods each of six months duration and two corresponding benefit periods also of six months duration as under:—

Contribution period	Corresponding Cash Benefit period
1st April to 30th Sept.	1st January of the following year to 30th June.
1st Oct. to 31st March of the year following	1st July to 31st December

The employer sends return of contribution in respect of all his employees/insured persons at the end of each contribution period.

2.7 Registration of Factories and Establishments

The employer of the factory or establishment to which the Act applies shall register it by furnishing a declaration in Registration Form (Form 01) to the appropriate Regional Office(RO)/Sub Regional Office(SRO). The RO/SRO shall allot an Employer's Code Number and inform the employer of that number. The employer shall enter/quote the code number on all documents and in all correspondence with the ESI offices.

2.8 Registration of Employees and issue of Temporary Identification Certificate (TIC) – Annexure 2.1

The employer taking any person into employment shall be required to furnish certain particulars and details of workers and their families in the Declaration Form (Form 1), including the Temporary Identification Certificate (TIC)-Annexure 2.1, and complete it after obtaining the signature or thumb impression of the employee. The definition of family for medical benefit has been defined under Section 2(11) details of which are given in para 3.4. He shall send the Declaration Form alongwith the TIC with a return of Declaration Form (Form 3) in duplicate to the Regional Office/ SRO/LO within 10 days of the entry of an employee into the insurable employment.

After receipt of the TIC with the Insurance Number marked thereon, the employer shall deliver the TIC to the employee to whom it relates after obtaining his signature or thumb impression on TIC. The employee can avail of medical treatment on production of this TIC which is valid for 3 months and can be revalidated by Manager Local Office till a permanent Identity Card is issued.

2.9 **Allotment of Insurance Number:** The RO/SRO shall allot an Insurance Number to each such person in respect of whom the Declaration Form has been received. The TIC with the Insurance Number marked thereon shall be detached and returned to the employer alongwith a copy of Form-3.

2.10 **Insured Person (IP)** means a person who is or was an employee in respect of whom contributions are or were payable under Section 2(14) of the Act and who is, by reason thereof, entitled to any of the benefits provided by the Act.

An IP becomes entitled to cash benefits after completing nine months in insurable employment except in case of employment injury.

2.11 Preparation of the Documents

The Regional Office/Local Office shall arrange to prepare a Permanent Identity Card in Form-4 for each employee in respect of whom an Insurance Number is allotted and shall send such Identity Cards to the employer. Thus the office prepares following documents :-

(i) Permanent Identity Card(Form-4)-sent to the IP through employer (Annexure-2.2)

(ii) Medical Record Envelope (MRE) –sent to ESI Dispensary/IMP Clinic where they are kept in filing cabinets Insurance number wise. (Annexure-2.3).

(iii) Index Card (ESIC-2) – only in Panel system area-sent to Director/AMO.

(iv) Index Sheet in duplicate- one each for Director/AMO and RO.

(v) Permanent acceptance card (ESIC-Med.7) – only in Panel system area-sent to IP.

2.12 Permanent Identity Card (Form 4) – Annexure 2.2

The practice, in the past, was to issue a permanent Identity Card for IPs and a separate Family Identity Card for families. The Permanent Identity Card for IPs is issued within 3 months of entering in insurable employment and has all the essential particulars i.e., name of the IPs, Ins. No., Dispensary/Local Office etc., to which IP is attached. Simultaneously, the Family Identity Card was also prepared showing particulars of the family.

Now, the procedure has been changed to issue of combined identity cards (Form 4) in place of separate card for IPs and families. Identity Cards are sent to employer who delivers these to such of the IPs who continue to be in the insurable employment on expiry of 3 months from initial entry into service.

The Identity Card is an important document and has to be produced while obtaining Medical Benefit, Certificates or Cash benefits. The IMOs/IMPs are to enter the identification marks of the IP in the space provided for the purpose in the Identity Card and the MRE on his first visit to the dispensary/clinic. Any loss of the Identity Card should be reported to the concerned LO.

2.13 Certificate of Employment (ESIC-86) (Annexure-2.4).

If an IP or a member of his family requires medical care before his TIC is received back from RO/SRO/LO, he can obtain a Certificate of employment from his employer on Form ESIC-86. This Certificate serves the same purpose as TIC. Insured Persons, who are issued Certificate of Employment are not issued TIC. This Certificate will not have the Ins. No., but will have the reference of declaration form under which it was sent to RO/SRO/LO. This certificate should bear signature of a authorised official of the factory and rubber stamp of the factory.

The ESIC-86 can also be issued in cases where TIC is lost before receipt of Permanent Identity Card, but such ESIC-86 shall bear the Insurance Number.

2.14 Validity of Temporary Identification Certificate/Certificate of Employment

The period of validity of TIC/Certificate of employment is 3 months from the date of entry of the IP into insurable employment (not from the date of issue of either of the documents to IP).

IMO/IMP shall prepare MRE on the basis of TIC/ESIC-86 indicating period of validity i.e., 3 months.

2.15 Revalidation of TIC

a) By The Employer:- In cases where Permanent Identity Cards are not received by the employer from the RO/LO within 3 months from the date of entry of IP into insurable employment, the employer will revalidate the TIC by endorsing it as "REVALIDATED UPTO....." under signature of a authorised officer of the Factory with the rubber stamp of the factory affixed thereon, if the IP still continues to be employed in the factory. Such revalidation will be for a further period of 3 months from the date of expiry of the original period.

b) By Regional Office/Local Office.-Sometimes, employers send the declaration forms of the IPs to the RO/SRO/LO very late, say after expiry of 3 months or more from the date of entry of the IP into insurable employment. In such cases, the RO/SRO/LO will revalidate the TIC for a further period of 3 months from the date on which the employer certifies the IP to be in insurable employment.

2.16 Issue of Duplicate Permanent Identity Cards

a) The duplicate permanent Identity Cards are issued in case of loss or defacement of an Identity Card. Now separate cards for IPs and families are replaced by combined Identity Cards even when only one is lost or defaced or destroyed, the other card being withdrawn and combined card issued. The IP should report the matter to the appropriate Local Office.

b) When unserviceable Identity Card is retained at LO for issue of duplicate card, a certificate is issued to this effect. Similarly, a receipt is issued for the payment of prescribed fee for issue of duplicate card in cases of loss of card. These are valid for 30 days as Identity documents and enable the IP and his family members to obtain medical treatment. Local Office can extend this period of validity in case duplicate card is not issued within this period.

Duplicate Identity Cards can be misused by the persons who are not entitled to receive Medical Benefit. To check this and to enable IMO/IMP to detect impersonation, it is necessary that the particulars with regard to the issue of duplicate Identity Card are entered in MRE. Rubber stamp indicating "DUPLICATE CARD NO..... ISSUED ON....." may be affixed on MRE on receipt of information from LO about issue of duplicate card. This will enable seizure of the card and investigation, if any person produces the original card issued prior to the date indicated in MRE. The IMO will also record the identification marks of the IP on the duplicate Identity Card as per record on MRE.

2.17 Cases of Impersonation

In case of an attempt at impersonation at the dispensary/hospital, it should be recorded on the MRE and intimated to the LO concerned enclosing the Identity Card for necessary action.

The Identity Card is retained by the LO. To avoid hardship to IPs in such cases, an intimation is issued to the IP through the employer to the effect that Identity Card bearing such Ins. No. has been received by the LO and its ownership is under investigation. If the beneficiaries falls ill and wants his Identity Card, IP should come to the LO for issue of receipt (ESIC-139) for the Identity Card after establishing his identity. This receipt will be valid for a period of 3 months and will be issued under the dated signature of Local Office Manager.

2.18 Change of Dispensary

IP may desire change of dispensary/clinic on grounds of change of residence or on some other grounds. The required change has to be applied for in Form ESIC-53 (Annexure-2.5). The change applied for may be from full-time ESI dispensary to other full-time ESI dispensary or from full-time ESI dispensary to part time ESI dispensary/panel clinic/Employer's utilisation dispensary or vice-versa.

a) Change of dispensary on grounds of change of residence :

The Change from full-time dispensary to another full-time dispensary on grounds of change of residence can be sanctioned by IMO Incharge of the dispensary to which IP is attached or IMO Incharge of dispensary to which change is desired or by Manager, Local Office. The change is intimated in form ESIC-54 (annexure-2.6), copies of which are sent to the other dispensary, LO, RO, AMO/ Director. If IP applies at the new dispensary, the IMO Incharge will call for MRE of the IP from the old dispensary. If he applies at the old dispensary IMO will send MRE to the new dispensary.

b) Change of dispensary on grounds other than change of residence :

Change from full-time dispensary to part-time dispensary / panel clinic / Employer's utilisation dispensary on any ground or from full-time dispensary to other full time dispensary on grounds other than change of residence are sanctioned only by Director/AMO. Form-ESIC-54 is sent to both the dispensaries, LO and RO. Besides this, in case of change to Employer's utilisation dispensary/IMP Medical Acceptance Card may be sent by Director/AMO to dispensary along with ESIC-54 for filling the particulars and returning to his office by Employer's utilisation dispensary/IMP. In case of change from Employer's utilisation dispensary/IMP, Medical Acceptance Card is withdrawn from the cabinet of particular dispensary/IMP.

2.19 Change in Name /Date of Birth of IP and family member

This is to be got done through LO/RO in Form ESIC-53 and ESIC-54.

2.20 Treatment of family members of Insured Persons :

The family members of an Insured Person who reside at the place of work or at a place other than the place of work of the Insured Person or who move alongwith the

Insured Person on leave or temporary transfer will be provided medical care as under :- 2.2

a. The family members can get treatment alongwith Insured Person at the station where the Insured Person is posted permanently/temporarily.

b. The facilities of medical benefit under the ESI Scheme will also be provided to the family members of IP where the IP works and resides at one station and his family resides at another station but both the places are implemented centres and located in the same State.

c. Where the member of the family moves alongwith the Insured Person from his place of duty either on leave or on temporary transfer to any other station which is an implemented center in the same state or in a different state at the scale prescribed by respective State Governments at outstations. 2.2

d. The family members, excluding IP are to be treated as one unit. The family members shall have no option to get treatment at more than one station i.e. some members of the family getting treatment at one place and the remaining members at another place.

e. The family members of IP shall get only such type of medical care as is available in the area where they reside. This is irrespective of the fact whether the type of medical care available to family at the place of duty of IP is inferior or superior to the type of medical care available to the family members at the area where IP resides.

f. The capitation fee to the IMP shall be paid at a rate of Rs.60/- per family unit per year.

g. In the declaration form, the IP shall have to mention the name of ESI Dispensary/ clinic of IMP from where the IP and member of his family shall get treatment.

h. For obtaining medical benefit by the beneficiaries separate TIC/Identity Cards, etc. will be issued for the IP and members of their family (marked "only for family members not residing with IP") in those cases covered under 'b' above.

2.21 Reciprocal Medical Arrangement : Treatment of insured persons and their families working in one state and residing in the adjoining state

There are cases where an IP works in one State and lives with his family in the adjoining State. The responsibility of making medical arrangements will rest with the State in which the covered factory is situated. Since the IP and members of his family can be attached to same dispensary or panel Doctor in the State of residence, it has been decided that where the two concerned States agree on reciprocal basis to provide treatment to such Insured Persons and their families, from the other State, the Corporation will agree for attaching the IP and his family to a dispensary falling in the adjoining State of their residence. The procedure regarding sharing of expenditure on Medical Care of such Insured Persons and their families will be governed by the agreement between the two States.

2.22 Medical Treatment to Insured Persons and Families at out-stations : Temporary Residents

An IP, who moves from his normal station to another station in the same State or another State where also the medical benefit provisions of E.S.I. Scheme are in force, either on authorized leave or on temporary duty, (for a period not exceeding three months), will be provided medical treatment at the new place (temporary resident).

A temporary resident, before proceeding to a temporary residence, shall obtain on request a certificate of entitlement on Form ESIC-105, (Annexure-2.7) from his employer. The employer shall also indicate on Form ESIC-105 whether the members of family of IP are also moving along with the IP. This certificate of entitlement will be valid for a maximum period of 3 months only from the date mentioned therein. Any IP who does not possess ESIC-105 or the document referred to in para below cannot avail Medical Benefit at his temporary residence.

A memorandum from employer sanctioning leave or tour indicating Name, Address, Insurance Number, Employer's Code Number and period of leave or tour can be accepted in lieu of ESIC-105. This will be treated by IMO/IMP in the same way as ESIC-105.

A temporary resident can claim treatment at any State Insurance Dispensary/Clinic of a panel Doctor at his temporary residence on the production of Form ESIC-105

and Identity Card and he should be accepted by the IMO/IMP on his list only if IP actually needs medical treatment at that time. IMO/IMP will get the signature of the IP on ESIC-Med.10 (on the reverse of ESIC-105), complete it and put his signature in token of his acceptance of the temporary resident. This card is to be retained by the IMO in service areas, but sent to Director by IMPs in panel areas and also by Employer's utilisation dispensaries for payment of capitation fee for one quarter.

If a temporary resident was previously in a panel area, his original IMP will also be entitled to the capitation fee for the quarter unless an exit card has been issued.

A temporary resident will be provided Medical Benefit in the same way and on the same scale as other IPs in the area. As all benefits will be admissible to a temporary resident, certificates, if justified, should also be issued to enable him to claim cash benefits from the Local Office to which IP is allotted at his permanent place of residence. IMO/IMP will prepare the MRC in ESIC-Med.3 and keep them separately.

The MRC of a temporary resident after the expiry of the period of IP's stay shall be sent through the Director of the State to the Director of his permanent place of residence who will pass on the same to the ESI institution (to which the IP is attached) where it will be placed in his MRE. In service areas, IMO sends MRE directly to IP's permanent dispensary. If an IP wants to return to his original place of residence before issue of Final Certificate, he should be issued a statement by IMO/IMP of temporary residence giving details of certificate issued to enable follow-up action by IMO/IMP of original place of residence. The IP shall get specimen signature of IMO/IMP on Medical Certificate verified by the nearest Local Office Manager and send it to his Local Office.

A temporary resident whose stay at a place is less than 24 hours should also be given medical treatment by the IMO/IMP, but the procedure detailed in the above paragraphs need not be followed. As the treatment is of the nature of emergency treatment, no capitation fee will be payable to the IMP/Employer's utilisation dispensary.

If an IP's stay at a temporary residence is for a period of more than 3 months, he will not be treated as temporary resident, but will be entitled to Medical Care at the new place only as provided for change of dispensary/doctor/IMP/region

2.23 Medical treatment to Insured Persons who move to another implemented area within the same state or another state after leaving employment during the subsistence of their entitlement to Medical Benefit.

The following procedure will be followed to provide Medical Care to an IP who moves to another implemented area within the same state or another state after leaving his job, but within un-expired period of entitlement to Medical Benefit under the Scheme :-

a) The IP will intimate to the Regional Office (RO) of his area, directly or through his Local Office (LO), his intention to go to another area. The application should state all the necessary particulars, viz. Employer's name, Code No. and IP's name and Insurance Number etc..

b) The RO/LO will verify the facts and work out the period of entitlement to Medical Benefit and inform the new RO/LO, where the IP intends to move. Copy of this should be given to IP in Form ESIC-50 which will be suitably modified for this purpose. Intimation of this fact will also be sent to the director of the area to which the IP moves. Along with this intimation the RO will issue another intimation (by an Exit Card) to the Director/Dispensary requesting removal of the name of the IP from the list of IMP/Dispensary to which the IP has been attached.

c) The new RO/LO on receipt of intimation from the old RO should intimate the same to the director of the new area.

d) The IP will produce the card in Form ESIC-50 to the new IMO/IMP who will provide necessary Medical Benefit and also prepare a MRC on Form ESIC Med.3. The period of entitlement given in Form ESIC-50 will also be noted on this card. Medical Benefit will be stopped on expiry of this period. The Form ESIC-50 will be retained by the IMO/IMP.

e) The Medical Record of the IP after the expiry of the period of entitlement indicated in Form ESIC-50 will be sent to the Director of the original area who will then place the card in the IP's MRE.

f) In Panel areas, capitation fee in respect of such temporary entitlement will be payable for one quarter even if the IP joins the new Panel Doctor's list after the first day of the quarter. If the IP has moved from the Panel area, his original IMP will also be entitled to capitation fee for the quarter.

2.24 Inter-Regional Transfer with different employers

If an IP moves from one region to another region and in doing so changes his employer, then the IP will approach the LO of his new place of posting and present his Identity Card. The LO will retain the Identity Card and issue to the IP a certificate in Form ESIC-98 indicating the name as well as the LO and dispensary opted by him so that it may be possible for him to obtain medical treatment during the period he may be without the Identity Card. The LO will send this Identity Card alongwith a request to the old RO of IP for transfer of documents. The RO will direct the Local Office to which the IP was attached earlier for immediate transfer of the documents direct to the new Local Office.

On receipt of documents from the old Region, the new Regional Office/Local Office will allot a new Insurance Number to the IP and prepare a fresh Identity Card. the Identity Card will be supplied to the IP. The MRE will be sent to the relevant IMP/ dispensary. In the case of Panel System, a Medical Acceptance Card in form ESIC-Med.7 will be prepared and sent to the new employer for delivering the same to the IP.

The above procedure will also apply with necessary modifications where an IP moves from one station to another in the same Region and change of Insurance Number is involved.

2.25 Medical Benefit after contribution ceases to be payable

This is governed by Regulation 103-A which reads as follows :-

1) A person on becoming an IP for the first time shall be entitled to Medical Benefit for a period of 3 months provided that where such a person continues for 3 months or more to be an employee of a factory or establishment to which the Act applies, he shall be entitled to Medical Benefit till the beginning of the corresponding benefit period.

2) A person in respect of whom Contributions has been paid in a contribution period for not less than half the number of days in the said contribution period shall be entitled to Medical Benefit till the end of the corresponding benefit period.

[Note: This provision will soon be amended to bring in conformity with the provisions of the present Rule 55(1) read with the newly introduced proviso there under.]

3) An IP whose title to Medical Benefit has ceased under this Regulation shall again be entitled to Medical Benefit from the date of his re-employment as an employee under the Act in a Factory or Establishment to which the Act applies, if he produces a certificate from the employer in the Form ESIC-37. Such an IP, shall, unless he is covered by Sub-regulation (2), be entitled to medical benefit till the commencement of the benefit period corresponding to the contribution period in which he is re-employed.

4) An employer shall, on demand, issue the certificate referred to in Sub-regulation (3) to an employee who has been employed by him after cessation of his previous insurable employment.

2.26 Procedure for enforcement of dis-entitlement and re-entitlement to Medical Benefit

As dis-entitlement and re-entitlement depend upon the contributory condition, this is operated by the RO/LO. Cases entitled to Medical Benefit on the basis of Temporary Identification Certificate or Certificate of Employment or certificate of entitlement, get automatically disentitled on expiry of validity of these documents unless they produce Permanent Identity Cards. Cases having Permanent Identity Cards remain entitled to Medical Benefit till disentitled in accordance with the procedure.

The RO keeps a check on entitlement to Medical Benefit on the basis of the contributions/return of contribution/ESIC-37/ESIC-166/ESIC-86 received from the employers. The RO sends the Exit Card/Exit List and re-entitlement list/Card to ESI Dispensaries and AMO/Director (who in turn sends this to IMP in Panel area), periodically indicating the date from which the IP would become disentitled/re-entitled to Medical Benefit.

'E' Clearly entitled : where the contribution for half the number of days or more in a contribution period have been paid.

'S' Allowed to be entitled : where the contributions have been paid in a contribution period for less than half the number of days in the said contribution period and IP continues to be in insurable employment in the following contribution period i.e., current contribution period.

'N'	Allowed to be entitled	:	Employer has omitted a name from to RC or RC not received.
'X'	Disentitled	:	where the contributions have been paid in a contribution period for less than half the number of days in the said contribution period and IP does not continue to be in insurable employment.
'NN'	Disentiled	:	where no return of contribution has been received or where Return of contribution has been received but the insurance number, name of the IP does not appear in it and 'N' or 'S' was recorded in immediately preceding column of ESIC-38 register.

According to the above procedure, the exit / re-entitled list will be prepared and sent to all concerned i.e. AMO/Director/Dispensary concerned, 15 days before the start of the corresponding benefit period.

As far as sickness benefit is concerned, according to rule 55 of the Rules, a person shall be qualified to claim sickness benefit during any benefit period if the contribution in respect of whom were payable for not less than 78 days in the corresponding contribution w.e.f. 19.9.1998.

2.27 Action by IMO/IMP on receipt of Exit Cards/Exit List

The IMO/IMP on receipt of Exit Card/Exit List should take out the MRE alongwith MRC of the debarred IPs from the regular run and place them in a separate "Exit" run. Before doing so, he should write in the red ink on the MRE/MRC "Dis-entitled to Medical Benefit from.....". It may be clarified that as and when an IP becomes debarred from the Medical Benefit, his family automatically becomes debarred. To ensure a fool-proof method, an IP or member of his family who reports to the dispensary for treatment should first report to the card room. The clerk managing the Card section should take out the MRE from the "Entitled run". If the MRE is not found in the "Entitled", it is presumed that the IP is under "Exit". He may have a cross check with the Exit run.

2.28 Re-entitlement

The re-entitlement can be effective in either of the following ways:-

(a) By Regional Office/ Local Office :

In cases where the Exit List or Card is issued for non-receipt of contribution and where the return of contribution (RC) is subsequently received, the RO/LO would prepare a re-entry card/list if the IP is otherwise entitled to Medical Benefit and send it through the Director or direct to the IMO/IMP who on receipt of this, will take out the MRE from the "Exit" run, write on it in red ink "Re entitled from..... on the basis of ....." and place it in the "Entitled run".

(b) By IMO/IMP :

(i) On the basis of ESIC-37(Annexure 2.8) :

An IP may, at time, report to the IMO/IMP for treatment and insist on getting Medical Benefit on the grounds that he is continuing in service and his contributions are being regularly deducted. Such an IP may be advised to contact his employer to obtain Form ESIC-37-certificate of re-employment continuing Employment. In the meanwhile, for the day, the IP/his family should be provided with necessary Medical treatment. The IMO/IMP himself re-entitles the IP on the basis of ESIC-37 when received, for 9 months from the date indicated therein. This card has to be completed on its reverse ESIC-Med.7 and sent to the Regional Office under intimation to Director for necessary action every month. The MRE should be taken out of "Exit run" and placed in **"Entitled run" after an entry in red ink "Re entitled on the basis of ESIC-37".**

(ii) On the basis of declaration of IP(ESIC-166) :

If for any valid reason the IP is not able to produce ESIC-37 from his employer, in order to avoid hardship to the IP, Regional Office/LOM/IMO in service areas have been authorized to restore the Medical Benefit on the basis of a declaration to be made by the IP in Form ESIC-166 (Annexure 2.9). It should, however, be made clear to him that in case of his declaration

being proved false, he will render himself liable to prosecution. In Panel areas, the benefit may be similarly restored by the Regional Office/Local Office.

The Benefit will be restored only for a period of 3 months from the date of declaration. Thereafter the IP will stand debarred from Medical Benefit automatically, unless ESIC-37, entitling the IP is received in the meantime or regular re-entry card/list is received.

In order to ensure that Medical Benefit is stopped on the due date, a rubber stamp with the words "Restored upto....." should be affixed on the MRE which should then be placed in the entitled run.

When the Local Office/IMO restores Medical Benefit to the IP on the basis of IP's declaration (ESIC-166) he will forward the same to Regional Office under intimation to Director and simultaneously issue the entitlement slip (ESIC-166) to the IP. When the Regional Office/Local Office restores the benefit, they shall issue ESIC-166 to the IP who will hand it over to his IMO/IMP. This will be sent by the IMP to the Director after the commencement of treatment. The Director will make necessary entries in the Medical Acceptance Card.

For ensuring timely exit action in respect of IPs entitled on the basis of ESIC-86, ESIC-166, TIC, ESIC-37, ESIC-105,ESIC-48, ESIC-50 and ESIC-51, a separate watch register is to be maintained indicating date up to which benefit is restored, unless re entered by the Regional Office/LO.

2.29 Entitlement and Dis-entitlement of Family Members

(a) In areas where Medical Benefit has been extended to members of families, they are entitled to Medical Benefit from the day the Insured Person gets entitled to it. In case IP is disentitled, the family becomes disentitled automatically.

(b) In accordance with the definition of "family" under Section 2(11), only a spouse, minor children, son upto the age of 21 years receiving education and dependant on the IP, dependant unmarried daughters, infirm and dependant child and dependant parents are entitled to treatment. The IMO/IMP can himself delete names of sons who attain age of 21 years and the name of the married daughter from Identity Cards.

Details of the scope of family have however been elaborated in the chapter III, Medical Benefit, and should be kept in mind. (Para 3.4)

(c) New born babies : For the addition of new born babies in Identity Card, IP has to apply to Local Office through his employer in the Form 1-B within 15 days of the birth.

(d) In case of death of an IP, his family is entitled to Medical Benefit upto the date IP would have continued to be entitled for the same if he had survived. The Regional Office should intimate the date upto which the family of the deceased IP will remain entitled in the following form :

"Shri.....Insurance number.....died on..... and members of the IPs family are entitled to Medical Benefit till.....".

The IMO/IMP on receipt of this intimation will record the date on MBE and return the same on expiry of this date to Regional Office.

2.30 Entitlement to Medical Benefit in certain Special cases

(a) Treatment of IP who becomes disentitled to Medical Benefit during treatment (to IP only).

The Corporation has decided that the medical treatment in case of Insured Persons who go out of coverage of the scheme during the period of treatment be entitled to get continued treatment once started till the spell of sickness ends or in case of long term ailments as the IP requires active treatment vide ESIC circular no. 6-1/91/71(M)-II dated 03.01.1978. The family members of IP are not entitled to this facility which has been extended to IP only.

(b) Dis-entitlement/Entitlement to Medical Benefit in EI Cases (Regulation 103)

An IP who is in receipt of Temporary Disablement Benefit (T.D.B) shall be entitled to Medical Benefit while he is in receipt of such benefit, irrespective of issue of exit card. In case an exit card is received, IP may be advised to obtain Form ESIC-51 from the Local Office.

After the disablement has been declared as a permanent final disablement, the person shall not be entitled to Medical Benefit except in respect of any medical treatment, which may be rendered necessary on account of the EI from which the disablement resulted. Local Office Manager should send a letter through IP addressed to IMO giving full details of EI suffered by IP and requesting IMO to provide treatment for the relapse of old injury.

(c) Entitlement to Medical Benefit in Maternity Cases

An Insured Woman who is entitled to claim Maternity Benefit is entitled to receive the same for all days on which she is on maternity leave. Hence, if such a case attends for treatment and exit card has been received, she may be asked to get a certificate from L.O.(ESIC-50) of being currently in receipt of Maternity Benefit. Treatment will be given so long as she is in receipt of Maternity Benefit.

(d) Entitlement to Medical Benefit in ESB Cases

In case of an IP suffering from a disease covered for ESB,IP & his family are entitled to medical benefit irrespective of the exit list till the end of ESB period i.e., date mentioned in ESIC-48 issued from R.O./L.O.(para P.8.8 of Local Office Manual, third edition).

* * *

ANNEXURE - 2.1

EMPLOYEES' STATE INSURANCE CORPORATION

TEMPORARY IDENTIFICATION CERTIFICATE

(VALID FOR 3 MONTHS FROM THE DATE OF APPOINTMENT)

Insurance No.

Name of the Insured Person.....sex.....age.....

Name, Address & Code No. of the employer.....

.....

Local Office.....

Dispensary.....

Date of Appointment .....

Particulars of members of family:-

Sl. No.	*Name*	*Date of Birth*	*Relationship with the Insured Person*	*Whether residing with him/her or not*

Issuing Authority

Signature or thumb impression of the Insured Person

[Note: According to Section 2, clause (11) of the Employees' State Insurance Act, 1948 "family" means all or any of the following relatives of an insured Person, namely, (i) a spouse; (ii) A minor legitimate or adopted child dependant upon the IP; (iii) a child who is wholly dependent on the earning of the IP and who is—(a) receiving education, till he or she attains the age of 21 years, (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the IP, so long as the infirmity continues; (v) dependent parents.]

ANNEXURE - 2.2

FORM - 4

EMPLOYEES' STATE INSURANCE CORPORATION

Regulation 17 & 95 A

IDENTITY CARD (combined)

(NOT TRANSFERABLE)

Insurance No.....

(FRONT SIDE)

Name..... Sex..... Son/daughter/wife of..... ..... Year of Birth..... Address..... ..... Dispensary..... Local Office..... Prepared by Signature or thumb-impression of the employee	Identification marks Photograph of the Insured Person Employment changes Date Code No. Date Code No.

PARTICULARS OF MEMBERS OF FAMILY

(BACK SIDE)

Sl. No.	*Name*	*Date of Birth*	*Relationship with the Insured Person*	*Whether residing with him/her or not*
1				
2				
3				

Prepared by.....

Signature or thumb-impression of the insured person.

ANNEXURE - 2.3

ESIC-Med.1

MAN.

(FRONT SIDE)

EMPLOYEES' STATE INSURANCE CORPORATION

MEDICAL RECORD ENVELOPE

Insurance No. Sex, Marital Status			Employer's Code No.
Name of IP			Year of Birth/ Date of entry
Name of Father/Husband			Local Office
Present Address			Dispensary/ Panel Doctors
Identification Mark of IP			

Subsequent Address/es

Doctor

CHANGES

Occupations

DISPENSARY

LOCAL OFFICE

Date of Exit/Death.....

Date /reason for re-entry.....

ANNEXURE - 2.4

ESIC - 86

EMPLOYEES' STATE INSURANCE CORPORATION

CERTIFICATE OF EMPLOYMENT

Certified that the person whose particulars are given below has been in our employment since .....and that

neither a Temporary Identification Certificate nor a Regular Identity Card has been issued to him/her so far

* A Temporary Identification Certificate was issued it is reported to have been lost/destroyed.

Name

Age

Father/Husband's Name

Residential Address

Name of Department

Ref. to return of Declaration Form
Instalment No. Serial No.

Local Office opted.

** Insurance No. if allotted

** Dispensary/Insurance Medical Practitioner, if any opted.

Signature of IP

Date of issue of Certificate

Signature of Employer/Authorised person
Rubber stamp containing Name and Code No. of employer.

In case the Insured Person is discharged, the date of discharge.....

* Please strike out whichever is not applicable.

** Applicable only to cases where the Certificate is issued in lieu of Temporary Identification Certificate having been lost or destroyed.

Note: Valid for three months from date of employment or till issue of permanent identity card whichever is earlier.

ANNEXURE - 2.5

ESIC - 53

EMPLOYEES' STATE INSURANCE CORPORATION

APPLICATION FOR CHANGE IN PARTICULARS OF INSURED PERSONS

Insurance No ..... Employer's Code No .....

Name of the Insured person .....

Address.....

To

The Regional Director/ Director/IMO/IMP/Local Office Manager, ESI Corporation/ESI Scheme.

Sir,

I request you to please change my allotment as follows and/or carry out the following changes in my records.

1. From Local Office.....to Local Office .....
2. From Dispensary ..... to Dispensary .....
3. From ..... to .....
4. Reasons for change .....

Relevant documents are enclosed herewith.

Yours faithfully,
Signature/L.T.I of Insured Person

* Any other change e.g., employer name, IP's name, age and address.

No.....

Forwarded to the Manager, Local Office/IMO/Director for necessary action. The change as applied has been duly carried out in our records and we have no objection for the change.

Signature and Code No. of the
Employer/LOM/Director/IMO

ANNEXURE - 2.6
ESIC - 54

REGIONAL OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION

To

Insurance No.....

Employer Code No .....

Dear Sir,

With reference to your application dated ..... for change in allotment and/or the record, I have to inform you that your allotment and/or record have been changed as under:-

From Local Office ..... to Local Office .....

From Dispensary ..... to Dispensary .....

From ..... to .....

Any other change

Yours faithfully,
for REGIONAL DIRECTOR/LOM/DIRECTOR/IMO

Copy forwarded to :-

1. The Manager ..... Local Office (new) for information
2. The Manager ..... Local Office (old) with the request that the documents of the insured person may be transferred immediately to the New Local Office.
3. IMO In-charge ..... ESI Dispensary (new) for information.
4. IMO In-charge ..... ESI (old) with the request that the record of the insured person may be transferred immediately to his new Dispensary.
5. Director, ESIS .... for information.
6. M/s ..... Code No ..... with reference to their letter No ..... dated ..... with the request that if necessary; their records may be changed accordingly.
7. Regional Office ..... for necessary action.

for REGIONAL DIRECTOR/LOM/DIRECTOR/IMO

ANNEXURE - 2.7
ESIC - 105

EMPLOYEES' STATE INSURANCE CORPORATION

CERTIFICATE OF ENTITLEMENT

(VALID FOR MAXIMUM PERIOD OF THREE MONTHS ONLY)

Name and address of the employer .....

..... Employer Code No.....

Certified that Shri.....S/o.....

Insurance No ..... is in our employment and contribution are being paid in respect of him. He is proceeding to.....

On *authorised leave/temporary duty for the period from.....to.....

Date.....

Signature.....

Designation.....

(On reverse)

ESIC-Med.10

APPLICATION FOR MEDICAL TREATMENT AS TEMPORARY RESIDENT

I.....S/d/o.....

Insurance No..... Employee of.....

having come to..... (place) on *authorised leave/temporary duty, hereby apply for acceptance by.....

(IMP/Dispensary)

..... I propose to stay here from .....

to.....

Date.....
I accept this person on my list.

Signature or thumb impression of the insured person

.....
Signature of Doctor

Code No./Stamp of.....
Dispensary

Date :

* Delete whichever not applicable

ANNEXURE - 2.8
ESIC - 37

EMPLOYEES' STATE INSURANCE CORPORATION
Certificate of Re-employment/Continuing employment

(To be issued only if condition (i) or (ii) below are satisfied)

Name and address of the employer.....

..... Code No. | | |

Certified that Shri .....

S/D/W/O..... Insurance No. | | |

(i) has continued to be in employment/has been taken or re-taken in employment and has paid/ payable one or more contributions in the current contribution period which began on.....

(ii) has paid contribution for not less than half the number of days in the preceding contribution period which ended on.....

Date:
Signature and Designation

NOTE:- This certificate is valid for nine months from the date indicated under (i) or (ii) above.

(On Reverse)
ESIC-Med.7A

APPLICATION FOR ACCEPTANCE FOR MEDICAL TREATMENT

With reference to certificate of employment on the reverse, I apply for acceptance by

Dr..... ..... with whom I was already registered.

Date:
Signature or Thumb impression of the insured person

I accept the person whose particulars are given on reverse on my list.

Date.....

Signature and Code No. of the Doctor.

ANNEXURE - 2.9
ESIC - 166

DECLARATION OF CONTINUOUS EMPLOYMENT/RE-EMPLOYMENT

(VALID UPTO THREE MONTHS ONLY)

I..... S/o, W/o, D/o .....

Insurance Number..... Employee of M/s .....

Code No ..... do hereby solemnly declare this .....

day of .....19, that I have been in *continuous employment/re-employed with M/s

..... (Name of employer) ** since .....

(Date)

Contributions are being paid in respect of me regularly as required under the law and hence I am entitled to Medical Benefit.

I also understand that in case my declaration is found to be false, I shall be liable to prosecution under Section 84 of the ESI Act, 1948.

Signature of the Insured person

Address

* Score out which is not applicable.
** If the exact date is not known give month and year.

The above insured person has declared in ESIC-166 enabling himself/herself to take medical care from..... to.....

Forwarded to the Regional Director..... for necessary action.

Signature of IMO/IMP/LOM

(SEAL or STAMP)

Date.....

ESIC-166A

The Insured Person Shri ..... Ins. No. employee of M/s ..... Code No..... has been allowed to take medical benefit upto ..... on the basis of declaration that he is re-employed/in continuous employment with the above mentioned employer.

Date :

Signature of IMO/IMP/LOM
(Seal and Stamp)

CHAPTER - III

MEDICAL BENEFIT

3.1 Medical Benefit under The ESI Scheme

The Act provides for reasonable medical care in the form of medical treatment and attendance to IPs and their families in respect of medical, surgical and obstetric treatment under section 58 of the Act.

3.2 System of Treatment

Generally, the allopathic system of medicine is used for providing Medical Benefit. However, where a substantial number of workers demand treatment by Indian system of medicine and Homoeopathy (ISM & H) other than Allopathy and where the State Government has recognised the qualifications in such system, treatment facilities may be provided under the ISM & H as well. The various ISM &H systems of treatment in vogue are: Ayurvedic, Unani, Sidha, Yoga therapy and Homoeopathy.

Certificates required for the purpose of Cash Benefits in respect of persons treated by ISM &H should be issued by IMO /IMP having recognised qualifications in such system and duly appointed by the State Government. The issue of certificates under ISM &H is possible only where dispensaries in systems other than allopathic medicine are functioning independently with IPs and their family units attached to them and not functioning merely as referral units. In places where ISM &H units function only as referral centres, certificates will have to be issued by the Allopathic dispensary to which the IP is attached.

3.3 Scale of Medical Benefit

The scale of Medical Benefit under section 57 of Act to be provided to the IPs and members of their families is to be prescribed by State Government in consultation with the Corporation under Section 58(1 & 3) of Act under State Medical Benefit Rules. An IP and/or a member of his family does not have the right to claim Medical Services over and above those which have been so prescribed. The beneficiaries are entitled to reasonable medical, surgical and obstetric treatment.

(a) To Insured Persons:- IPs are entitled to avail treatment in ESI Dispensary/ Hospital/Diagnostic Centre and recognised institutions, to which he is attached such as:- 3.4

- Outpatient treatment
- Domiciliary treatment by visits at their residences.
- Specialists Consultation.
- In-patient treatment(Hospitalisation)
- Free supply of drugs dressings and artificial limbs, aids and appliances.
- Imaging and laboratory services.
- Integrated family welfare, immunisation and MCH Programme and other national health programme etc.
- Ambulance service or re-imbursement of conveyance charges for going to hospitals, diagnostic centres etc.
- Medical Certification and
- Special provisions.

(b) To Family Members of Insured Persons:- While in all implemented areas, IPs are entitled to medical care as detailed above, members of a family of an IP are entitled to one or other of the following scales of Medical Benefits:-

i) "FULL" Medical Care i.e., all facilities as for IPs including hospitalisation.

ii) "EXPANDED" Medical Care i.e., all facilities as for IPs except hospitalisation. A small number of IPs in the States of Gujarat and Bihar fall under this category. 3.

The Corporation aims at providing uniform scale of Medical Care to the Family members in all implemented areas as the rates of the contribution paid by the employees and the employers are the same throughout the country.

3.4 "Family" has been defined in Section 2(11) of the Act. Family for the purpose of Medical Benefit means

i. a spouse ;

ii. a dependent minor child (upto the age of 18 years),

iii. a wholly dependent son, who is receiving education, upto age 21 years;

iv. Subject to being wholly dependent,

a) an unmarried daughter irrespective of her age; and

b) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the Insured Person, so long as the infirmity continues;

v. dependant parents (no income limit has been prescribed for determining the parents as dependants. The IP's declaration is sufficient for the purpose).

The family EXCLUDES the following:-

a) Married daughter even if minor;

b) Minor brothers and sisters even if dependent

c) Parents who are not dependent.

d) Grand children, even if dependent.

e) Mother-in-law and father-in-law of an Insured woman even if dependent.

3.5 Medical Benefit to Retired Insured Persons and Permanently Disabled Insured Persons

On payment of Rs.10/- P.M. in lump sum for one year in advance, Medical Benefit can be provided (under sub section(3) of Section 56 of the Act) to:

i. An Insured Person and his or her spouse who leaves insurable employment on attaining the age of superannuation after being insured for not less than five years, till the period for which contribution is paid.

ii. An Insured Person and his/her spouse who ceases to be in insurable employment on account of permanent disablement due to employment injury shall be entitled to medical benefit.

3.6 Administration of Medical Benefit in a State

The administration of Medical Benefit under the ESI Scheme is the statutory responsibility of the State Government except in the Union Territory of Delhi where the ESIC has taken over direct responsibility to administer the same with effect from 1.4.1962. The Corporation has also taken the responsibility of directly administering the existing Occupational Disease Centres at Delhi, Mumbai, Calcutta, Chennai and Nagda as well as the Scheme in the Industrial pocket of Uttar Pradesh i.e., Noida and Greater Noida.

3.7 Expenditure on Medical Care-Ceiling and Sharing

The total expenditure incurred in administering the Medical Benefit in each State is shared by the respective State Government and the Corporation in the agreed ratio. For the purpose of sharing the expenditure, Corporation has with effect from 1st April, 1970 prescribed the maximum per capita ceiling on total expenditure on Medical Benefit. The ceiling has been periodically revised upwards and the current ceiling w.e.f. 1.4.1999 is Rs. 600/- per insured person family unit per annum.

Sharing of Expenditure on Medical Care within the ceiling

i. For "Full Medical Care"	Rs.600/- per IP Family Unit per annum. Out of this- (a) Rs.170/- is earmarked exclusively for drugs and dressings. (b) Rs.50/- towards reimbursement of super speciality / speciality treatment, where such arrangement does not exist and (c) Rs.20/- for annual maintenance contracts/repairs of medical equipment.
ii. For "Expanded" Medical Care	Rs.85/- per IP Family Unit per annum

3.8 Expenditure on Medical Care-outside the ceiling

Expenditure on items given below is shared between the ESIC and State Governments outside the ceiling on medical care. Maximum limit on these items are also prescribed which are revised from time to time. The items and the expenditure limit as on date are as under:-

(a) **Initial Equipments**

a) **For New ESI Hospitals** (w.e.f. 1.1.1998)

* Upto 50 beds — Rs.60/- lakhs
* 51 to 100 beds — Rs.85/- lakhs
* more than 100 beds — the expenditure limit will be determined

on the basis of availability of specialities in the proposal and justifications provided

b) **For ESI Dispensary**

At the time of opening a new dispensary the non-recurring cost of initial equipments, appliances and furniture will be provided from the shareable pool outside the ceiling, according to norms given below:-

2 doctor dispensary	:	Rs.1.50 lakhs
3 doctor dispensary	:	Rs.1.75 lakhs
4 doctor dispensary	:	Rs 2.00 lakhs
5 doctor dispensary	:	Rs.2.00 lakhs

c) **For Specialist Centre/Diagnostic Centre**

The limit is decided on the basis of availability of specialities.

d) **Initial equipment for Annexes/detention wards**

The limit on expenditure for purchase of initial equipments in annexes detention wards/ordinary wards, attached to the dispensaries is Rs.25,000/- per bed.

(b) **Subsequent Purchase/Replacement of costly Equipments**

The expenditure on purchase of additional equipments and replacement of equipments costing more than Rs.25,000/- in already commissioned ESI Hospital under special circumstances, or addition of new department or equipment as per norms/requirement, limited to Rs.10 lakhs at a time may be incurred in consultation with the Corporation. 3.10

The proposal should be sent through State Government to ESIC in the prescribed proforma quoting reference of norms and giving full justification.

The sanction shall be given keeping in view ESI norms, occupancy of beds, disease profile, availability of specialists and utilisation of the existing facilities/ arrangement. The expenditure shall be shared in the agreed proportion outside the ceiling.

(c) **Expenditure on Purchase of Vehicles**

The expenditure on purchase of new Ambulance, Mobile Dispensary Van, Vehicle or the replacement of any such vehicle is to be made in consultation with the Corporation from shareable pool outside the ceiling.

(d) **Expenditure on Nurses Training School**

Setting up of Nurses Training Schools under the Scheme is to be encouraged, where there is a provision of adequate personnel and space. The non-recurring and recurring expenditure on these schools is to be borne from the shareable pool outside the ceiling on medical care.

3.9 Expenditure on Medical Care-Fully borne by the Corporation

(a) **Expenditure on Extension of Scheme**

The Corporation at its meeting held on 19.12.1989 decided that w.e.f. 1.4.1990,

total expenditure incurred on medical care in respect of extension of ESI Scheme to new geographic areas shall be borne entirely by the ESI Corporation for an initial period of three years within the prescribed ceiling subject to the condition that a separate account of the expenditure is maintained. On expiry of three years the expenditure would be shared in the usual ratio.

(b) **Expenditure on Construction**

Hospitals/Dispensaries/Diagnostic Centre/ODCs/Annexes/Detention Wards are constructed at the sole cost of the Corporation as per norms laid down from time to time.

3.10 Out Patient Medical Care through Dispensaries

Out patient Medical Care is mainly provided through either Service System i.e., Dispensaries administered and staffed by the respective State Governments or by Panel System i.e., by Private Medical Practitioners working for the ESI Scheme i.e., IMP Clinics or through employers facility utilisation Dispensary. Panel system has been described in Chapter IV.

(a) Full Time ESI Dispensaries

Guidelines for opening ESI Dispensaries:-

i) Generally a two doctor dispensary should be opened for 3,000 IP Family Units, 3 Doctor Dispensary for 5,000 IP Family Units and 5 Doctor Dispensary for 10,000 IP Family Units and norms for the staff are given at the end of these guidelines. In case a dispensary is providing services to 25,000-30,000 Insured Persons within a radius of 7-8 kilometres, then a new dispensary may not be set up till the number of IP coverage exceeds 30000. Normal services can be provided through upgradation of the existing dispensary and provision of additional staff as per workload. Keeping this in view, the reorganisation of dispensaries should be done.

ii) In areas having a population of less than 3000 IP family Units, OPD services may be provided through mobile dispensaries/IMP(Panel System).

iii) Dispensaries should preferably function for twelve hours in two shifts, depending on local requirements.

iv) Single/broken shift dispensaries should have a minimum of two doctors.

v) Double shift dispensaries should have a minimum of five doctors.

vi) Regular evaluation should be done as per workload.

vii) At the time of initial implementation of the scheme in any area, the Medical Officers and other Staff may be provided on the basis of the number of employees attached/likely to be attached to a particular dispensary.

viii) After the scheme has been in operation for a period of one year or more and in case augmentation of staff is required, the strength of Medical Officers or other staff may be revised on the basis of workload. The yardstick for this purpose should be 60 cases on an average per doctor per day in the ratio of 20 new and 40 old cases.

ix) Emergency service may be made available at some dispensaries depending on the requirements after normal working hours of the dispensary, by providing an additional Medical Officer, one Pharmacist/Staff Nurse and one Class IV employee for such a dispensary.

NORMS FOR STAFF IN ESI DISPENSARIES.

Designation	(2 Doctor Disp.) (3000 – 5000 IP)	(3 Doctor Disp.) (5000 – 10000 IP)	(5 Doctor Disp.) (10000 & above IP Family Units)
Medical Officer	2	3	5
UDC Cashier	1	1	1
UDC	1	1	1
LDC	1	1	3
LHV/ANM/Staff Nurse	2	2	4
Lab Technician	One for 25 to 30 tests per day if a Lab. is provided.		
Dresser	1	2	2
Record Sorter	1	2	2
Peons	3	5	5

Note: (a) Sweeping and Security may be given on contractual basis.

(b) Part Time staff like gardener, water carrier, sweepers etc. may be employed as per requirement(when regular staff is not available).

(b) Mobile Dispensaries

In areas where there are small pockets of IPs scattered over a wide area, medical services can be provided through mobile dispensaries halting at different centres on fixed days and hours. Following is the yard stick of staff for mobile dispensary.

Medical Officer	1
Pharmacist	1
ANM	1
Driver	1
Stretcher Bearer	1

3.11 Arrangement with State Govts./Local Bodies

Wherever the residential concentration of IPs in a particular area is not sufficient to justify the establishment of a full time mini dispensary, medical arrangements may be provided by attaching IPs and their families (where the Scheme is extended to families) to any existing Government or Local Body Dispensary. Staff of such dispensaries is paid an allowance at the rates prescribed by the Corporation.

The number of IPs for the purpose of remuneration should be determined as on the first day of each quarter and the payment made quarterly. No separate domiciliary visit allowance over and above the scale of remuneration is admissible.

These Dispensaries will supply ordinary medicines to patients from their stock. The State/Local Body may be reimbursed at the rate of Rs.3/- per IP Family Unit per annum to meet the cost of such ordinary medicines. The maintenance of separate accounts of medicines is not required. Expenditure on Special medicine's/medicine's prescribed by Specialist's is reimbursed separately by Director, E.S.I. Scheme.

3.12 Arrangement with Employers' Utilisation Dispensaries

Wherever the State Government considers an existing employers' dispensary suitable for providing Medical Care to IPs and their families, Government may enter into contract with employer for utilising his dispensary/hospital for providing Medical Benefit to beneficiaries. The standard of equipment and treatment provided at the dispensary shall be as normally provided by the State Government, to the beneficiaries under E.S.I. Scheme at the E.S.I. Dispensaries or at Clinics of IMPs. The Employer is paid capitation fee at the rate prescribed by ESIC from time to time which at present is Rs.60/- per IP family Unit. In addition, employer is paid Rs.25/- per IP family unit per annum for supplying special medicines.

The Corporation has prescribed model terms and conditions for the utilisation of these dispensaries and a model agreement that has to be signed by the employers.

3.13 Domiciliary Treatment

An Insured Person and his family members are entitled to free medical attendance by IMO/IMP at their residence when the condition of the patient is such that he/she cannot reasonably be expected to attend the dispensary/clinic.

Conveyance allowance for Domiciliary visit

i) For the domiciliary visit, the IMO's are paid conveyance allowance. The quantum of this allowance is decided by the State Government in consultation with the Corporation.

ii) The IMPs are not paid any domiciliary conveyance allowance. In their case, it is included in the capitation fee upto a distance of 5 km. between the Clinic of IMP and IP's residence.

The IMOs/IMPs are required to maintain record of domiciliary visits in a register month-wise. The columns in this register are given under the Chapter "Sickness Absenteeism and Recording".

3.14 Specialists Consultation

The standard of Medical Care under the E.S.I. Scheme provides for specialist consultation to IP in all cases and to members of their families in areas with

"Expanded" and **"Full" Medical Care.** Arrangements for specialist consultation may be provided at Specialist/Diagnostic Centres, E.S.I. Hospitals or at such other institutions by appointing Specialists/Super Specialists on full time/part-time basis where suitable arrangements exist. Such consultation is provided in the following specialities:-

1. General Medicine
2. General Surgery
3. Pulmonary Medicine (Tuberculosis and Chest Diseases)
4. Obstetrics and Gynaecology
5. Pathology
6. Paediatrics
7. Eye
8. Ear, Nose and Throat Diseases
9. Skin and STD
10. Radiology
11. Orthopaedics
12. Rehabilitation Services(Physiotherapy and Occupational Therapy)
13. Dental
14. Psychiatry
15. Critical Care Services
16. Cardiology
17. Neurology
18. Urology and Nephrology
19. Gastro-enterology

20. Endocrinology
21. Oncology
22. Burns and Plastic Surgery
23. Cardio Thoracic Surgery
24. Neurosurgery
25. Occupational Medicine
26. Laboratory Services
27. Blood Transfusion Services
28. Haematological Services
29. Anaesthesiology

It may not be necessary to appoint specialists in all specialities at all centres. However, specialists in the first 13 specialities mentioned above may be made available in each diagnostic Centre and emergency centres as far as possible. The other specialities may be provided as per disease profile of the area/as per requirement by creating facilities of tie up arrangement.

3.15 Hospital/Specialists' Centres

Norms for the staff for the Hospitals/Specialist Centres have been prescribed by the Corporation.

3.16 Management of occupational diseases in ESI Scheme

Occupational diseases under the ESI Scheme are treated as Employment Injuries. Occupational health hazards can be of two main types – that with acute onset, synonymous with acute poisoning, induced by large doses of a toxic substance in an industrial environment (short-term, high dose) and the other, of chronic onset, which is the result of repeated or continuous exposure of small doses of the substances (long term, low dose).

Diagnosis of these hazards do pose problems because of unsuspected nature of the manifestation and lack of awareness about the health risks among the workers as well as the doctors. Early detection and diagnosis of chronic poisonings are a great challenge for health functionaries. The diagnosis of an occupational disease is of paramount importance as far as the benefits under the ESI Scheme are concerned.

Incidence of occupational disease reported under ESI Scheme has been insignificant though it remains a fact that large number of cases do not see the light of the day. The process of identification of an occupational disease starts when the worker reports to the ESI dispensary or hospital and the medical officer suspects that the disease is related to the occupation. List of industries involving hazardous processes is given in Annexure 6.15 and an alphabetical list of industries possibly causing occupational disease is given in annexure 6.16.

Because of the multi-system affection by the occupational hazards, the diagnosis of many of the diseases depends on the availability of facilities in the form of expert personnel and specialised equipments. As health care of the worker forms an integral part of the Medical Benefit of the Scheme, the Corporation has so far set up five occupational disease centres at four Metropolitan Cities of the country in the existing ESI Hospitals and one at Nagda in M.P. Their location is as under :-

Delhi	-	For Insured Persons of Northern States of India.
Pune	-	O D C being set up
Madras	-	For Insured Persons of Southern States.
Calcutta	-	For Insured Persons of Eastern States.
Nagda	-	For Insured Persons of Madhya Pradesh.

To further the knowledge of Medical Officers on important features of various occupational diseases, the Corporation has brought out a booklet containing **"Brief notes on Occupational Diseases"**.

3.17 Remuneration to the Specialists

(a) Full Time Specialists:- The remuneration of full time specialists should be in accordance with the pay scales and allowance paid by each State Government.

(b) The remuneration of part-time specialist/super specialist is prescribed by the Corporation which is revised from time to time. The remuneration w.e.f. 1.3.99 is as follows:-

i) Part-Time Specialist

- Rs.1,600/- per month for one session of 2 hour duration in a week.
- Rs.800/- per month for every additional session in a week, limited to Rs.8000/- per month.
- Rs.2000/- per month will be payable in addition to the Part-Time Specialists who will be required to attend the call duty in concerned speciality.

ii) Part-Time Super Specialists

- Rs.2,000/- per month for one session of 2 hours duration in a week.
- Rs.1,500/- per month for every additional session in a week, limited to maximum of Rs.12,000/- per month.

In smaller centres and in peripheral towns where specialists are not available locally and they are to be engaged from the nearby areas and are required to travel long distances, additional conveyance charges could be sanctioned to them as per rules and merit.

The expenditure on Part Time Specialists/Super Specialists would be shared between the Corporation and the State Govt. in the agreed ratio of 7:1 within the ceiling on the expenditure of medical care.

3.18 In-Patient Treatment (Hospitalisation)

Under the E.S.I. Scheme, IPs in all areas and their family members in areas with "Full" medical care facility are entitled to hospitalisation.

In-patient treatment is provided at hospitals constructed by E.S.I.C or by reservation of beds in the hospitals owned by the State Government, local Fund Organisation or

Private Bodies or by constructing annexes to such institutions. The E.S.I. Scheme pays for these beds on the basis of occupied bed days. The Corporation has framed standard plans for construction of different sizes of hospitals/annexes mainly with a view to achieving uniformity and standardisation all over the country.

The Corporation has also laid down norms for equipment and staff for hospitals of different bed strengths.

Diet for In-Patients

The Corporation has laid down the scale of diet in terms of ingredients and not in terms of their price. This scale is applicable in all E.S.I. Hospitals for patients who are not on therapeutic modified diet. The prescribed diet is given below :-

Diet should provide the following:	***Vegetarian Diet***	***Non-vegetarian Diet***
Calories	2500	2500
Proteins	75 gms.	80 gms
Fats	60 gms.	70 gms.
Carbohydrates	420 gms.	360 gms.

General Diet for Adults

The normal or regular diets are used for patients whose illness does not warrant any specific dietary modifications.

Reduced activity on Hospital admission rather lowers the caloric need but other nutrient need may be accelerated by the demands of illness and convalescence.

General Diet		*Sample Menu*		
Food items	*Amount (Gms)*	Breakfast	Tea	150 ml(1 cup)
Cereals & Millets	350		Milk	500 ml
Pulses & legumes	50		Bread	60 gms(2 slices)
Green leafy vegetables	200		Butter	10 gms.
Other Vegetables	200		Sugar	50 gms.

Fruit(Seasonal)	100	Lunch	Egg/Paneer	Two/60 gms.
Milk	500 ml		Chapati/ Rice	4/100gms
Egg/Paneer	70/50 gms		Dal	25 gms
Fats and Oil	30 gms		Vegetables	200 gms
Sugar	20-30-50 gms		Curd	100 gms
Salt (Iodised)	10		Cooking Fat/Oil	25 gms
Tea/Coffee	7/15		Fruit (seasonal)	100 gms One portion
Condiments	5		Tea Sugar	150 ml (1 cup) 15 gms
Approximate Nutritive Value		Dinner	Chapati/ Rice	4/100 gms
Calories	2500		Dal	25 gms
Protein	86 gms		Vegetables	200 gms
Fat	71 gms		Curd	100 gms
Carbohydrate	385 gms		Cooking Fat/Oil	10 gms

3.19 Drugs and Dressings

All drugs and dressings (including vaccines and sera) that may be considered necessary and generally in accordance with the E.S.I.C drug formulary are supplied free of charge. There are two parts in E.S.I.C Drug Formulary, 1998 as follows:-

i) Part-I:- List of medicines for emergency kit for (a) dispensary (b) hospital

ii) Part II:- List of medicines to be supplied by dispensaries in Service Areas or by approved chemists or depots on prescription in panel areas.

3.20 Artificial Limbs, Aids, and Appliances

Insured Persons and their family members are provided following artificial limbs, aids and appliances as part of medical care under the E.S.I. Scheme.:-

1. Artificial limbs
2. Hearing Aids
3. Spectacles (Frame costing not more than Rs.100/- and replacement of frames not to be made earlier than 5 years) — to Insured Persons only
4. Artificial Dentures, teeth — to Insured Persons only
5. Artificial Eye
6. Wigs (replacement not earlier than 5 years) to female beneficiaries only
7. Cardiac pacemaker
8. Wheel Chair/tricycle
9. Spinal supports (jackets, braces etc.)
10. Cervical collars
11. Walking callipers, surgical boots etc.
12. Crutches
13. Hip prosthesis, total hip
14. Intra ocular lens (IOL)
15. Any other aid or appliances prescribed by the specialist as part of treatment.

The expenditure on artificial limbs, aids and appliances is met from the shareable pool of expenditure on medical care.

3.21 Imaging Services and Laboratory Investigations

Imaging and investigations including CT Scan, MRI, Echocardiography and laboratory facilities are provided free of cost to IPs and their families at state level speciality hospitals or other institutions having tie up with E.S.I. Scheme.

3.22 Integrated Family Welfare, Immunisation and Maternity Child Health Programme

ESIC is implementing the integrated Family Welfare, Immunisation and Maternity and Child Health Programme in the form of child survival and safe motherhood programme. Now, it has been expanded to cover reproductive health and Sexually Transmitted Diseases and is known as Reproductive and Child Health (RCH) programme.

The various services provided under the programme are in line with Government of India's programme. The different formats/proforma for ante-natal, post natal, immunisation services etc., are same as adopted and circulated by Government of India from time to time.

At present the various services provided are as follows:-

a) Family Welfare

Insured persons and their spouses are provided facilities of Family Welfare viz. Vasectomy, Tubectomy operations, Intrauterine device insertion, medical termination of pregnancy, supply of condoms, distribution of oral pills etc.

b) Immunisation-Vaccination and Preventive Inoculation

Vaccination and preventive inoculations are provided free of cost to IPs and their families as per national immunisation schedule.

c) Maternity Services

Ante-Natal Care, Confinement and Post Natal Care

Ante-natal and Post-natal care and confinements facilities are provided free to insured women and wives of IPs.

Medical Bonus of Rs.250/- per confinement is payable when confinement of Insured Women or spouse of IP occurs at a place where facilities under the E.S.I. Scheme are not available.

3.23 Ambulance Service or Reimbursement of Conveyance Charges

a) Ambulance Services

IPs and members of their families are entitled to free ambulance service for visiting Specialist Centres, Hospitals etc. for Specialist consultation or admission or any investigation, provided that the patient is so ill that he/she is not able to travel by ordinary modes of conveyance. Necessity for transport of sick persons by ambulance is to be strictly decided by IMO/IMP in accordance with the nature of disease and condition of the patient and whether or not transport by means other than an ambulance will be in the interest of the health of the patient. For emergency, ambulance services are provided round the clock.

Ambulance vans are provided as per prescribed Norms by the Corporation.

In case of areas having lesser number of IPs, arrangements should be made with other Organisations like District Hospitals, Municipal Hospitals and Red Cross Society etc, to hire their ambulance for ESI Patients. Contractual arrangements may be made with private parties, in areas where own ambulance is not available and arrangement with other organisations is not possible.

(b) Reimbursement of Conveyance Charges

In the absence of availability of an ambulance and where needed in an emergency, any other quick form of transport may be used and amount so spent subject to the maximum rate prescribed by the Government/Transport authority (both ways) is reimbursed to IPs.

To avoid hardship to IP and his family who have to go to any hospital or medical institution for admission, specialist consultation or investigation, but whose condition is not such as to need an ambulance, provision has been made for the payment of conveyance charges, if hospital/medical institution to which the case is referred to, is at an out-station or is at a distance of more than 8 kms from the ESI Dispensary or the clinic of the panel doctor. The charges are restricted to actual IInd class railway fare or cost of a single seat in public conveyance both ways whichever is feasible.

If the beneficiary is not in a fit condition to travel without escort for reasons to be recorded and so certified by IMO/IMP, the conveyance charges are also allowed for an escort.

The IMO/IMP should keep a separate account of such payments in the prescribed Register and send a quarterly statement of this expenditure to the Director/AMO by the 15th of the month following the quarter ending in March, June, Sept. and December. The returns received from different areas in the State may be consolidated area-wise by the Director/ AMO and quarterly statement sent to the Corporation.

The expenditure on conveyance charges forms part of the Medical Care under the E.S.I. Scheme and hence shareable between the Corporation and the State Government in the usual ratio within prescribed ceiling.

3.24 Hearse Van

A dead body van/hearse van may be provided on contractual basis in each E.S.I. Hospital.

SPECIAL PROVISIONS

3.25 Super Speciality Treatment

In case super-speciality/speciality treatment is not available in ESI Institutions like heart surgery, neurosurgery, bone marrow transplantation, dialysis, cancer treatment, etc tie up arrangements can be made with reputed hospitals possessing these facilities. The Corporation has decided to keep Rs.50/- per I.P family unit per annum out of the ceiling of Rs.600/- with Regional Offices as a corpus. This fund is to be utilised for issuing advances/reimbursement for such treatments against the sanctions issued by the respective Directors/AMOs.

3.26 Physical And Vocational Rehabilitation

IPs who have permanent disablement of 40% or more due to EI and are below 45 years of age, physical rehabilitation services and occupational, vocational rehabilitation services are rendered at designated centres.

3.27 Grant of ex-gratia payment

In the event of death, marked disability, loss of limb, or part of limb of an insured person or family member due to adverse reaction of a drug/injection an ex-gratia payment of upto Rs.5,000/- may be made.

3.28 Medical Certification

IPs are issued medical certificates for Sickness, Employment injury and Maternity free of charge by IMOs/IMPs whenever abstention from insurable employment and issue of such certificates is necessary. Death certificate is also issued. Family members are also issued certificates wherever required. (Details about medical certification have been discussed in chapter on "Medical Certification").

3.29 Reimbursement to employers under Regulation 69

Reimbursement of medical expenses for providing Emergency Treatment/First aid to the Employer is provided under Regulation-69.

Under Regulation 69, every employer has to arrange for First-aid Medical care and transport of accident cases till the injured IP is seen by the IMO/IMP and such employer is entitled to reimbursement of expenses incurred in this regard upto the maximum of scale prescribed from time to time. However, reimbursement is not permissible, if the employer is required to provide such medical aid free of charge under any other enactment.

The cost of provision of such emergency treatment would be reimbursed to the employer by the Director/AMO (ESI Scheme) of the respective State and, therefore, all claims duly supported by relevant receipts and vouchers should be sent to him for verification and payment.

3.30 Reimbursement of expenses incurred in respect of medical treatment under regulation-96 A

Regulation-96 A reads as follows:- Claims for reimbursement of expenses incurred in respect of medical treatment of IP and his family may be accepted in circumstances and subject to such conditions as the Corporation may by general or special order specify.

A. The following conditions have been laid down under this Regulation :-

a. Full authority is vested with the State Government concerned to reimburse expenditure in respect of medical treatment of IP and his family.

b. It may be left to the discretion of the State Government to decide the Authority within their machinery who will approve the expenditure in question; and

c. Time limit for submission of the claims for reimbursement is one year.

B. The State Government has to keep in view the following points while considering the cases of reimbursement of expenditure on Medical Care:

i. Whether such facilities for which reimbursement is recommended are not available with the State;

ii. Whether the hospital where the IP was sent or proposed to be sent was/is the nearest hospital having required facilities/services.

C. A List of Types of cases for which reimbursement is permitted is given below:-

1. Reimbursement is permissible in case of failure of the mobile dispensary van due to technical defects or otherwise to adhere to its schedule timings or where IP attached to such a dispensary sustained serious injuries or suffered from serious illness during off hours of the dispensary.

2. IPs and their family members had to resort to private treatment during the off hours of ESI dispensary/Emergency Centre due to unavoidable circumstances.

3. Medicines prescribed by IMO/Specialist were out of stock in the ESI Dispensary/Approved Chemist thereby compelling the IPs to make purchases from the market.

4. Medicines prescribed by Specialist and not provided by the IMO/IMP and where specialist considered such special Medicines absolutely necessary

for the treatment of the beneficiaries as no substitute medicine was considered equally efficacious whether as an out patient or in patient.

5. Special appliances prescribed by Specialist such as Spinal supports, Cervical Collars, Walking Callipers, and Crutches, etc. if considered necessary as part of the treatment.

6. Where an IMO/IMP failed to make domiciliary visit requested by an IP thereby compelling the IP to make private arrangement for treatment. Under the panel system such cost is recoverable from the IMP if recommended after investigation by the Medical Service Committee.

7. Serious cases of accident or illness admitted directly into recognised hospitals where owing to the clinical condition of the patient, being unconscious or otherwise, it was not possible to reveal his identity as an ESI patient and the hospital authorities recovered hospital expenses directly from the patient or the employer.

8. Serious cases of accident/illness where a beneficiaries was admitted directly at a private hospital or in a non-recognised hospital where admission in a hospital recognised under the scheme would have seriously jeopardised his health like sudden heart attacks, fracture of the spine, cerebral haemorrhage, etc.

9. Serious cases of accident and illness admitted to recognised hospitals where all the reserved ESI beds were occupied.

10. Mental cases that may have incurred expenditure either as an out patient on specialised Therapy such as ECT etc.

11. In respect of Specialised examination, laboratory test, X-ray, other imaging services etc., recommended by specialist, but where the IP either due to the break down in the machinery or where the nature of the examination of the Laboratory Tests was such that it was beyond the scope of the facilities available in the recognised laboratory/hospital.

12. Expenditure incurred on investigation for blood transfusion.

13. Reimbursement of conveyance charges incurred by IP where ambulance or any other transport under the scheme is not available owing to some reason or the other and where in the opinion of the IMO/IMP such a patient was non-ambulatory.

14. In addition to above types of cases, reimbursement may also be allowed in other cases depending upon the merits of each case and the circumstances under which expenditure was incurred.

* * *

CHAPTER - IV

PANEL SYSTEM

4.1 Insurance Medical Practitioners (IMPs)

Under the provision to Section 58(1) of the Act, a State Govt. may, with the approval of the Corporation, arrange for out patient Medical Care of IPs and their families at the clinics of approved Registered Medical Practitioners who are appointed and designated as IMPs (Panel Doctors). They are paid a fixed capitation fee per IP family unit per annum in accordance with rates fixed by the Corporation for the purpose from time to time.

To ensure that Panel Doctors are within easy reach of the insurable population, a rough idea has to be formed regarding the areas where the Panel Doctors are required.

Application from Registered Medical Practitioners shall be received in the prescribed form for inclusion in Medical list by Director/AMO and work relating to the screening of the application and preparation of the Medical list is entrusted to the Allocation Committee.

4.2 Allocation Scheme and Committee

For selection of IMPs., a committee called "Allocation Committee" is set up by the respective State Government under the respective State ESI (Medical Benefit) Rules.

The Allocation Committee shall discharge the duties and responsibilities placed on it by the State ESI (Medical Benefit) Rules or by the State Government in accordance with the Allocation Scheme in Schedule III to the Medical Benefit Rules.

4.3 Inspection of Clinics

The Allocation Committee recommends the selection (after inspection of clinics) of the names of the Practitioners to the State Government for inclusion in the Medical List.

The Allocation Scheme limits the number of IPs on a Panel Doctor's List to 1,000 IP family units. The Allocation Committee may however fix a lower maximum of persons on the Doctors List taking into consideration the clinic accommodation and the Committee may review this maximum number of IPs from time to time.

4.4 Clinic Accommodation

The minimum clinic accommodation for a Panel Doctor should be at least 240 Sq. ft. spread over two rooms. However, due to certain conditions prevailing in larger Panel areas, it has not been found possible to provide this amount of space and as such, this matter has been left to the discretion of the State Governments.

4.5 Selection of Panel Doctors and limitation of number of Panel Doctors in an area

The criteria for approval of a practitioner for inclusion in the Medical List should be as follows:

i. Clinic and waiting room accommodation should be to the satisfaction of the Allocation Committee.

ii. The Practitioner should have at least one-year's experience of having worked as a General Practitioner or in a hospital or combined experience of hospital and general practice of one year.

iii. The practitioner should have at least minimum of the prescribed Medical and Surgical equipments required for genral practice.

4.7

No selection or limitation of the number of Panel Doctors is made on the basis of higher academic qualifications. If the Director of Health Services/Chairman of the Allocation Committee finds that inclusion of a particular Medical Practitioner in the Medical List is not desirable, he can refer back the case of that particular practitioner to the Allocation Committee.

4.6 Medical List

The Director of ESI Scheme shall prepare a list to be called the Medical List of IMPs approved by the Allocation Committee. The Medical List shall contain in addition to the names of the IMPs and their Code Numbers, the following details:-

(i) The private address and the address of the clinic/dispensary including telephone number, if any, at which the Practitioner undertakes to attend for the purpose of treating beneficiaries.

(ii) Particulars of the days and hours at which he undertakes to be in attendance at each place; and

(iii) The part of town or the ward in which he is prepared to visit patients.

Copies of Medical List shall be made available for perusal of an IP at the Office of the Director/AMO of the ESI Scheme.

Copies of such Medical Lists shall be supplied to the following:-

a. The Medical Commissioner

b. The Regional Deputy Medical Commissioner

c. The Medical Referee Concerned

d. The Regional Office of the Corporation; and

e. On demand to any Employer, Trade Union or Medical Association.

4.7 Terms and conditions of service of Panel Doctors(IMPs)

Some of the important terms and conditions of Panel Doctors are as follows:

(a) IMP is responsible to treat

The persons for whose treatment an IMP is responsible :-

i. all persons whom he has accepted or agreed to accept for inclusion in his list and who have not been notified to him by the Director/AMO as having ceased to be on his list;

ii. all persons who have been assigned to him and who have not been notified to him as having ceased to be on his list;

iii. any Insured Person who needs treatment in case of an accident or other emergency; and

iv. all persons for whom he may be required under the terms of the Allocation Scheme to provide treatment pending their acceptance by or assignment to an IMP.

(b) Range of service by IMP

i) An IMP is required to render to his patients all proper and necessary treatment of the kind of General Medical Practitioners.

ii) An IMP is required to arrange for the confinement of an insured woman/ woman beneficiary on his list either by himself or by a registered midwife or a trained dai, for which such separate fee, as the State Government may specify will be paid for the person who conducted the confinement.

iii) In the case of an emergency, including abnormal or difficult maternity cases, the IMP is required to render whatever services are possible having regard to the circumstances, in the best interest of the IP & family members.

(c) Home Visit by IMP

An IMP is required to visit and treat an IP & family members at his residence whom he has accepted on his list and whose condition is such, that he/she cannot reasonably be expected to come to his clinic.

(d) Medical Certificate

An IMP is required to issue to his patients free of charge, any certificate reasonably required in respect of sickness, maternity, employment injury and death under Regulations or as may be required from time to time by the Corporation or Director/AMO.

(e) Maintenance of Records

An IMP is required:

i) to keep such records as the State Government or Director/AMO may, from time to time specify in consultation with the Corporation.

ii) to maintain a medical record in respect of each insured person on his list on the forms laid down by the Corporation for the purpose and in accordance with the instructions issued by the Corporation in this behalf from time to time.

iii) to furnish returns in such forms as may be laid down by the Corporation or the State Government or the Director/AMO.

iv) upon knowledge of the death of an insured person, to forward the medical record to the Director/AMO within seven days.

v) to accept ESIC-86, TIC, ESIC-37, 105,166, 48 etc. as prescribed by the Corporation.

(f) Consultation etc, with Medical Referee

An IMP is required:

i) to furnish in writing to the Medical Referee(MR) within such reasonable period as the later may specify any clinical information which he may require with regard to any insured person to whom the IMP has issued or declined to issue a medical certificate

ii) to meet the MR, at his request for the purpose of examining in consultation any patient in respect of whom the IMP has sought the advice of the MR

iii) to afford the MR access at all reasonable time to the IMP's clinic or other place where the records required by these terms of service are kept for the purpose of the inspection of such records and to furnish to the MR such records or necessary information with regard to any entry therein, as he may request; and

iv) to answer any enquiries of the MR with regard to any prescription or certificate issued by the IMP or to any statement made in any report furnished by him under these terms of service.

(g) Arrangements for Practice

i) An IMP shall not carry on any insurance practice elsewhere other than at his place of residence, or at the clinic stated in his application except upon conditions which appear to the Director/AMO or on appeal, to the State Government to be such as to enable his obligations under these terms of service and in particular his obligation to visit his patients, to be adequately carried out. Any condition so imposed may include a requirement that the insured persons on the list of the IMP are to be notified at IMP's expense of any special arrangements under which his practice is carried on.

ii) An IMP shall make all necessary arrangements for securing the treatment of his patients when he is unable for any cause e.g. temporary absence from home or other reasonable cause to give treatment personally and shall inform the Director/AMO, the MR and the Local Office of the Corporation of any standing arrangements for that purpose and he shall not absent himself from his practice for more than one week without first informing the Director/AMO of proposed absence and of the person or persons responsible for conducting his practice during such absence.

(h) Acceptance of fees

An IMP shall not demand or accept any fee or other remuneration in respect of any medical treatment, whether under these terms of service or not, rendered to beneficiaries except as provided under the rules.

4.8 Acceptance of Insured Persons by the IMP

Rule 10 to 13 of the Model State ESI (Medical Benefit) Rules provide for IP's choice of change of/assignment of IMP and for temporary arrangements with other IMP as and when required.

Insured Persons are required to choose their own Panel Doctors. The Regional Office supplies following documents to the covered employees through their respective employers.

(a) Temporary series

i. Medical Acceptance Card (ESIC Med.7-B) and

ii. Temporary Identification Certificate.

The IP takes these documents to the IMP of his choice for registration with him. The IP after completing the relevant columns on the reverse of the ESIC-Med.7, hands it over to the Panel Doctor who in turn completes the documents by entering his code number and also signing and affixing his rubber stamps and sends these cards periodically to the Director/AMO. He also prepares MRCs in respect of TICs and on the basis of ESIC-86.

Whenever permanent documents are not ready within a period of 3 months, the employer will revalidate the TIC for further period of 3 months.; If the declaration form is received late in the Regional Office/Local Office i.e., after expiry of 3 months, revalidation for another 3 months is done by the Regional Office/Local Office. For such revalidated TICs, IMP will prepare another medical acceptance card, mark it "Extension" and send to Director/AMO.

(b) Permanent series

(i) Permanent acceptance card (ESIC-Med.7).
(ii) Permanent Identity Card.

After a period of 3 months, the IP is supplied with Permanent Identity Card and Permanent Exceptance Card. The IP should take this Acceptance Card to his IMP i.e., same IMP to whom he was already registered, after filling up the appropriate columns. The IMP in his turn will write his Code Number and sign the Acceptance Card affixing the date and his rubber stamp, mark "Permanent" and send it to the Director/AMO Office periodically in batches, say once a week but may be sent more frequently, if necessary.

The Director/AMOs on receipt of these acceptance cards will despatch the relevant MRE on which details of the IP and family are already entered. The IMP should write on the Identity Card as well as on the MRE, the identification marks of the IP and family members on their first visit to the clinic in the appropriate columns and arrange the MREs, Insurance Number wise in his clinic. These records remain the

property of the Corporation and should be returned to the Director/AMO when the IP ceases to be on the list of IMP.

(8) An IP may need treatment before receipt of Temporary Identity Card. He receives such treatment on production of ESIC-86 from his employer. IMP should register such cases and prepare "Temporary" Medical Acceptance Card and forward the same to Director/AMO.

4.0 Removal of IPs from Panel Doctor's list

Subject to such conditions as may be imposed by the Allocation Committee in this behalf, an IMP may have the name of any IP removed from his list by giving notice at any time to Director/AMO, ESI Scheme stating the reasons for such a request. The removal will become operative on the expiry of fourteen days from the receipt of such notice or upon the acceptance or assignment of an IP to another IMP whichever is earlier provided that notice given during a spell of Sickness or Temporary Disablement of an IP shall take effect only 14 days after the date when the IP is fit to resume work.

4.10 Procedure for Doctors list in the office of the Director/AMO, ESI Scheme

On initial registration of an employee, the Regional Office/Local Office of the Corporation will prepare among other permanent documents, a Medical Acceptance Card., an Index Card and an MRE. The Permanent Identity Card and the Medical Acceptance Card will be issued to the IP continuing in insurable employment, normally just before the expiry of 3 months from the date of implementation or entry into insurable employment, through his employer, who will take back TIC and cancel it. The IP takes the Medical Acceptance Card to the Panel Doctor with whom he was already registered on the basis of TIC. The IMP after completing the entries will affix his signature with the rubber stamp alongwith his Code Number. Insured Persons who have not registered themselves on the basis of temporary documents may register with IMP of their choice. The Panel Doctor sends Medical Acceptance Cards marked "permanent" to the Office of the Director/Additional Director/AMO, ESI Scheme.

In the meanwhile, the Regional Office will also send the MREs and Index Card to the Office of the Director/AMO. The Index Card should be kept inside the MRE.

insurance number-wise. As the Acceptance Card is received from the Panel Doctor the corresponding MRE with the Index Card is taken out and checked with the Acceptance Cards. The MRE is stamped with the name and Code Number of the Panel Doctor and arranged Insurance Number-wise (though broken) and despatched to the Panel Doctor. The Medical Acceptance Cards will be placed Insurance Number-wise (though broken) in the Panel Doctor's cabinet. The corresponding Index Card endorsed (stamped) with the Panel Doctor's name and Code Number (which is placed above the Doctor's name and Code Number), are arranged according to Insurance Number Serials in the Index Card Cabinet. It will then be possible to tell at a glance (a) how many IPs are on a Panel Doctors List and which Doctor an IP has chosen. The unmatched MREs and Index Cards should be left in their cabinet until decision is taken whether or not to assign these IPs, who have not chosen a Panel Doctor.

Each IMP is allotted a Code Number, which is intimated, to him at the time of formal acceptance of his contract. An Index Card containing IMP's name clinic and private addresses, phone number, etc., with Code Number at the top right hand corner is prepared in respect of each IMP and arranged according to Code Number Serial in a cabinet.

4.11 Change of Panel Doctor/IMP

When an IP wishes to change his IMP on account of (a) change of residence or (b) after one year in the list of the IMP or (c) otherwise, he should apply to the Director/ AMO in Form P-3. In all such cases, the IMP who is accepting this IP must indicate his consent on the application. The decision regarding change of IMP is communicated to IP, old IMP and new IMP chosen by Director/AMO. It will then be necessary to withdraw the relevant Medical Acceptance Card from the former IMP's cabinet and place it last in the cabinet of the new IMP after entering his name and Code Number at the bottom right hand side of the card. A dummy card should be kept in place of the Medical Acceptance Card removed from the former IMP's cabinet. The corresponding Index Card should be taken out from the numerical Index (Medical List) and the name of the new IMP entered on it with the Code Number at the bottom right hand side. The index card should be endorsed suitably and placed in a separate drawer marked "Medical Records Outstanding" which should be scrutinised weekly. It will not be returned to its original place until the MRE has been received from the former IMP. If by this process, it is seen that he has not returned the MRE within a week, reminder should be sent, and Index Card endorsed 'Reminder" When

the MRE is received, it will be forwarded to the new IMP. The Index Card will then be taken out of the drawer marked "Medical Records Outstanding" and the endorsement crossed through and the Index Card restored to the numerical Index (Medical List).

4.12 Exit and re-entry

The RO sends to the Director/AMO an Exit List/Exit Cards of IPs who become dis-entitled for Medical Benefit under the Scheme periodically. On receipt of this Notification, the concerned Panel Doctors are informed by the Director/AMO to return the Medical Records of the debarred IPs. The corresponding Index Card should be placed temporarily in the "outstanding" drawer after endorsing the date of exit. The relevant Medical Acceptance Cards alongwith the Exit Cards should be placed in the "ineligible" index drawer to which eventually the corresponding MRE is added. These MRE's should be kept Insurance Number-wise. If the IP subsequently gets re-entitled on the basis of ESIC-37, IMP should complete ESIC-Med.7-A printed on reverse of ESIC-37 and send it to Director/AMO. On receipt of ESIC-37 from the Panel Doctor or on receipt of the Re-entitlement List from RO, the MRE is withdrawn from the "Ineligible" index drawers and sent to the IMP. The Medical Acceptance and Index Cards are returned to their original places. Form ESIC-37 should then be sent to the RO for further action.

In the event of death of an IP, a letter will be sent to the IMP. The Acceptance and Index Cards are removed from the respective cabinets and endorsed "deceased' in red ink and then deposited in the "Outstanding" drawer. After the MRE is received, both these cards should be endorsed in red ink as "deceased', if not already done by the IMP, and should be sent to the RO for permanent retention under acknowledgement through the Director/AMO. Reminder may be send by Director/ AMO if MRE is not returned after one week of exit and Index Card endorsed "Reminder date....."

4.13 Assignment of IPs who are unable to obtain acceptance by an IMP

The Allocation Scheme, deals among other things, with the machinery for ensuring Medical Benefit to beneficiary who have tried in vain to get accepted by an IMP. This procedure involves their assignment by the Allocation Committee to an IMP who is then bound to accept them eventhough he might have previously refused them.

When an IP and his family is not accepted by any IMP of his choice, IP will inform the Director directly. Sometimes if the IP does not send his Medical Acceptance

Card. this must be called for by a letter. The application will be put up to the Chairman of the Allocation Committee for assigning of IP to an IMP.

The Allocation Committee or the Chairman will make the assignments after taking into consideration the distance between the residence of the IP concerned and the clinics of the Panel Doctors and the number of IPs registered with such Panel doctors.

Experience shows that IPs residing in outlying places where the nearest Panel Doctor is at an appreciable distance are not accepted by any IMP. To over come this difficulty, the Corporation decided that such persons may be compulsorily allotted to Panel Doctors ensuring that IPs are more or less equally distributed between all Panel Doctors at a reasonable distance. If the residence of IP is within a distance of 5 kilometres from the clinic, only normal capitation fee will be paid. If the distance is more than 5 kilometres, IMP may be paid Rs.2/- per domiciliary visit plus per kilometre rate prescribed by authority for the actual distance travelled both ways.

The IPs and the Panel Doctors to whom they have been assigned will then be informed and MRE forwarded to IMP. The Medical Acceptance Card, (which will not bear any Panel Doctor's signature) should be endorsed on the reverse, above the space for Doctor's signature "assigned to Dr....." and placed in the Panel Doctor's cabinet which constitutes his list. The index card will at the same time be taken out from the outstanding drawer and dealt under the normal procedure.

4.14 Limitation of Doctor's list

The Allocation Scheme limits the number of IPs on a Panel Doctor's List to 1000 IP family units. If the number as seen from the weekly adjustment of the IMPs ledger exceeds the above limit, the Panel Doctor will be informed to bring the number within the maximum by notifying the Director, the names of those IPs for whom he intends to discontinue responsibility. These names should not include any of such IPs who are under his treatment at that time. Such IPs shall then be informed to choose another IMP or otherwise their names will be removed from the list of former IMP at the end of 14 days. IMPs Code Card will be endorsed suitably. A marker or flag should be inserted in the IMPs cabinet at the 1000th mark.

4.15 Temporary Arrangements

On the death, removal or withdrawal of an IMP from the ESI Scheme, the Director/ AMO will make temporary arrangements for carrying on his work and those

arrangements should be notified to each IP on his list by a letter enclosing Medical Acceptance Card after endorsing date of letter on index card. IPs will be given two months time to change over to any other Panel Practitioner of their choice and if they do not change within this period, it will be assumed that they would like to remain with the same Panel Practitioner, who may have been recognised by the Director/AMO as having been responsible for carrying out the work of the original IMP. The payment to the IMP will be made for the proportionate period of the quarter during which he rendered the services.

4.16 Measures to check Over – Prescribing and Excessive – Prescribing

a) The Director/AMO will inform such doctors drawing their attention to the high cost of their prescriptions. A copy of this letter is endorsed to the Medical Referee.

b) The Medical Referee during his routine and surprise visits will check the medical records maintained at the Doctors' clinics to find out any undue rise in the incidence of illness or higher incidence of chronic cases in his list.

c) If in the subsequent months also, the cost of prescriptions continues to be high and there is a progressive increase in the amount involved, prescriptions of those Doctors should be checked particularly with the Insurance Numbers to find out the particulars of medicines prescribed and whether there are any repeat cases.

d) Frequent or repeated spells of illness in respect of particular IP should be noted and the names of all such IPs should be passed on to the Medical Referee for scrutiny and investigations.

4.17 Disputes between the Insured Persons and the IMP

Normally, it should be possible for the IP and the IMP to settle minor misunderstandings between themselves. However, any complaint which the IP desires to be investigated should be referred to the Medical Service Committee. Details of the Constitution and procedure etc of the Medical Service Committee are covered under Rule 23 to 26 of the Model State ESI (Medical Benefit) Rules. Besides

such cases, this Committee also deals with breach of terms of service in respect of the following cases:-

i. Over-prescribing;

ii. Lax Certification; and

iii. Record keeping.

4.18 Panel Doctor's ledger and payment of Capitation Fee

A separate index of IPs on each IMP's list is maintained at the office of the AMO by keeping separately the Medical Acceptance Cards in a cabinet for each Doctor. As payment of capitation fee depends on this, it is essential that they should be maintained accurately and Panel Doctor's ledger which should show the number of Insured Persons on his list at the beginning of each quarter,i.e., as on 1st January, 1st April, 1st July and 1st October of each year. Every week fresh acceptance and deletions which actually occurred in the previous quarter, but were not notified before the first day of the current quarter are dealt with on a similar Form and are entered as "Back-credits" and "Back-debits" in order to adjust the payments in the following quarter. For instance, an IP may have died on 30th March, but his name is still on the Doctor's list on 1st April and in consequence, capitation fee is paid for the second quarter, when information is received during April, of his death, this is entered in the "Back-debits" column, so that there will be appropriate deduction in the third quarter. Similarly, an IP may have been accepted by an IMP on 27th March, but the Acceptance Card reaches the AMO after 1st April and the Doctor thereby does not receive the credit on 1st April. The "Back-credit" column will then be entered and the extra payment made in the following quarter. Based on the final entries made in the Doctor's ledger, payment of Capitation fee is made provisionally subject to final adjustment in the light of audit.

An IMP is entitled to capitation fee for one quarter at the lower rate (for IPs only) in respect of a temporary resident registered with him on the basis of ESIC-105/ESIC-Med.10 .

CHAPTER - V

CASH BENEFITS

5.1 Benefits under the ESI Scheme

The section 46 of the Act envsages following six social security benefits:-

a. Medical benefit (In kind)–already described in chapter on "Medical benefit"

Following are the cash benefits admissible under the Scheme:-

b. Sickness benefit(SB) including Extended sickness benefit(ESB) and Enhanced sickness benefit.

c. Maternity benefit(MB)

d. Disablement benefit

(i) Temporary disablement benefit(TDB)

(ii) Permanent disablement benefit(PDB)

e. Dependants' benefit(DB)

f. Funeral expenses

An interesting feature of the ESI Scheme is that the contributions are related to the paying capacity as a fixed percentage of the workers wages whereas, they are provided social security benefits according to individual needs without distinction.

Cash benefits are disbursed by the Corporation through its Local Offices/Mini Local Offices/Sub Local Offices/pay offices, subject to certain contributory conditions.

5.2 In addition, the scheme also provides some other need based benefits to insured persons.

These includes :

(i) Rehabilitation allowance

(ii) Vocational rehabilitation

5.3 Sickness Benefit (SB)

Sickness benefit represents periodical cash payments made to an IP during the period of certified sickness occurring in a benefit period when IP requires medical treatment and attendance with abstention from work on medical grounds. Prescribed certificates are Forms 8, 9, 10, 11 & ESIC-Med. 13. Sickness benefit is paid at standard benefit rate which is roughly 50% of the average daily wages and is payable for 91 days during 2 consecutive benefit periods.

Qualifying Conditions

(i) To become eligible to Sickness benefit, an IP should have paid contribution for not less than 78 days during the corresponding contribution period or half the number of available days in the first contribution period on initial appointment.

(ii) A person who has entered into insurable employment for the first time has to wait for nearly 9 months before becoming eligible to sickness benefit, because his corresponding benefit period starts only after that interval.

(iii) Sickness benefit is not payable for the first two days of a spell of sickness except in case of a spell commencing within 15 days of closure of earlier spell for which sickness benefit was last paid. This period of 2 days is called "waiting period". This provision should be clearly understood by IMOs/IMPs as actual experience shows that such IPs who want to avail medical leave on flimsy grounds generally come for First certificate/First & Final certificate within 15 days of earlier spell, usually on unpaid holidays and/or on each weekly off etc, to avoid loss of benefit for 2 days due to fresh waiting period.

5.4 Extended Sickness Benefit (ESB)

IPs suffering from long term diseases were experiencing great hardship on expiry of 91 days Sickness benefit. Often they, though not fit for duty, pressed for a Final certificate. Hence, a provisions for paying Sickness Benefit for an extended period (Extended sickness benefit) of upto 2 years in a ESB period of 3 years was made.

1. IPs suffering from certain long term diseases is entitled to ESB, only after exhausting Sickness benefit to which he may be eligible. A common list of these long term diseases for which ESB is payable, is reviewed by the Corporation from time to time. The list was last reviewed on 5.12.99 and revised provisions of ESB became effective from 1.1.2000 and at present this list includes 34 diseases which are grouped in 11 groups as per International Classification of Diseases and the names of many existing diseases have been changed. Revised list of diseases for ESB is as under :-

I Infectious Diseases

1. Tuberculosis
2. Leprosy
3. Chronic Empyema
4. Bronchiectasis
5. Interstitial Lung disease
6. AIDS

II Neoplasms

7. Malignant Diseases

III Endocrine, Nutritional and Metabolic Disorders

8. Diabetes Mellitus-with proliferative retinopathy/diabetic foot/ nephropathy.

IV Disorders of Nervous System

9. Monoplegia
10. Hemiplegia
11. Paraplegia
12. Hemiparesis

13. Intracranial space occupying lesion
14. Spinal Cord Compression
15. Parkinson's disease
16. Myasthenia Gravis/Neuromuscular Dystrophies

V Diseases of Eye

17. Immature Cataract with vision 6/60 or less
18. Detachment of Retina
19. Glaucoma

VI Diseases of Cardiovascular System

20. Coronary Artery Disease :-
    a. Unstable Angina
    b. Myocardial infarction with ejection less than 45%
21. Congestive Heart Failure-Left, Right
22. Cardiac Valvular Diseases with failure/complications
23. Cardiomyopathies
24. Heart disease with surgical intervention alongwith complications

VII Chest Diseases

25. Chronic Obstructive Long diseases (COPD) with congestive heart failure (Cor Pulmonale)

VIII Diseases of the Digestive System

26. Cirrhosis of liver with ascitis/chronic active hepatitis ("CAH").

IX Orthopaedic Diseases

27. Dislocation of vertebra/prolapse of intervertebral disc

28. Non union or delayed union of fracture

29. Post Traumatic surgical amputation of lower extremity

30. Compound fracture with chronic osteomyelitis

X Psychoses

31. Sub-group under this head are listed for clarification

    a. Schizophrenia

    b. Endogenous depression

    c. Maniac Depressive Psychosis (MDP)

    d. Dementia

XI Others

32. More than 20% Burns with infection/complication

33. Chronic Renal Failure

34. Reynaud's disease/Burger's disease.

In addition to the above list, Director General/Medical Commissioner is authorised to sanction ESB for a maximum period upto 730 days in cases of rare but treatable diseases or under special circumstacnes, such as, adverse reaction to drugs which have not been included in the above list, depending on the merits of each case, on the recommendations of RDMC/AMO or authorised officer running the medical scheme in the state.

2. To be entitled to Extended sickness benefit an Insured Persons should have been in continuous employment for 2 years or more at the beginning of a spell of sickness in which the disease is diagnosed and should also satisfy other contributory conditions.

3. ESB shall be payable for a period of 124 days initially and may be extended up to 309 days in chronic suitable cases by Regional Dy. Medical Commissioner Medical Referee/Administrative Medical Officer/Chief Executive of the E.S.I. Scheme in the State or his nominee on the report of the specialist(s) in Appendix 'B' which is given below :-

APPENDIX-B

REPORT OF THE MR/RDMC/AMO IN-CHARGE OR HIS NOMINEE

The above Insured Person has been examined and considering the report of the Specialist, I recommend that ESB may be extended beyond 124 days till incapacity reaches finality or 309 days, whichever is earlier.

Signature of the
MR/RDMC/AMO I/C or his nominee

The Regional Director is empowered to enhance the duration of Extended Sickness Benefit beyond the present limit of 400 days (91 days of SB + 309 days of ESB) upto a maximum period of two years/till superannuation or 60 years of age/till incapacity lasts whichever is earlier in deserving cases on the recommendation of MR/RDMC duly certified by a Medical Board.

4. Immature cataract with vision 6/60 or less in the affected eye shall include mature cataract operation of the cataract and post operative treatment.

5. An Extended sickness benefit period shall consist of a period of 3 years from the date of commencement of the spell of certified incapacity for which an Insured Person is entitled to Extended sickness benefit in case of Tuberculosis and from the date of diagnosis in case of any other disease.

6. The ESB period of 124 days, and where it is further extended to 309 days may not be consecutive and shall exclude the days on which the Insured Person is

entitled to Sickness benefit at Standard benefit rate prescribed for the wage group.

7. The rate of Extended Sickness Benefit during the Extended Sickness Benefit period shall be 40% more than the Standard Benefit Rate.

8. After expiry of an Extended sickness benefit period, an Insured Person may qualify afresh for Extended sickness benefit if he can satisfy the condition in Para 2 again provided that the condition of two years continuous employment may be satisfied on a date following the date of termination of Extended sickness benefit period in cases where the incapacity is due to any of the diseases shown in Para 1 above that was continuing on the date of such termination.

9. If an Insured Person during the currency of an Extended sickiness benefit period for a particular disease, contracts any other disease for which he qualifies for Extended sickness benefit, the Extended sickness benefit for the first disease may be terminated on the date previous to the date of commencement of the spell or the date of diagnosis of the second disease as the case may be. The Insured Person should qualify for new disease basd on the contributions paid in the relevant four contribution periods for the second disease.

10. In case where an Insured Person suffers from disability arising from the administration of drugs/injections, the Director General may subject to such conditions as he may like to impose on the merits of the case, sanction Extended sickness benefit for a maximum period of 730 days or until the invalidity lasts whichever is earlier in addition to the normal Sickness benefit, subject to the incapacity being certified, at a rate at which Extended Sickness benefit is payable to the Insured Person in terms of Para 3 above. The condition of two years continuous service as applicable for the determination of entitlement of Extended Sickness Benefit referred to in Para 2 above will not, however, apply in such cases.

    Director General has prescribed a proforma for recommending these cases to Hqr by MR/RDMC and references should be made accordingly.

11. In case, enforcement of any particular provision is likely to cause substantial hardship to the IP, the Director General / Insurance Commissioner / Medical Commissioner may on humanitarian consideration relax the same.

12. In such cases where the Insured Persons do not satisfy the condition of completion of 4 consecutive contribution periods due to their going out of coverage and subsequently getting covered again due to raise in wage ceiling for coverage or for any other reason relaxation from the condition of four consecutive contribution periods on humanitarian grounds may be granted by the Regional Director (reference Instruction No. 34/99 dated 11.11.99).

5.5 Enhanced Sickness Benefit

It was introduced w.e.f. 1.8.1976 as an incentive to IPs/IWs for undergoing Vasectomy/ Tubectomy. Insured Persons eligible to ordinary Sickness benefit are paid Enhanced sickness benefit at double the rate of Standard Sickness benefit i.e., about full average daily wage for undergoing sterilisation operations for Family Welfare. Duration of Enhanced sickness benefit is upto 7 days in the case of Vasectomy and upto 14 days in the case of the Tubectomy from the date of operation or from the date of admission in the hospital as the case may be. The period is extendable in case of post operative complications.

5.6 Disablement Beneft

Disablement benefit is of two types, namely:

a. Temporary disablement benefit (TDB)

b. Permanent disablement benefit (PDB)

5.7 Temporary Disablement Benefit (TDB)

(a) TDB is payable to an emplyee who suffers employment injury (EI) or occupational disease and is certified to be temporarily incapable to work. "Employment Injury" has been defined under Section 2(8) of the Act, as a personal injury to an employee caused by accident or occupational disease arising out of and in the course of his employment, being in insurable employment, whether the accident occurs or the occupational disease is contracted within or outside the territorial limits of India. List of occupational diseases for which TDB is payable along with the period of continuous employment has been given later in para 5.17.

(b) Certificates required for TDB

Accident Report in form 16/16 A

From 8, 9, 10, 11 and ESIC Med. 13.

(c) Eligibility for TDB

The benefit is not subject to any contributory conditions. An IP is eligible from the day he joins the insurable employment.

(d) TDB Rate is 40% over an above the standard benefit rate. This works out to nearly 70% of the average daily wages.

(e) Duration of TDB

There is no prescribed limit for the duration of TDB. This is payable as long as temporary disablement lasts and significant improvement by treatment is possible. If a temporary disablement spell lasts for less than 3 days (excluding day of accident), IP will be paid sickness benefit, if otherwise eligible. A special point for IMOs/IMPs is that some IPs may resist taking a Final certificate especially before 3 days for fear of loss of TDB.

5.8 Permanent Disablement Benefit (PDB)

(a) PDB is payable to an IP who suffer permanent residual disablement as a result of EI (including Occupational Diseases) and results in loss of earning capacity. The proper authority for assessing loss of earning capacity for injuries is the Medical Board and for Occupational Diseases, Special Medical Board.

(b) The duration of PDB may be for the period given by Medical Board, if assessment is provisional or for entire life if assessment is final.

(c) PDB Rate: The PDB rate is calculated as percentage of loss of earning capacity as assessed by the Medical Board/MAT/EI Court in relation to TDB. List of injuries deemed to result in permanent total disablement and percentage loss of earning capacity has been given in 2nd Schedule to ESIC Act, 1948 (Annexure 9.11). Hence, the maximum rate of PDB can be equal to the rate of TDB.

PDB amount is revised by the ESIC from time to time to adjust for inflation.

(d) Commutation of PDB (Regulation 76-B): IP whose PDB has been assessed as final and who has been awarded the same at the rate not excedeing Rs. 1.50 per day may apply for commutation of periodical payments of PDB into a lump-sum. When an application for commutation is made within 6 months of the date of communication of Medical Boards' decision, periodical payments shall be commuted into a lump sum provided the total commuted value does not exceed Rs. 10,000 at the time of commencement of final award. However, where such an application is made after expiry of 6 months, LO/RO will refer the case to MR/PTMR to certify whether the IP has an average expectation of life for his age. Such a certificate is issued by Medical Referee in the relevant palce on RO/LO letter.

(e) Age of an IP will have to be proved to the satisfaction of the Corporation in all cases. Medical Board assesses the age of IPs who are not able to produce satisfactory proof of age and opinion of Medical Board shall be final in this regad.

5.9 Dependants Benefit (DB)

The Dependants' benefit is payable to the dependants as per Section 52 of the Act read with provision of 6(A) of Section 2 in cases where an IP dies as result of EI. The age of dependants has to be determined either by production of

i. documentary evidence as specified in Regulation 80(2) or

ii Age certified by MR/PTMR/Medical Officer Incharge of Government Hospital or Dispensary.

The minimum rate of DB w.e.f. 1.1.90 is Rs. 14/- per day and these rates of the DB are reviewed from time to time.

5.10 Maternity Benefit

Maternity Benefit is payable to an Insured Woman in the following cases subject to contributory conditions:-

a. Confinement-payable for a period of 12 weeks (84 days) on production of Form 21 and 23.

b. Miscarriage or Medical Termination of Pregnancy (MTP)-payable for 6 weeks (42 days) from the date following miscarriage on the bais of Form 20 and 23.

c. Sickness arising out of Pregnancy, Confinement, Premature birth-payable for a period not exceeding one month on the basis of Form 8, 10 and 9.

In the event of the death of the Insured Woman during confinement leaving behind a child, Maternity Benefit is payable to her nominee on production of Form 24 (B).

Maternity benefit rate is double the Standard Benefit Rate, or roughly equal to the average daily wage.

5.11 Funeral expenses

Funeral expenses not exceeding Rs. 1,500/- is payable towards expenditure on the funeral of a deceaded IP and persons in receipt of periodical payments of PDB. The amount is paid either to the eldest surviving member of the family or to the person who actually incurs expenditure on funeral on productionof From 17 or ESIC Med. 12 or any other alternative evidence of death acceptable to the Corporation.

5.12 Physical Rehabilitation Allowance w.e.f. 22.12.79

Disabled Insured Persons who remain admitted in an Artificial Limb Centre for fixation or repair or replacement of the artificial limb are entitled to a rehabilitation allowance for each day on which they remain admitted at Artificial Limb Centre at double the Standard benefit rate. This is not subject to any contributory condition.

5.13. Vocational (Occupational) Rehabilitation scheme for permanently disabled IPs (w.e.f 1.11.94)

This shceme has been designed to provide financial assistance to the IPs who are referred to Vocational Rehabilitation Centre for training. Under the Scheme, Insured Persons aged not more than 45 years who are permanently disabled as a result of an employment injury (EI) with loss of earning capacity of not less than 40% and are not in gainful employment subsequent to EI are entitled to rebeive cash allowance

equal to the expenditure charged by the Vocational Rehabilitation Centre or Rs. 45/- per day whichever is more during his stady at the Vocational Rehabilitation Centre. Such Insured Persons are also paid conveyance charges for the journey undertaken by them from their normal residence to the centre and back.

IP should apply to RO through his LO for this benefit in the prescribed form in duplicate.

5.14 Suspension of Sickness or Temporary disablement benefit

Sickness benefit or Disablement benefit for Temporary disablement may be suspended, if a person who is in receipt of such benefit fails to comply with any of the requirements of Section 64 of the Act and Regulation 64. Such suspension shall be for such number of days as may be decided by the authority authorised by the Director General on his behalf (for details see chapter of **'Certification'**).

An IP is not entitled to Sickness benefit or TDB under Section 63 of the Act on any day on which he works or remains on leave or a holiday in respect of which he receives wages or on any other day on which he remains on strike.

5.15. Sickness benefit/Temporary disablement benefit during strike (Regulation 99 A)

No person shall be entitled to Sickness benefit or Temporary disablement benefit on any day on which he remains on strike except in the following circumstances:-

i. If an IP is receiving medical treatment and is admitted as an indoor patient in any of the Employees' State Insurance Hospitals or a hospital recognised under the Scheme for such treatment, or

ii. If an IP is entitled to receive Extended sickness benefit for any of the diseases for which such benefit is admissible, or

iii. If an IP is in receipt of Sickness benfit or Disablement benefit for Temporary disablement immediately preceding the date of commencement of notice of the strike given by the employees union(s) to the mangement of the factory/ establishment.

iv. If an IP has undergone operation on account of vasectomy/tubectomy, IP shall be entitled to Enhance sickness benefit on any day on which IP remains on leave during the period of strike or remains on leave, or on holiday for which IP does not receive wages.

5.16 High incidence of Sickness benefit–Sharing of expenditure

Where the incidence of Sickness Benefit payment to IPs in any State is found to exceed the all India average, the amount of such excess shall be shared between the Corporation and the State Government in such proportion as may be fixed by the agreement between them under Section 58 (2 to 4) of the Act.

5.17 Occupational Diseases

(i) Occupational diseases under the ESIS are treated as Employment Injuries. Insured Persons afflicted are entitled to cash compensation at par with TDB/PDB and death cases. List of Occupational Diseases entitled to TDB/ PDB are given in the Third Schedule of the Act. The Schedule consists of three parts i.e., Part A, Part B and Part C based on occupation disease profile and nature of employment which is reproduced at the end of this para.

(ii) ***Fixation of period of continuous employment in respect of Occupational Diseases***

For the diseases included in Part A of the third schedule	The Act does not prescribe a minimum period of employment. Hence, an IP suffering from one of these diseases will be entitled to Disablement benefit irrespective of duration of the service in a particular industry.
For the diseases included in Part B of the third schedule	The Act prescribes a minimum continuous period of six months employment.
For the diseases included in Part C of the third schedule	The Corporation has prescribed a minimum period of continuous employment for each disease which is as follows :

Sl.No.	Occupationa Diseases	Period for which the employees Should have been in continous employment
C.1.a.	Silicosis	Six months
C.1.b	Asbestosis	Three years
C2.	Bagasosis	Three years
C.3	Byssinosis	Seven years
C.4	Farmer's lung-Pulmonary disease due to the inhalation of the dust of mouldy hay or of other mouldy vegetable produce and characterised by signs and symptoms attributable to a reaction in peripheral part of the broncho pulmonary system, and giving rise to a defect in gas exchange.	Six months
C.5.	Pneumoconiosis	Seven years

(iii) Procedure for claiming benefit for Occupational Diseases :-

An IP alleging/ suspected to be suffering from these diseases are referred to the Zonal Occupational Disease Centre for confirmation and then referred to Special Medical Board Constituted on Zonal basis by ESIC for this purpose. Such references to Special Medical Board have to be made even before payment of TDB. Details have been given in para 9.16.

(iv) Accident Report by the Employer is furnished in Form 16-A instead of Form 16 and is demanded from the employer after Special Medical Board confirms the diagnosis

THE THIRD SCHEDULE

[Section 52 A]

LIST OF OCCUPATIONAL DISEASES

Sl.No.	Occupational Disease	Employment
	PART - A	
1.	Infectious and parasitic diseases contracted in an occupation where there is a particular risk of contamination.	(a) All work involving exposure to health or laboratory work (b) All work involving exposure to veterinary work (c) Work relating to handling animals, animal carcasses, part of such carcasses, or merchandise which may have been contaminated by animals or animal carcasses, (d) Other work carrying a particular risk of contamination.
2.	Diseases casued by work in compressed air.	All work involving exposure to the risk concerned
3.	Diseases caused by lead or its toxic compounds.	–do–
4.	Poisoning by nitrous fumes.	–do–
5.	Poisoning by organophosphorus compounds	–do–

Sl.No.	Occupational Disease	Employment

PART - B

1.	Diseases caused by phosphorus or its toxic compounds.	All work involving exposure to the risk concerned.
2.	Diseases caused by mercury or its toxic compounds.	–do–
3.	Diseases caused by benzene or its toxic homologues.	–do–
4.	Diseases caused by nitro and amido toxic derivatives of benzene or its homologues.	–do–
5.	Diseases caused by chromium or its toxic compounds.	–do–
6.	Diseases caused by arsenic or its toxic compounds.	–do–
7.	Diseases caused by ratioactive substances and ionising radiations.	All work involving exposure to the action of radioactive of radioactive substances or ionising radiations.
8.	Primary epithelomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances.	All work involving exposure to the risk concerned.
9.	Diseases caused by the toxic halogen derivatives of hydrocarbons (of the aliphatic and aromatic series).	–do–
10.	Diseases caused by carbon disulphide.	–do–
11.	Occupational cataract due to infrared radiations.	–do–
12.	Diseases caused by manganese or its toxic compounds	–do–
13.	Skin diseases caused by physical, chemical or biological agents not included in other items.	–do–

14.	Hearing impairment caused by noise.	–do–
15.	Poisoning by dinitrophenol or a homologue or by substituted dinitrophenol or by the salts of such substances.	–do–
16.	Diseases caused by beryllium or its toxic compounds	–do–
17.	Diseases caused by cadmium or its toxic compounds	–do–
18.	Occupational asthma caused by recognized sensitising agents inherent to the work process.	–do–
19.	Diseases caused by fluorine or its toxic compounds.	–do–
20.	Diseases caused by nitro-glycerine or other nitroacid esters.	–do–
21.	Diseases caused by alcohol and ketones	–do–
22.	Diseases caused by asphyxiants, carbon monoxide and its toxic derivatives, hydrogen sulphide.	–do–
23.	Lung cancer and mesotheliomas caused by asbestos.	–do–
24.	Primary neoplasm of the epithelial lining of the uninary bladder or the kidney or the ureter.	–do–

PART - C

1.	Pneumoconiosis caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silico-tuberculosis provided that silicosis is an essential factor in causing the resultnat incapacity or death.	All work involving expsure to the risk concerned.
2.	Bagassosis	–do–
3.	Bronchopulmonary diseases caused by cotton, flax, hemp and sisal dust (Byssinosis)	–do–

4.	Extrinsic allergic alveolities caused by the inhalation of organic dusts.	–do–
5.	Bronchopulmonary diseases caused by hard metals	–do–

Note : The Central Government or a State Government may add any description of employment to the employments specified in the IIIrd schedule to Workmen's Compensation Act and said employment shall be deemed to form part of the Third Schedule. The Corporation is also empowered to add any description of particular employment to the employments specified in the Third schedule.

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CHAPTER - VI

MEDICAL CERTIFICATION

6.1 Benefits under the ESI Scheme

Section 46(1) of the ESI Act read with ESI (General) regulation 54 to 61, 87 to 89 B, 94 and 107 provide for issue of Medical Certificates (Regulation Certificates) and lays down the procedure for forms to be used in respect of sickness, emloyment injury, maternity, miscarriage and death. The following chart shows the certificate forms prescribed under ESI (General) regulation, 1950 i.e. Regulation Certificate and certificate prescribed for administration purpose i.e., Non-regulation certificate.

(a) Regulation Certificates

Sl. No.	Regulation	Form No.	Type of Certificate	Purpose & Remarks
1.	57	Form-8	First Certificate (Annexure 6.1)	Issued on first examination to certify medical attendance & treatment and abstention in case of sickness, EI, sickness arising out of pregnanc/confinement. It certifies only the day of examination, 24 hours (3 days in case of mobile dispensary) back period may be covered in genuine cases
2.	57	Form-8	Combined First & Final certificate	Issued for Short spell upto 3 days, 24 hours (3 days in case of mobile dispensary) back period may be covered in genuine cases
3.	58	Form-9	Final Certificate (Annexure 6.2)	Issued in cases where first certificate was issued/directly admitted when the IP is found fit for duty on same day or any other day not later than the 3rd day after date of examination.

4.	59	Form-10	Intermediate certificate (Annexure 6.3)	Issued on 8th day after the first certificate and at intervals of 7 days till IP is fit for duty.
5.	61	Form-11	Special Intermediate Certificate (Annexure 6.4)	Issued where prolonged abstention is required after 28 days of first certificate, when repeated examination is not required and abstention for 14 to 28 days is required, ESIC Med. 11 for the same period to be issued from separate book
6.	79	Form-17	Death certificate (Annexure 6.5)	Issued after receipt of accident report resulting in death and on identification of the body of the deceased. Meant for claiming, funeral expenses and dependants' benefit.
7.	87	Form-20	Certificate of pregnancy (Annexure 6.6)	Issued on confirmation of pregnancy of an Insured woman
8.	88(i)	Form-21	Certificate of Expected confinement (Annexure 6.7)	Issued where expected date of confinement is within next 50 days. ESIC Med. 11 from separate book for 84 days is to be issued simultaneously.
9.	88(iii)/89	Form-23	Certificate of confihement/ miscarriage (Annexure 6.8)	Issued if signs of recent confinement/recent miscarriage are present. Issued within 30 days of confinement or miscarriage. ESIC Med. 11 for 84 days for confinement and 42 days in case of miscarriage
10.	89(A)	Form-24(B)	Maternity Benefit Death certificate (Annexure 6.9)	Issued on death of Insured woman after miscarriage/ confinement durig the maternity benefit period

(b) Non Regulation Certificates

Sl. No.	Forms	Type of Certificate	Purpose & Remarks
1.	ESIC Med. 11 (FT, F & I)	Certificate of Information of of Sickness/Maternity/Miscarriage for the Employer (Annexure 6.12)	For information to employer to regulate leave and make alternate arrangements. issued for corresponding period form separate book alongwith Forms 11, 21 & 23. Also issued as duplicate of lost certificate for information to employer, Quarantine & court purposes.
2.	ESIC Med. 12	Death Certificate (Annexure 6.13)	Issued in case of death for cases not covered by regulation certifictae on identification of body of deceased and used for clainming funeral expenses only.
3.	ESIC Med. 13	Certificate for in-patients in Hospitals (Annexure 6.14)	Issued to IPs undergoing in-patient treatment by IMO of ESI Hospital at weekly intervals at the request of IP alongwith ESIC Med. 11 from separate book for claiming periodical payments.

6.2 Certificate Books

(i) The Regulation and Non-regulation certificates are supplied in the form of books numbered serially and the certificate leave in each book are also serially numbered. The IMO/IMP should use the books in regular serial order supplied (though serial order may have gaps) and only one book of a particular Form should be used at a time. The next Book of Certificates (serially numbered) should be brought into use only after the previous one is completely exhausted.

(ii) To lessen the writing work and facilitate writing of all copies at one stroke and easy identification, Form 8, Form 9 and 10 are printed in colour code (Form-8 black, Form 9 red, and Form 10 green) and are bound with ESIC Med.11

distinctively marked as (FT), (F) and (I) is bound in such a way that the reason/ diagnosis written on Form 8, Form 9 and 10 does not come on information of sickness to employer, thus ensuring absolute confidentiality as per Medical ethics.

Form 11, Form 17, Form 20, Form 21, Form 23 and ESIC Med. 12 have separate office counterfoils to be written separately and information of sickness-ESIC Med. 11 to be issued from exclusive book.

(iii) **Safe Custody and issue of Certificate books :** Certificate books are very valuable documents and should be considered like cheque books, as cash benefits are payable at Local Office, if due, on receipt of completed certificates. Hence, it is important to keep them under lock and key in the dispensary. IMO Incharge/IMP is responsible for safe custody of unused certificate books and counterfoils of used certificate books. Individual IMO/IMP to whom the certificate book is issued for current use is responsible for its safe custody. IMO/IMP should return completely used certificate book before asking for a new book. Any loss of certificate book should be intimated immediately to Local Office and Regional Director for necessary action. IMO Incharge should store the certificate books in the serial order supplied and issue a fresh book in the same serial order supplied after taking possession of previously issued completely used certificate book if any. IMO Incharge/IMP has to maintain stock register for these certificates. Cases have occurred were unauthorised persons have fraudulently procured books and issued certificates by forging signature of IMO/IMP thereby making the Corporation pay cash benefits when not actually due.

(iv) **Stock Register of Certificate Books**

(i) This register is absolutely necessary and should be kept in proforma given in the chapter on Sickness Absenteeism and Recoding in multi-doctor dispensaries, allotting a few pages for each type of certificate books.

(ii) In IMP clinic or single doctor ESI Dispensary, the above proforma may be slightly modified to suit circumstances.

8.3 General Principles of Certification

Broadly, the principles governing the issue of certificates for sickness (including sickness arising out of pregnancey/confinement and enhanced sickness and ESB)

and Temporary Disablement are similar. Even the Forms used and procedure for issue of these Forms are similar. Hence, these have been dealt with together. Distinctive features of certification for temporary Disablement, ESB, Maternity etc. are taken up separately.

(a) While issuing certificates for Sickness, the definition of the term "Sickness" as defined in Section 2(20) of ESI Act must be kept in mind. Under this section, "Sickness" means a condition which requires medical treatment and attendance and necessitates abstention from work on medical grounds. This definition enjoins that before a sickness certificate can be issued, two conditions must be satisfied, namely (i) that a person requires medical treatment and attendance and (ii) that his condition temporarily necessitates abstention from work on medical grounds. This needs a little clarification for the guidance of the IMOs/IMPs. There may be cases who require medical treatment and attendance but not abstention from work, e.g., cases of simple diseases like a small abrasion. There may be cases who require abstention from work, but not medical treatment and attendance e.g. cases of such diseases where no further active treatment is indicated or possible and there is a permanent disability. Thus, it is clear that both these conditions are satisfied before issuing a medical certificate. This is the language of Forms 8, 9, 10 & 11, these conditions apply even when issuing certificates for E.I. cases also.

(b) **Collective responsibility of IMOs/IMPs for certification**

Certificates in the Forms laid down should be issued only be duly appointed IMOs/IMPs and generally to the IPs allotted to them. But all IMOs/IMPs have a collective responsibility for the treatment of IPs. They should issue appropriate certificates, free of charges, also to those IPs who are not on their lists, but who are under their treatment for the time being due to emergency/leave of a IMO/IMP. In such cases, an appropriate Certificate should be issued, if in the opinion of the doctor examining the case, abstention is needed. The doctor should indicate the fact of issue of appropriate certificate in prescription form for information of IMO/IMP to whom IP is attached. In case of same dispensary, particulars can be recorded in MRE.

(c) An IMO/IMP should satisfy himself about the identity of an IP by checking his Identity Card and marks of identification or photo identity card.

(d) Each IMO/IMP should use only one set of separate types of certificate books.

(e) Even though certificates are supplied in printed form for convenience, IMO should understand the implication of the language used therein.

(f) In all regulation certificates the language begins **"I certify that I have examined you today"**. This clearly means that the doctor cannot issue any certificate without actual personal examination of an Insured person. Hence no certificate should be issued merely on the statement/advise/recommendation of any other person/doctor, without IMO/IMP himself being convinced about genuiness of the case. If an IP is unable to attend dispensary due to illness, IMO/IMP should examine the IP by making domiciliary visit in chronic non-ambulatory cases or in emergency cases. Each certificate should be issued based on separate examination of the patient.

(g) **Indications for issue of certificates**

Certificate should be issued only to those Insured Persons who satisfy the following conditions :-

(i) That the IP should require medical treatment and attendance on account of some specific physical or mental disease or temporary disablement capable of significant improvement and

(ii) Any attempt to work would be seriously prejudicial to his/her recovery of health.

(iii) some times an IP may not be so ill or disabled as not to be able to carry out any type of work, but if the IP is reasonably not able to perform his ordinary occupation and/or if it appears probable that it would be quite unreasonable to expect the IP to undertake another form of gainful employment in the meantime, IP should be certified sick. This is the meaning of language "Needing Medical Attendance...from work" printed inthe certificate.

Example:

A case of simple and minor ailment like a small abrasion, small wound or minor coryza which may require medical treatment and attendance may

not be so severe as to hamper IPs working capacity. There may be some other cases, where no further significant improvement is possible by medical treatment and attendance and an IP is permanently/partially or totally incapacitated for work. Under the above circumstances no further abstention certificates are required.

(h) "By reason of..." in a Certificate means the diagnosis arrived at and an IMO should record precisely and specifically the latest diagnosis arrived at by examination/investigations rather than using vague and general terms, e.g. fever, headache, vomiting, abdominal pain etc. IMO should not write anywhere that it is an employment injury.

(i) In injury cases actual location, extent and nature of injury should be indicated precisely.

(j) The need for issue of any type of certificate is to be judged by IMO/IMP after detailed examination. In case of difficulty or doubt, second opinion may be taken from Specialist/MR/PTMR.

(k) All certificates should be written in IMO's/IMP's own handwriting in ink or ball point pen using two double sided carbons, one placed in front of corresponding information of sickness to employer and the other before the office copy (blank paper).

(l) The date entered in the certificate is the date of examination from which the medical leave usually commences. IMO/IMP on no account should ante date or post date any certificate. It is essential that IMOs/IMPs resist any pressure from Insured Persons or others regarding ante datingpost dating of certificates which is regarded as breach of conduct. Hence, IMOs/IMPs should strictly observe their obligation in this regard.

(m) Each certificate should be based on separate examination of the patient and certificate must be issued at the time of examination itself.

(n) Date of first/combined certificate in current spell of sickness or temporary disablement should be clearly indicated at appropriate place in subsequently

issued certificate forms 9, 10 and 11 so as to indicate the spell to which the certificate relates.

(o) When for any exceptional reason (to be recorded on office copy) the certificate could not be issued at the time of examination, the IMO/IMP must send the certificate to the IP within 24 hours thereafter.

(p) Responsibility of sending ESIC-Med.11 to an employer is that of the IP; Similarly, responsibility of sending copy to Local Office also rests with the IP. But at some centres, boxes have been placed in dispensaries in which Local Office copy can be deposited by the IPs. These are collected later by the staff of the concerned Local Office.

(q) In certain areas where there is no LO of the Corporation, arrangements have been made for deposit of certificates with completed claims with the dispensary itself for transmission to the Local Office.

(r) Any special remarks/instructions to be intimated to LO/RO are given under Remarks column and should be separately signed and stamped. The specific points regarding remarks, that may be given or indicated under respective type of certificate/circumstances to which it relates, are given separately.

(s) An IP under certified abstention is expected to attend the dispensary or IMP clinic as advised by IMO/IMP and obtain subsequent certificats on the due date. It is also the responsibility of the IMOs to consider issue of appropriate certificates on due date if an IP attends the dispensary or clinic. If an IP fails to attend and obtain subsequent certificate on due date, suitable remarks including reason for delay and likely period of aggravation/prolongation of sickness/ temporary disablement should be given under the remarks column.

(t) When a written certificate is not issued to an Insured Person for any reason or when some forms of certificate in serial order are left blank inadvertently, these should be cancelled by the IMO/IMP under his dated signature immediately indicating therein the reason for non issue or cancellation. All three copies of cancelled certificates should be retained in same book for audit and final disposal.

(u) There should not be any over writing or material change in the certificate. Any minor correction should be attested by full signature of IMO/IMP.

(v) All certificates should be issued free of cost and record of type of certificate book No., serial No. and date of issue is to be entered in the concerned MRE/ MRC of the IP for future references.

(w) The IP should be clearly advised to report for review as necessitated by his condition and also on due date of issue of subsequent certificate.

(x) Signature of IP should be taken on the certificate and all entries including employer's code no., name of LO should be completed and rubber stamps of ESI Dispensary and IMO/IMP affixed on the certificate before it is torn at the performation and issued.

(y) Thumb impression of IP should be attested by IMO/IMP separately.

(z) A duplicate copy of lost/multilated/misplaced certificates in respect of the previous date of examination may be issued on request of IP or letter from LO/ RO/SRO. Such a certificate when issued should be the exact copy of the original certificate and superscribed as **"Duplicate of Certificate Book No. ..... Sl. No. ..... Issued on ....."**. No new or additional remarks is admissible on duplicate certificate. In case the same IMO/IMP is not available, an attested duplicate copy of certificate may be issued by another IMO.

6.4 First Certificate (Form 8)-Regulation 57 - Annexure 6.1

(a) When an IP on first examination is found unfit to perform his duty as a result of sickness, temporary disablement and requires medical attendance & treatment and abstention a first certificate in Form-8 and ESIC Med. (Ft)-11 are issued. IMO/IMP should make reasonable assessment of the number of days an IP will need abstention and enter the same on the ESIC-Med. 11 certificate subject to the maximum of 7 days.

(b) **Certification to cover back period :** When an IP, needing medical attendance and treatment and abstention from work as on the date of examination, states that he was actually sick or temporarily disabled on the previous day, IMO/IMP, if satisfied as to the truth of the IP's statement that IP was unable to be present for a medical examination earlier for reasons beyond control, certify incapacity for the previous one day (3 days in areas served by mobile dispensary van) preceding the date of examination by giving remarks "Needed abstention from

....." Such a remark may be given sparingly and not routinely. The back period of 24 hours can not be covered if the IP is found to be fit at the time of examination. Such cases cannot be issued any certificate whatsoever.

(c) If for any exceptional administrative reason back period of more than 24 hours/ 3 days as the case may be, has to be covered in genuine cases, they should be referred to MR through RO giving full justification for non issue of certificates earlier.

(d) **Certification in cases of injuries – special precaution :** In case of injuries including those cases where accident form has been received, the IMO should nowhere indicate that the injury sustained is employment injury. He should only indicate the exact nature and location of injury.

(e) Calculation of number of days certified: First certificate ordinarily certifies abstention from work for the date of examination only, except when needed abstention for back period of 24 hours (3 days in case of areas served by mobile dispensary) is recommended in genuine cases, in such cases the days certified will also include the number of previous day/days recommended. For details refer to Chapter VII (Para 7.13).

6.5 Combined First & Final Certificate (Form 8) – Regulation 57

(a) To lessen the writing work and issue of separate Final certificates for a short spell, a provision has been made so that when an IP is likely to be fit to resume work on the date not later than the 3rd day after the date of examination, IMO/ IMP may issue the Certificate in respect of the entire spell of sickness by indicating the date of fitness for resumption of work in the relevant space provided "In my opinion, IP will be fit to resume work tomorrow/on". Such a certificate is called First & Final certificate (Combined certificate).

(b) In cases of issue of combined First & Final certificate, if it is found on subsequent examination that IP is still not fit to join on the date given, abstention can be continued by issue of Intermediate certificate on the date of fitness with a remark. "In continuation of combined First & Final certificate dated....." provided IP reports for examination on the date of joining duty shown in combined First & Final Certificate.

(c) It is observed that cases issued First certificate and desirous of availing longer leave do not report to IMO regularly till expiry of one week. Even when they attend the dispensary, IMO/IMP may fail to review the aspect of the leave. Hence it is desired that all cases suffering from minor illness, and requiring abstention on medical grounds, be issued only combined First & Final certificates for the maximum of 3 days reserving First certificate for cases where abstention for longer period is definitely indicated.

(d) If an IP, who was issued combined certificate reports after the due date of fitness indicated previously, he should not be issued an inter certificate. However, if he is found to need abstention from work, a fresh First or combined certificate may be issued preferably not covering the previous date of fitness unless there is justifiable medical reason for absenting from attendance at dispensary and workplace on the date of fitness.

"IMO/IMP should be on special vigil in cases of IPs coming and demanding first and final combined certificate within 15 days of closure of earlier spell(s) on flimsy grounds as some unscrupulous IPs may try to avail cash benefit when there is no work/unpaid weekly off to avoid imposition of fresh waiting days thus taking undue advantage."

(e) Calculation of number of days certified in case of the combined First & Final certificate certifies the whole spell of sickness at one stretch Certification for prior days is done as in the case of First certificate and days of back period so certified will incude the number of day(s) covered. For details refer to Chapter VII (Para 7.13).

6.6 Intermediate Certificate (Form-10)-Regulation-59 (Annexure 6.3)

(a) If an IP is not issued a Final certificate within 7 days of the previous certifificate on Form-10 latest on the 8th day, i.e., on the same day of the week when the previous certificate was issued. There is no objection to issue of an Intermediate certificate a day or two earlier than the due date, if an IP attends on that day and IMO/IMP decides to continue abstention and considers not necessary to call the IP again on due date.

(b) To establish diagnosis, facilitate treatment and to check prolongation of abstention and malingering it is better to refer an IP to specialist and issue inter certificate accordingly.

(c) If an IP fails to attend on due date and obtains subsequent certificate, a suitable remark e.g., "IP did not attend from ..... to ....." may be inserted along with a note regarding period of prolongation/aggravation of disease, if any. It should be clearly understood that unlike on Form 8 (First and First & Final certificate), there is no provision in ESI Act and regulation to recommend prior days leave on Inter certificate or Final certificate or Special inter certificate.

(d) IMO/IMP should make reasonable assessment of number of days of rest and enter the same at clause (i) of ESIC-Med. 11 subject to maximum of 7 days.

(e) In case of failure to attend on due date due to IP being hospitalised or in case of IP having been admitted directly in an ESI recognised hospital and discharged, the following remark is to be given "Hospital case DOA ..... DOD ..... Vide ....." (No. and date of admission and discharge certificate). This remark should be signed separately and rubber-stamped.

(f) When a particular spell of a temporary disablement or sickness arising out of pregnancy/confinement/miscarriage has ceased and the IMO/IMP considers that the abstention has to continue owing to another sickness, IMO/IMP should record a remark on the Intermediate certificate specifying the date on which temporary disablement/sickness arising out of pregnancy/confinement/ miscarriage terminated and tha for fresh sickness started.

(g) In case of ESB/Occupational disease, till the diagnosis of ESB / Occupational Disease is confirmed by a Specialist exact nomenclature entitling to ESB should not be given in certificate. On receipt of confirmation of diagnosis by Specialist for which ESB is payable, IMO should issue Inter certificate with the specific ESB diagnosis underlined in red ink with a remark "diagnosis confirmed by Specialist on ....."

(h) There is no limit to the number of Intermediate certificates to be issued at 7 days intervals as long as IMO/IMP is convinced about the necessity for abstention on medical grounds. However, issue of Special intermediate certificate may be considered after 28 days in that particular spell of sickness.

(i) If an IP has failed to appear before MR/PTMR for examination and in the opinion of IMO/IMP, IP needs further abstention, IMO/IMP may issue Intermediate certificate and advice IP to see MR/PTMR if he is available. Otherwise ESI specialist opinion should be taken.

(k) **Calculation of Certified days:** The Intermediate certificate certifies abstention from work from the day following the date of issue of earlier certificate (First/ Intermediate) upto & including day of issue of Intermediate certificate. It does not include the period of aggravation of disease. For details refer to Chapter VII (Para 7.14).

6.7 Special Intermediate Certificate (Form 11) – Regulation 61 (Annexure 6.4)

(a) Special intermediate certificate should invariably be issued after taking specialist opinion regarding abstention.

This certificate is designed for use in case of temporary disablement or sickness where the incapacity is likely to be prolonged and the nature of disablement or sickness is such that frequent examination by the IMO/IMP is not necessary as in cases of TB, Cancer, Fracture with plaster cast, etc. It may be noted that the issue of Special intermediate certificate is not obligatory. Even in cases like Tuberculosis, Cancer, etc., ordinary Intermediate certificate could be issued at every 7 days intervals.

(b) This certificate must not be issued until 28 days have lapsed from the date of issue of the first certificate for the spell of temporary disablement or sickness. This can be issued, thereafter whenever leave for more than one week subject to the maximum of four weeks is considered necessary. It may be said that this certificate is issued "after four weeks for a minimum period of 2 weeks and maximum of 4 weeks". If in the opinion of the IMO/IMP a patient needs to be given this certificate for abstention before 28 days or for more than 28 days at a time, IMO/IMP may refer the case to the MR who is empowered to advise for issuing this certificate before 28 days and for more than 28 days.

(c) This certificate provides for giving two opinions namely (i) the period at which it will be necessary to review the patient and the Certificate is issued when it is considered that the case needs to be examined only at an interval of more than one week, e.g., a case of TB on OPD treatment or in case of Fracture in plaster; etc. and (ii) period of leave which is subject to maximum of four weeks and minimum of two weeks.

(d) The book of these certificates does not contain bound ESIC-Med. 11 Forms. Hence the information of sickness to employer should therefore, be issued

from the separate ESIC-Med.11 book. The likely duration of sickness/temporary disability on this certificate should be the same as recorded in the original Special intermediate certificate. Office copy, provided on left-hand side of certificate, will also have to be written separately and signed.

(e) Remarks in Special intermediate certificate – Remarks are generally on the same line as in Intermediate Certificate.

(f) **Calculationof certifled days:** The special intermediate certificate certifies abstention from work from the day following the date of issue of earlier certificate (First/intermediate) upto the period for which it has been issued including the date of issue. This certificate certifies days in advance unlike other certificates. For details refer to Chapter VII (Para 7.14).

6.8 Final Certificate (Form-9) – Regulation - 58 (Annexure 6.3)

(a) The Final certificate should be issued only in those cases where a First certificate has been issued for that particular spell of incapacity or the IP has produced an admission/discharge certificate from the hospital recognised under the ESI scheme and abstention was recommended after discharge upto the date of issue. When on any subsequent examintion, the IP is found fit to resume work, a Final certificate is issued to him.

Date of fitness to resume work has to be shown in relevant column, Normally, if an IP is found fit to join duty immediately, IP is declared fit for the same day. However, date of fitness could be upto third day after the date of examination in deserving cases. The onus for the issue of Final certificate to an IP, as soon as he is found fit for duty, is on IMO/IMP.

(b) It should be borne in mind when declaring an IP fit for work, especially in injury cases with residual limitation of movements, that treatment does not consist of application of dressing or plaster of paris only but also consists of active and passive movements, massage, heat and cold applications, etc. A part of limb, which has been in plaster or immobilised otherwise due to inury, cannot function fully the next day after the plaster is removed or the wond is completely healed. The fitness of person should therefore be considered not in relation to anatomical healing or continuity of the injured part, but with reference to the work the IP is to perform. It is also important to keep in mind the nature of the work in relation

to the disability, e.g., a spinner with a stiff joint of the finger may be capable of hard work, but cannot work as a spinner. While issuing certificate of fitness, IMO/IMP should keep these points in view and allow reasonable period for physiotherapy also before pronouncing it as permanent disablement.

(c) In case an IP is permanently disable on account of injury (including employment injury/chronic sickness) and not found reasonably fit to perform work and no significant improvement by further treatments in considered to be possible, a Final certificate should be issued by scoring off the words "In my opinion you will be fit to resume work tomorrow/on....." (Form-9). The words at clause (ii) of ESIC Med (F) 11 he/she is fit to resume work tommorws/on....." also should be scored out in both the certificates viz. Form-9 & ESIC Med (F) 11, the following words should be inserted. "A case of permanent partial/total disablement, no further significant improvement is expected by treatment".

(d) An IP who starts treatment from his IMO/IMP but discontinues attending before recovery and then reports to IMO/IMP prior to resuming work, should be given a Fitness certificate if he is fit to resume work declaring him fit on the date of examintion. The Final certificate (Form 9) will not be correctly applicable to such a case as the IP has not throughout been under treatment. The IMO/IMP should strike off the portion "and that in ..... by reason of" and in the remarks column make a note "was under my treatment from ..... to ....." ESIC Med. 11 should also be issued in that case to the IP with the same remarks.

(e) IMO/IMP should not issue a Final Certificate after the IP has returned to work. However, if an IP requests for a Final Certificate after he has resumed duty, Final Certificate may be issued after striking off the wordings "I certify ..... tomorrow/on....." and indicating clearly in the remarks column the date on which the IP last attended the dispensary/clinic.

(f) When an IP has been referred to MR/PTMR for opinion and in the mean time, IP is found fit for duty, IMO/IMP shall issue Final certificate with date of fitness on or before the date of examination by MR/PTMR. Issue of such certificate should be informed to MR/PTMR at Para A on the overleaf of RM-3.

6.9 Certification in cases of Employment Injury (EI)

(a) Every employer shall send the report of an accident of an IP to the appropriate LO and the IMO/IMP in the prescribed form (Form 16). For accidental injuries

which are not serious, the report will come to the IMO/IMP after some time of the accident. The injured person will ordinarily report at the dispensary/clinic for treatment. When IP reports for the treatment for an injury and alleges that it arose out of and in the course of employment, but the employer has not sent any accident report, the IMO/IMP should provide the necessary treatment, etc., and make a note of the statement of the IP in the MRE as alleged by the IP. IMO/IMP will also issue the First certificate or combined First and Final certificate of the injury that rendered an IP temporarily incapable of work.

(b) Forms used and the procedure of issue of certificates in case of employment injury is essentially the same as for sickness. IMO/IMP should nowhere indicate that this is a case of employment injury even after receipt of accident report. He should make detailed entry of injury in the MRE and record exact nature and location of injury on the certificate.

(c) Action by an IMO/IMP on receipt of intimation of an Accident : In case of serious injury, it is necessary that the IMO/IMP should take immediate action on the report at whatever time received. He should proceed to the place of accident, if a request for attendance is made and the IP is still there, provide the necessary emergency treatment and if in-patient treatment is considered necessary, arrange for his admission to the hospital as expeditiously as possible. The IMO/IMP will also issue a First certificate if, in his opinion, the injury has rendered the IP temporarily incapable of work.

(d) It is essential that cases of employment injury should receive immediate attention of IMO/IMP. A little carelessness may prolong the period of incapacity, reduce chances of permanent cure and thus not only adversely affect the future earning capacity of the worker, but also be a serious drain on the Corporation funds. It may be stressed here that TDB is payable so long as temporary disablement lasts and PDB is payable, if there is residual disability.

(e) **Fatal Employment Injury**

(i) In cases where the death of an IP is alleged to be due to an EI (including occupational disease), the dead body is not to be disposed of until the body has been examined by an IMO/IMP. Death due to EI may be instantaneous or some time after the injury. When fatal accident including death due to OD occurs at the place of employment, the employer shall

send the accident report through a special messenger or otherwise as speedily as possible to the nearest LO/ESI Dispensary/IMP and wait for visit of IMO/IMP for 12 hours before disposal of the body. The body may be disposed of after 12 hours and after obtaining certificate from Medical Officer, if IMO/IMP does not arrive by that time.

As soon as information of death of an IP in such circumstances reaches the IMO/IMP, he should visit the spot and identify and examine the dead body after verifying the identification marks if necessary as well as other external evidences of injury/violence/poisoning/suicide or any other disease and arrange for post-mortem examination if considered necessary. This will also apply in cases where death occurs in presence of IMO/IMP. Where IMO/IMP and theCorporation Officers are fully satisfied that the death was the result of an E.I., post-mortem examination may not be insisted upon. In doubtful cases, IMO/IMP should request the police authorities and arrange for a post-mortem examination of the body in co-operation with the existing agency. The officers of the Corporation will also assist the IMO/IMP in taking necessary steps for the post-mortem being carried out by the appointed medical authority. Copy of the post-mortem report will be obtained by Regional Office/Local Office.

(ii) Where an IP who sustained EI, dies while receiving in-patient treatment in a hospital due to EI or its effects, it is the responsibility of the hospital authorities to decide whether a post-mortem examination should be conducted or not, to ascertain the cause of death. In case this is considered necessary, they will make all necessary arrangements in accordance with the existing procedure applicable in such cases in the State. A death certificate (Form-17) is issued by IMO of ESI Hospital if death is attributable to EI.

(f) **Issue of Form B.I.1** (Annexure 9.2)

Form B.I.1 should be issued only on receipt of Form-16 (Accident Report from the employer) Annexure-9.1. It cannot be issued merely on the statement of the IP that the injury he is suffering from is an EI. It must be clearly understood that IMO/IMP is not an authority to decide, whether it is a case of EI. This is the duty of RO/LO. Generally, Form B.I.1 is issued by the IMo/IMP who examines the case first.

Broad guidelines for filling up Form B.I.1 are as follows.

Part A – General particulars of IP and date & time of examination should be taken from entries in MRE at the time of first appearance of IP before IMO/IMP for that particular injury.

Part B – Medical Report

The columns which deserve special attention are:

i. Probable Cause: While giving the probable cause, the cause given in Form 16 (column 15 of Accident Report) should be kept in mind. If in the opinion of IMO/IMP cause is not likely to be one given by employer this should be clearly indicated.

ii. Co-existing Condition: It is very important that the IP is prevented from claiming PDB for any pre-existing disability or sickness. Hence, IMO/IMP should go through the MRE and also medical history including whether the disabled person was employed as a handicapped person for which accident report has been submitted for that disabled part and gives his considered categorical opinion in the matter.

(g) **Demarcation of the Period of EI from Concurrent Illness**

(i) An IP who is temporarily disabled due to EI, may sometime, develop another disease not connected with that particluar injury. In such cases, it is necessary to distinguish between the period of temporary disablement and the period of sickness related to the disease.

(ii) When the IMO/IMP considers that the need for abstention from work has ceased to be due to E I, but is due to Sickness the following remarks should be recorded on the Intermediate certificate "Temporary Disablement terminated on.....requires abstention on account of (disease).....from....."

(iii) When an Intermediate certificate with the above remarks is issued, a suitable entry should be made in the MRE. All subsequent certificates although issued in continuation of the original one, will not mention injury, (original EI) but name of "Sickness" as diagnosed.

(iv) Certification should be continued in such cases with revised new diagnosis and a Final certificate should be issued only when the IP is fit to resume work on the same lines as for sickness.

(h) The case is considered to be of temporary disablement as long as further improvement is possible by treatment including physiotherapy and abstention on medical grounds is considered necessary. At a particular stage, case may be quite fit needing no further treatment and abstention or have residual disablement with no chance of further improvement by treatment (permanent disablement). In case there is a residual disability, a Final certificate should be issued, with a remark "Temporary disablement terminated, a case of PD and reference to Medical Board recommended". This will enable the Local Office to take steps to refer the case to Medical Board at an early date.

(i) **Issue of Form BI.1(a)** (Annexure-9.3)

While recommending reference to Medical Board, Form B.I.1(a) should also be issued. This form is issued by the IMO/IMP who examines the case last and issues the Final certificate. This is an important form as it gives complete clinical history to the Medical Board. The issue of Form B.I. 1(A) is on same guiding principles as for filling Form B.I. 1.

(j) **Relapse of Employment Injury**

A case of temporary disablement may relapse after a Final certificate has been issued, that is, IP may again need treatment and abstention from work due to the same injury. The authority to certify a subsequent spell as due to relapse of E I is Medical Referee in case the subsequent spell commences after 7 days of closure of earlier spell. In other cases, i.e., where relapse occurs within 7 days, the IMO/IMP may himself confirm it on the first certificate itself in the remarks column. LO/IMO/IMP may refer the case to MR for opinion on this point. If MR is not readily available, IMO/IMP may issue the abstention certificates and LO shall refer the patient for opinion regarding relapse as soon as MR is available.

It should be clearly understood that the residual swelling, pain, stiffness, and loss of function after treatment are not to be considered as relapse of E I However, re-infection of the injury or removal of implant or any other treatment may be considered as relapse of E I.

(k) The IMO/IMP should not issue any certificate for temporary disablement after the receipt of the decision of the Medical Board having decided a disablement as permanent. However, where he is of the opinion that the IP is again incapable of work due to the same injury, he may isue the necessary certificates to the IP and immediately initiate an incapacity reference to the MR for his opinion regarding relapse of the E I.

6.10 Certification of IPs suffering from Occupational Diseases (OD)

Occupational Disease is an EI. IMO/IMP should suspect OD in an IP under the following circumstances:

1. Unusual symptoms.

2. Prolonged sickness and certification.

3. IP complains of no relief even after receiving course of usual treatment for more common disease.

4. IP genuinely falls sick repeatedly due to aggravation of symptoms after resuming duty and reports near complete/total receovery when he is away from work place.

5. IP has skin problems or an allergy which dispels all possible treatment and is aggravated when IP gets back to work.

6. Apparently thought to be Pulmonary Tuberculosis but not responding to anti-tubercular drugs.

Any of the above factors is sufficient reason for IMO/IMP to probe into details of occupational history on the following lines:

(a) Ascertain nature of industry and work process in which IP is working. An alphabetical list of industries/bye product/process possibly causing occupational diseases is given in Annexure 6.16.

(b) Whether work process of IP is one mentioned in third Schedule to the ESI Act (Para 5.17) or falls in the list of industries involving hazardous process as indicated in (Annexure – 6.15).

(c) Period of exposure and hours of exposure to the hazardous process.

IMO/IMP should refer such cases to the zonal ocupational disease centre as given in Para 3.16 for further investigation/confirmation of diagnosis, treatment and evaluation. IMO/IMP can then provide the treatment and issue sickness certificate for the period advised by the specialist with specified diagnosis of OD in red ink as per usual procedure for sickness.

IMO/IMP should also help LOM to investigate OD in other co-workers of IP engaged in the same work process.

LOM investigates these cases of OD and forwards all relevant records like Form 16A, ESIC-25A, (investigation statement), Form BI.1, BI.1(a), BI.2 and BI.3, proof of age to the Special Medical Board through RO/SRO for its opinion.

6.11 Certiclation of IPs suffering from ESB diseaes – (ESIC – Med 8, 8A) – (annexure 6.10 & 6.11)

(i) Procedure of certification in such cases is the same as for the cases of "Sickness" but there are some special points to be kept in mind. When an IMO/IMP suspects an IP to be suffering from any of the diseases falling under ESB group (list of diseases where ESB is payable given in para 5.4), he should refer the case to the specialist for the purpsoe of confirmation of diagnosis. Only on receipt of confirmation, he should issue next Intermediate certificate with diagnosis underlined in red ink and with a remark "Diagnosis confirmed by Specialist". Before the diagnosis is confirmed by the specialist exact nomenclature entitling to ESB should not be given in certificates. All cases of ESB should be sent to specialist for review at monthly intervals to assess fitness or otherwise and certified accordingly.

(ii) IMO/IMP should also fill Form ESIC-Med. 8 (Annexure 6.10) in duplicate for such cases and send one copy to Local Office and keep the other as office copy. ESIC-Med 8 form is supplied by local office.

(iii) Medical Referee may call for ESIC-Med.8-A (Annexure 6.11) from IMO/IMP in respect of ESB cases at quarterly intervals. This Form should be completed and returned to him.

6.12 Certification for Maternity Benefit (Form 20, 21, 23)

Twelve weeks of Maternity Benefit is available for confinement of which not more than 6 weeks shall precede the expected date of confinement [Rule 56(2) of ESI (Central Rules), 1950] and 6 weeks for miscarriage [Rule 56(3)].

As it is clear from the language of the certificates prescribed for maternity benefits, these can only be issued after actual examination of the case by IMO/IMP. However, where an Insured woman, refuses to be examined by a male doctor, she may be got examined by LMO/midwife attached to the dispensary/clinic who signs the certificate but certificates issued on the basis of examination by midwife will have to be counter-signed by IMO/IMP.

Cases not found fit for duty after expiry of maternity leave or before commencement of maternity leave due to sickness unrelated to pregnancy/confinement are certified as for "Sickiness".

a. Certificate of Pregnancy – (Form - 20) (Annexure 6.6)

Certificate of Pregnancy is issued as and when pregnancy is confirmed. As this does not entitle an insured woman to any leave, copy for employer is not issued. An office copy is provided on left hand side of the form. This serves only as a notice of pregnancy.

Special care should be taken to confirm existence of pergnancy when an Insured Woman reports within first one or two months of amenorrhea when confirmation of pregnancy may not be possible. In such cases, issue of Form-20 should be delayed till investigations confirm pregnancy.

b. Certificate of expected confinement (Form - 21) (Annexure 6.7)

This Form can be issued after careful calculation of date of expected confinement and only when such calculated date is within 50 days of the examination. If the calculation shows that the date of expected confinement is likely to be beyond 50 days, Insured Woman should be asked to report later for the certificate. In the column for **"Any other remarks"**, information regarding general condition, e.g., anaemia or any co-existing condition or twin pregnancy etc, may be given.

Left-hand portion of the form which serves as office copy should be filled and signed separately.

c. Certificate of Confinement (Form - 23) (Annexure 6.8)

Certificate of Confinement (Form - 23) is issued within 30 days of the date of confinement. Certificate should be issued only if IMO/IMP or registered Midwife attached to dispensary/clinic has attendd the confinement or IMO/IMP is satisfied by examination of presence of recent signs of delivery that confinement has taken place. In later case, language of certificate will have to be suitably modified (Regulation 95).

d. Information of maternity to employer

Form ESIC-Med. 11 is to be Issued with Forms 21 and 23 for ante-natal and post-natal leave respectively. The entire period of leave can be given in one certificate. In order that the language of ESIC-Med. 11 may conform with the needs of maternity cases, the words "is/has been needing medical treatment and attendance from" should be deleted and words "Medical" in clause (i) be changed to "Maternity leave upto....." (either 42 days or 84 days as the case may be).

e. Fitness Certificate in maternity cases

As the period of maternity leave is prescribed, Insured woman should join duty after expiry of such period of leave. No Final certificate is required to be issued.

f. Certification for cases of Mis-carriage/MTP

(i) "Mis-carriage" has been defind in the Act as "Expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy, but does not include any induced mis-carriage the causing of which is punishable under the Indian Penal Code (45 of 1960)". It may be noted that definition of Mis-carriage makes no distinction betwen medical term of "Abortion" and "Mis-carriage". As already described, cases of miscarriage and MTP are entitled to six weeks of Maternity Benefit.

(ii) Certificate of mis-carriage in Form-23 along with ESIC-Med. 11 for 42 days to the employer should be issued by IMO/IMP if pregnancy was confirmed before and signs of recent Mis-carriage are present.

(iii) General rules regarding modification of language, as described, for cases of confinement will apply to cases of miscarriage also.

(iv) In all cases of miscarriage, it is essential for IMO/IMP to determine the exact age of foetus, ie.e. duration of pregnancy, as on this depend whether Insured Woman is to get 42 days leave for "Miscarriage" or 84 days leave for "Confinement".

g. Certification for sickness arising out of maternity

Certificates for diseases arising out of pregnancy, confinement, premature birth or miscarriage are issued in Forms 8, 9 and 10 with ESIC-Med. 11 for the employer. In order to enable Local Office to pay maternity Benefit in such cases, a remark in red ink should be entered in the remarks column of the certificate that sickness is due to pregnancy/confinement/premature birth/miscarraige/ MTP whichever is applicable.

h. Certificate for Maternity Benefit after death of Insured Woman (Form 24-B) (Annexure 6.9) is issued to the nominee of IW

Certificate in Form 24-B is issued to the nominee of an Insured Woman, if she dies during or after confinement leaving behind a child or after miscarriage to enable payment of balance of maternity benefit to her nominee.

6.10. Certification of cases under treatment at hospitals

(a) Out-patient Treatment

An IP may be receiving treatment as an out-patient in a specified hospital or any other hospital. he may have been referred by IMO/IMP or may have gone himself for such treatment. Such cases will have to obtain certificates, if necessary, from his IMO/IMP in accordance with the procedure. IMO/IMP while issuing a certificate wil make sure that IP needs abstention on medical grounds. Any recommendation on this point given in hospital papers may be given due consideration, but is not binding on an IMO/IMP.

(b) Certification of IPs waiting for admission

As the number of ESI beds is limited, subacute or chronic cases e.g. patients of varicose veins, hydrocele, piles, tonsillities etc. may not be admitted immediately, but according to priority and when beds fall vacant. During the waiting period, the IMO/IMP should issue certificates only if an IP is in actual need of abstention from work and not merely because the IP is waiting for admission in the hospital. In cases where certification is continued during the abvoe mentioned period (because the IP needed abstention from work) and if the date of admission happens to be later than the due date of issue of the certificate, an Intermediate certificate must be issued on due date/just before the expected day of admission to cover the period of incapacity. In such cases an IMO/IMP may discuss with the hospital authorities to obtain early admission.

(c) Certificate for in-patients

Cases may be referred to hospital for admission by an IMO/IMP, or, in an emergency, IP may have sought the admission directly.

(i) Cases Referred by IMO/IMP

An IMO/IMP should issue an appropriate certificate (First or Combined First and Final) to such cases before referring them to hospital for admission. No certificate will ordinarily be issued by dispensary IMO/IMP when the case is that of an in-patient, as the doctor would not be in a position to examine the IP. IMO/IMP should advise an IP to report back to him immediately after discharge from the hosptal or regularly if not admitted to hospital.

(ii) Cases Admitted directly

(a) Where an IP is admitted to a recognised hosptal directly without the knowledge of an IMO/IMP, in such cases no certificate would have been issued before the admission. After discharge from hospital, the IP will report to his IMO/IMP who will issue him further certificates with DOA & DOD mentioned in accordance with the procedure described above. First certificate will not have been issued but Intermediate or Final certificate may be issued as indicated. Hospital

Admission and Discharge certificate will also be sent to Local Office and this will serve the purpose of the First certificate.

(b) If IP reports late to IMO/IMP after discharge from hospital but within the rest period recommended, the IMO/IMP should issue appropriate subsequent certificate with suitable remarks (without making any adverse remarks). For cases admitted to private hospitals in an emergency, the IP may be issued First or First and Final certificate, in case the IMO/IMP is satisfied. Otherwise, he may be referred to MR through LO.

(III) Certificate during stay in hospital

Where in-patient treatment lasts for a longer period, the hospital authorities will, at the request of the IP, issue certificates in Form ESIC-Med. 13 (Annexure-6.14) to enable the IP claim cash benefits. IMO/IMP in-charge of the case may also issue a regulation certificate to an IP undergoing treatment in a non-recognised hospital as an inpatient after a visit to him in the hospital and give suitable remarks in such a case.

(d) Certification after discharge from Hospital

(i) Every IP after dischage from a hospital should report to the IMO/IMP immediately with the Admission and Discharge certificate. He should be issued Final certificate, if found fit to resume duty and Intermediate certificate if found still needing abstention. If an Intermediate certificate is issued to an IP after his discharge from the hospital, further certificates will be issued in accordance with the procedure of certification. IPs declared fit for duty by hospital authorities at the time of discharge from hospital should not be issued Final certificate. If IMO/IMP feels that the continuation of abstention is necessary, inspite of the hospital/specialist's opinion, the case should be referred to Medical Referee for his opinion.

(ii) While issuing the certificates to an IP after discharge from hospital, the IMO/IMP should also certify illness for the period of stay in the hospital on the basis of the Admission and Discharge records by making an entry in the remarks column of both Regulation and ESIC-Med. 11 certificates, "The Insured Person was admitted in ..... Hospital on ..... and

discharged on ..... vide (The No. of the A & D Certificate)." This remark should be signed separately and rubber-stamp put under the signatures. Words "Hospital Case" should be written in block letters at the top.

(e) Medical Record of In-Patient Cases

The IMO/IMP should keep a complete record of cases sent to hospitals for inpatient treatment. Medical Record of an IP will be completed from the discharge certificate which would provide necessary information as to the date of admission and discharge, the nature of disease or disability, and recommendation for further treatment or rest etc.

6.14 Certification in certain special type of cases

(a) Recommendation for light duties, change of shift or change of department etc.

Sometimes, IPs insist on certificates recommending light duty or change of department or change of shift on medical grounds. ESI scheme has no provision for issue of such certificates. IMOs/IMPs should not give any recommendation to this effect. However, in exceptional cases of OD/IHD etc. Specialist may issue such certificate with justification.

(b) Permission to leave station

IPs sometimes make request for permission to leave station while under treatment. The IMO/IMP should exercise strict discretion in such cases and allow the IP to leave for an in out-station only if the following conditions are fulfilled :-

i. the patient is suffering from chronic or prolonged illness and the change of place is in the interest of his health,

ii. examination of the patient at frequent intervals in not essential and

iii. the period for which the IP wants to leave the station can be covered by one Intermediate certificate or if the spell has already lasted for over 28 days and can be covered by one Special Intermediate certificate If

permission for longer period is considered desirable, the case may be referred to MR.

Where IMO/IMP is of the view that IP may be allowed to leave the station before the expiry of 28 days from the date of First certificate and for more than one week, reference should be made to the Medical Referee. Before the IP is allowed to leave the station, an Intermediate or a Special intermediate certificate, as indicated, should invariably by issued specifying the exact period for which permission to leave the station is recommended with the following note in the 'Remarks' column of the Certificate "Permitted to leave station for a period from ..... to ..... for ..... (give reasons briefly)."

While on certified incapacity, an IP may, in some cases, leave the station without the permission of IMO/IMP and after a period of absence, may again come for treatment and/or certification. An Intermediate or Final certificate may be issued in such cases according to the condition of the IP on that date provided he has not joined his duty in the meantime. An appropriate remark should invariably be given on the certificate indicating the reasons for the delay in issuing of this certificate and aggravation of sickness/prolongation of abstention if any including its duration is given as remarks.

(c) Certification in cases of Epilepsy

The nature of work performed by an IP suffering from epilepsy should always be taken into account before issuing the Final certificate. Every precaution should be taken about an epileptic who works with moving/dangerous machinery/water/ fire specially in night shift.

A person who gets seizures of epilepsy requires medical treatment and also abstention from work. In cases of epilepsy where there are no mental symptoms and the patient is normal in-between attacks, it is not desirable to keep him away from work for an unlimited period till he is completely cured. However, he will be fit to continue work only if he take regularly the prescribed treatment and the following remarks should be endorsed on the Final certificate (Form 9) and on Form ESIC-Med. 11 at appropriate places: "Fit to work till you continue to observe precautions and take medicines regularly as advised".

(d) Certification in cases of self-inflicted injury, hunger strikes, etc.

(i) "Sickness" as defined under the Act also includes any self-inflicted injury caused due to IP's own specific doing, e.g., hunger-strike or getting injuries in violent quarrels with fellow-workers etc. IMO/IMP has, of course, to provide treatment and issue certificate with suitable remarks on them.

(ii) The need for medical treatment and abstention from work on medical grounds of an IP on hunger strike would normally arise only as a result of hunger which has lasted for some time. The IMO/IMP should carry a careful examination of IP on hunger strike and only whenIMO is satisfied that the condition of the IP requires attendance, treatment, and abstention from work on medical ground, should certificates be issued.

(iii) In order that the IP may be entitled to sickness benefit, if any admissible, he must take prescribed treatment and observe conditions which include taking of food. So, in the remarks column of the certificate, an entry should be made **"Advised to take sufficient food".** If the IP does not carry out this instruction, an entry should be made in subsequent certificates in remark column "Not carrying out instructions, prolonging abstention from ..... till he takes sufficient food."

An IP who has self inflicted injury or manipulated an injury and has avoided treatment with malafide intention to prolong abstention should also be issued appropriate certificate as per normal procedure but with suitable adverse remarks indicating period of aggravation/prolongation. IMO/IMP may review the case periodically and restore benefit if the IP complies with instructions by giving suitable remark.

(e) Certification for Infectious Diseases

An IP who is found to be suffering from an infectious disease like Leprosy, Tuberculosis, etc., should be given necessary treatment and be kept away from work so long as he is infective. The opinion of Specialist should be obtained regarding this. In remote areas where the specialists are not easily available, such cases can be decided by MR/IMO/IMP after necessary laboratory investigation. They should be investigated at fortnightly/monthly intervals for fitness. Normally, cases of Tuberculosis, Leprosy, AIDS should be kept on

abstention as long as advised by a Specialist. Final certificate should be issued as soon as he is declared fit by a Specialist.

(f) Court Cases

The IMO/IMP should give on demand a certificate of not being fit to an IP to attend court if in his opinion, the IP is really unable to attend the court. This can be done by issuing a duplicate copy of ESIC-Med. 11 with suitable remarks "FOR COURT PURPOSE." If the IP is otherwise fit to attend court, (though he needs abstention fromk his duties in the factory), such a certificate should not be issued.

(g) Quarantine Certificate

Certificates of quarantine is to be issued to an IP when any member of IP's family suffers from an infectious disease. This is for leave of absence from work only for which no sickness benefit is payable. So, only ESIC-Med. 11 should be issued marked "Quarantine leave" in cases of the following diseases for the duration indicated below:

a. Cerebro Spinal fever (10 days)

b. Cholera (5 days)

c. Diphtheria (7 days)

d. Plague (10 days)

Note: A record of such certificates may be kept separately to provide information to local health authorities.

(h) Plain paper certificate for IPs

It is the responsibility of IMO Incharge/IMP to maintain sufficient stock of all types of printed certificates and all forms. However, if printed form of certificates are also exhausted even at Directorate/Store Office/R O/S R O then hand written/ xerox/cyclostyled copy on plain paper may be issued only under exceptional circumstances. Such certificates should contain all required particulars as per

regulations and should be given local serial number by IMO Incharge/IMP and a thorough record of all cases issued with such certificates should be kept date-wise in a register to prevent exploitaion of the situation. The register should be closed every day and number and date of issue of last certificate is intimated to nearest LOM on daily basis.

6.15 Failure to carry out instructions by IPs (aggravation and prolongation) of Incapacity.

(i) Recipients of Sickness or Disablement Benefit have to observe certain conditions under section 64 of the Act. A person who is in receipt of Sickness Benefit or Temporary Disablement Benefit -

a. shall remain under medical treatment at a dispensary, clinic or other institution provided under the Act and shall carry out the instructions given by the Medical Officer or Medical attendant in-charge thereof,

b. shall not while under treatment do anything which might retard or prejudice his chances of recovery,

c. shall not leave the area in which medical treatment provided by the Act is being given without the written permission of the Medical Officer, Medical attendant or such other authority as may be specified in this behalf by the regulations and

d. shall allow himself be examined by any duly appointed Medical Officer or any other person authorised by the Corporation in this behalf.

(ii) IPs to follow instructions of IMO/IMP

The following guidelines are prescribed for implementing the above section.-

a. Where an IP refuses the administration of treatment prescribed including operation or fails to carry out any specific instruction and in the opinion of the IMO/IMP/MR the failure to do so has resulted in aggravation/ prolongation of the disease, the instructions should be communicated to the IP in writing and his signature or thumb impression taken on the office copy/MRE. A note of these instructions should also be made in his MRE.

b. When IP refuses to take treatment in an approved hospital or undergo an operation or to obey any instruction of the IMO/IMP/MR but his condition as such necessitates abstention from work, the required medical certificate should not be refused to him. However, in the remarks column of the certificate, a suitable entry should be made to this effect. Adverse remarks should not be given if IP is receiving proper treatment from an RMP elsewhere.

c. If refusal or failure to carry out instructions has definitely aggravated the sicknes or disablement or has prolonged its duration, this should be specifically mentioned in the "Remarks columns". As far as possible, the period for which incapacity has been prolonged, should also be indicated.

6.16 Final withdrawal from Employees' Provident Fund Scheme

Final withdrawal from Employees' Provident Fund is permissible when a person is permanently and totally incapacitated for any type of work. The IMO/IMP should issue certificate of permanent incapacity for work in the prescribed form supplied by the Employee's Provident Fund Scheme on specific request in writing from the IP for purposes of final settlement of the the Provident Fund account, if he is satisfied that the IP is permanently and totally, physically/mentally incapable of any type of work.

6.17 Life Certificate (Regulation 107, Form - 26)

An IP in receipt of permanent disablement benefit is required to submit life certificate in Form-26 with the claims for the months of June and December every year. The Form is supplied by Local Office.

6.18 Certificate of Death

Two tyes of Death Certificates are prescribed i.e., (a) Form-17 (Annexure - 6.5) in case of death due to EI and (b) ESIC - Med. 12 (Annexure 6.13) for death due to other causes (Non E I). Death certificates should be issued to dependants only when IMO/IMP has seen the patient dying or seen the dead body. These should not be issued on statement of any other individual / certificate.

Form - 17 is issued to dependants of the deceased IP where IMO/IMP reasonably believes that the death is due to EI and accident report is accepted by him. This certificate has 3 portions.... The top right hand portion is for dependants, the lower right hand portion is for Local Office / Regional Office, the left hand portion serves as an office copy.

6.19 Non-regulation Certificates

(a) Information of Sickness to the Employer (ESIC-Med. 11 - Annexure 6.12)

Certificate on ESIC-Med. 11 provides information of sickness of the IP to the employer for sanctioning leave recommended by the IMO/IMP on Medical/ Maternity grounds, No cash benefit can be claimed on ESIC-Med. 11. Besides the information of absence of his employee, the employer needs to know the likely period of abstention from work to enable him to make alternative arrangements. IMO/IMP should, where in his opinion the illness is expected to last for some-time, mention the minimum likely period of absence subject to the maximum of 7 days when issued with Forms 8, 10 and 28 days when issued with Special inter (Form 11) and 6 weeks in case of miscarriage or 12 weeks in case of confinement.

Diagnosis should not be indicated in ESIC-Med. 11 as it is meant for the employer.

ESIC Med. 11 from separate book for corresponding period is issued with Form 11, 21 & 23. It is also issued for quarantine or court purpose and as duplicate of lost employer's copy.

(b) ESIC-Med. 12 (Annexure 6.13)

ESIC - Med. 12 is issued in cases where death is a result of any "Sickness" (Non - employment injury cases), if required by dependants for claiming funeral expenses. Right hand portion of the certificate is handed over to the dependants and the left hand portion serves as an office copy. It should be issued only if IMO/IMP has been attending on the IP before his death or has identified the dead body of deceased IP.

(c) **ESIC-Med. 13** (Annexure 6.14)

ESIC - Med. 13 is issued to in-patients admitted for investigations and treatment in ESI institutions. ESIC Med. 13 may be issued at weekly intervals to enable Insured Person claim cash benefits from the Local Office and also issued at the time of discharge.

6.20 Disclosure of nature of disease of IP to Employers/IP's Dependants/ outside agencies

(a) In accordance with the principle of Medical Ethics/Human Rights, doctor owes to his patients absolute secrecy. The nature of disease an IP is suffering from should not therefore, be communicated to his employer (on ESIC Med. 11) or otherwise or to any outsider except wherever specifically provided for. e.g. courts requesting for documents or disclosure to health authorities for social & community health purpose.

(b) Where, however, the IP or in case of death of IP, his heir(s) make a specific request in writing for supply of medical information, a statement of facts in a separate sheet may be given or the documents required by IP or his heir(s) may be completed. This statement shold only be handed over to IP/heir(s) of the deceased IP and not given to any other person.

(c) On the request of an IP, the IMO/IMP may give him a statement giving the nature of illness and the result of any examination made in his case.

(d) Even after receiving complaint from the employer, IMO should not divulge the nature of disease due to which the IP has bee certified sick unless IP gives his consent in writing. In such cases also report is sent through the IP only.

6.21 Certification for Sickness of Families

A son, daughter, or spouse of an IP may need a certificate for absence from school/ work place when he is ill or incapacitated. The IMO/IMP should in such cases issue Medical Certificate on the outpatient ticket free of charge with IMO's name and ESI dispensary reference and stamp affixed on it.

6.22 Lax Certification

While it is essential that every IP who is genuinely sick must receive medical certificate, it is equally important to ensure that no certificate is issued to an IP without sufficient medical justification for medical attendance and treatment and abstention from work on slight pretext or malingering. The necessity of thorough clinical examination of an IP complaining of vague symptoms time and again and insisting for certification cannot be over emphasised. In case the doctor is not satisfied about genuiness of the case, it would be proper to refer the IP to MR for his opinion if he is available or refer him to ESI Specialist for investigation, treatment and advice regarding necessity for abstention/continuing further abstention. Any laxity in issue of certificates not only results in loss of financial resources of the scheme, but also saddles the industry with abnormal abstention which adversely affects national productivity and thus undermines economy of the country, and encourages malingerers apart from tarnishing the image of ESI Scheme itself. It also results in indiscipline at work place, as no action would be taken against the IP by the employer who has been certified as sick.

Lax certificates results due to following reasons:

1. Acquiescence by the doctor and offering no resistance to undue demands by interested parties (worker and his union people).

2. Malingering under following circumstances:

   a. When there is a temporary period of unemployment and IP is still entitled to cash benefits e.g. after termination of contract labour, casual labour, suspension, retrenchment, weekly offs, or some other related industrial problems e.g. lock-out, VRS/superannuation etc.

   b. Whenever there is a change of department/shift/nature of work/transfer unfavourable to worker.

   c. When an IP has exhausted his other kinds of leave granted by his employer and wants to avail further leave refused by the employer.

   d. When an IP having met with an E I wants to avail TDB for a longer period, when the disability has reached finality or has relapse of EI.

e. When an Insured Woman desirous of extending leave on pretext of sickness arising out of pregnancy/miscarriage/confinement/after sterilisation would feign vague symptoms to obtain benefits for a longer spell.

f. An IP suffering from a long term disease for which ESB has been sanctioned would like to prolong the leave further and thereby avail maximum benefit.

g. During fairs, festivals, marriage session and harvesting.

3. Corruption - When both IMO/IMP and IP are hand in glove for purely monitory gains to both.

6. 23 Control of Lax Certification

Lax and false certification can be controlled by taking following measures at IMOs level.

a. Thorough clinical examination and bed side clinical investigation to rule out malingering especially in case of IPs coming very often for leave complaining of vague symptoms.

b. Referring IPs to ESI Specialists for consultation, investigation, treatment, and opinion regarding continuation of abstention. Review should be done at weekly intervals in case of short-term illness. In case of IPs entitled to ESB, reference should be made at least once in a month for review and assessing fitness.

c. Taking opinion from MR whenever available by referring case to him on Form RM - 1(a).

d. Being vigilant while issuing short term abstention certificates to IPs who are coming within 15 days for getting certificates and on any fixed day of the week that being IP's weekly off day at the factory or establishment.

e. Exercising due care and caution while certifying abstention in respect of an IP who is suspended, retired, retrenched, has taken voluntary retirement, or has lost his employment due to any other reason or where there is a complaint from the employer or the local office.

f. Advising hospitalisation treatment where it is felt that abstention is continuing for unduly prolonged period beyond two weeks.

6.24 Measures to bring down high incidence of certification

1. Developing and promoting higher standards of morality amongst all concerned.
2. Educating IPs regarding principles of health insurance scheme.
3. Health education, promotion, preventive inoculation and timely specific curative/ management/treatment services.
4. Watching for self-infliction, aggravation and evasion of treatment by IP. Soliciting co-operation of union leaders/LC members and politicians at the meetings of local committees and Regional Boards.

6.25 Administrative measures to control certifications are as follows

1. Director/AMO should keep a watch on any irregularities and the number of days certified by individual IMO/IMP in the area. Weightage should be given to IMO/IMP whose number of certified days is more due to issue of more number of Final certificates than First, Final and Intermediate certificates.
2. Holding meetings with the IMOs/IMPs and Specialists in pockets where there is high incidence of lax certification and advising them suitably.
3. Having a uniform transfer policy so that laxity in certification is not due to acquaintance of IMO with IPs unions etc.
4. Counselling of IMO/IMP concerned for reducing abstention.
5. Calling comments and explanation and issuing show cause notices to IMOs who are not heeding to the advice and continue to indulge in lax certification.
6. Issuing warning/reprimanding about the consequences of continuing lax certification.

7. Punishment transfer as an administrative measure to rectify the situation.

8. Allotting only treatment of families of IPs to an IMO indulging in lax certification (withdrawal of certification power)

9. By making suitable entry in the annual confidential report of the concerned IMO and not allowing them to cross efficiency bar/with-holding increments.

10. Lok Ayukta/Vigilance action for corruption cases.

* * *

ANNEXURE-6.1

FORM - 8

Employers Code No. Signature/Thumb impression of Insured Person

(Deposit this Certificate within 3 days with Local Office to avoid possible loss of benefit under Regulation 64.)

CONFIDENTIAL

EMPLOYEE'S STATE INSURANCE CORPORATION

(REGULATION 57 & 89B)

Book | Stamp of the Dispensary or Clinic | Serial No.

To ..... S/W/D of .....

First Certificate

Insurance No.

I certify that I have examined you today and in my opinion you now need medical treatment and attendance and abstention from the work on medical grounds by reason of

.....

*In my opinion you will be fit to resume work tomorrow/on** .....

Any other remarks by the Medical Officer

signature .....
Insurance Medical Officer

Date

(Rubber stamp or name in block letters)

*Delete if not applicable

**The day to be indicated must in no case be later than the third day after the date of examination.

NOTE: To be printed and bound with ESIC-Med. 11 (Ft) and Office copy such that diagnosis does not come on employer's copy. Other particular columns are super imposed. So that all copies can be written at one stroke by placing two doubkle sided carbons.

ANNEXURE-6.2

FORM - 9

Employers Code No. Signature/Thumb impression of Insured Person

(Deposit this Certificate within 3 days with Local Office to avoid possible loss of benefit under Regulation 64.)

CONFIDENTIAL

EMPLOYEE'S STATE INSURANCE CORPORATION

(REGULATION 58 & 89B)

Book No. | Stamp of the Dispensary or Clinic | Serial No.

To ..... S/W/D of .....

Final Certificate

Insurance No.

Date of the first certificate of spell of sickness/disablement .....

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and attendance and abstention from work on medical grounds upto and including this day by reason of ..... Cause Group No. .....

*In my opinion you will be fit to resume work tomorrow/on .....

Any other remarks by the Medical Officer

Signature .....
Insurance Medical Officer

Date

(Rubber stamp or name in block letters)

*Delete if not applicable

NOTE: To be printed and bound such that diagnosis written does not come on ESIC-Med. 11 (F) and other particulars columns to be filled by doctor are all super imposed to facilitate writing of all 3 copies at one stroke by placing 2 double sided carbons.

ANNEXURE-6.3

FORM - 10

Employers Code No. Insured Person Signature/Thumb impression

(Deposit this Certificate within 3 days with Local Office to avoid possible loss of benefit under Regulation 64.)

CONFIDENTIAL

EMPLOYEE'S STATE INSURANCE CORPORATION

(REGULATION 59 & 89B)

Book | Stamp of the Dispensary or Clinic | Serial No.

To ..... S/W/D of .....

Intermediate Certificate

Insurance No.

Date of the first certificate of spell of sickness/disablement .....

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and attendance and abstention from work on medical grounds upto and including this day by reason of .....

Any other remarks by the Medical Officer

Signature .....
Insurance Medical Officer

Date

(Rubber stamp or name in block letters)

NOTE: To be printed and bound with ESIC-Med. 11(I) and office copy such that except diagnosis all other particulars column to be written by IMO are super imposed, so that all 3 copies can be written at a stroke by placing 2 double sided carbons. Diagnosis column should not come on ESIC-Med. 11(I).

ANNEXURE-6.4
FORM - 11

Employers Code No. Insured Person Signature/Thumb impression

(Deposit this Certificate within 3 days with Local Office to avoid possible loss of benefit under Regulation 64.)

CONFIDENTIAL

EMPLOYEE'S STATE INSURANCE CORPORATION
(REGULATION 61 & 89B)

Serial No.

Stamp of the Dispensary or Clinic

SPECIAL INTERMEDIATE CERTIFICATE

Insurance No.

Date of the first certificate of spell of sickness/disablement

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and have remain incapeble of work upto and including this day by reason of

I further certify that, judging from your present condition your incapacity/sickness is of such a character that it will be unnecessary to see you for the purpose of treatment more frequently than once in ..... weeks, and you will require medical treatment and will remain incapable of work at least up to the end of ..... weeks from this date.

I propose to issue certificate in this form at the intervals state above so long as your condition does not require more frequent attendance.

In my opinion you should now*/need not yet be referred to a Medical Board to determine if you are permanently disabled.

Any other remarks by the Medical Officer

Signature .....
Insurance Medical Officer

Date

(Rubber stamp or name in block letters)

*Strike off that which is no necessary.

NOTE: Counterfoil is to be filled and signed separately.

ANNEXURE-6.5

FORM-17

FORM - 17

EMPLOYEES' STATE INSURANCE CORPORATION

ESIC

DEPENDANTS' OR FUNERAL BENEFIT DEATH CERTIFICATE
(REGULATION 79 & 95C)

Book No ..... Serial No.....

Deceased person.....

S/W/D of .....

Insurance No.....

Date of death.....

Cause of death.....

When seen last before death

.....

Any other remarks by the Medical Officer.....

.....

Date.....

Signature of Insurance Medical Officer

(Rubber stamp or Name in block letters)

Counterfoil is not necessary if ESIC-Med. 11 along with office copy is bound in same book.

FOR DEPENDANTS' BENEFIT AND FUNERAL EXPENSES
(REGULATION 79 & 95C)

Book No..... Serial No.....

DEATH CERTIFICATE

STAMP OF DISPENSARY

Name of the deceased Insured Person.....

S/W/D of..... Ins. No.

I certifiy that the above named deceased insured Person died on the ..... day of ..... as a result of an injury. I * had been attending him/her for providing medical benefit before his/her death and I attended him/her for the last time on the..... day of .....

Date..... Signature.....

Insurance Medical Officer

Any other remarks by the Medical Officer

(Rubber stamp or Name in Block letters)

*The language may be suitably amended if the Insurance Medical Officer has not attended the deceased person before his/her death

ESIC FORM-20

ANNEXURE-6.6
FORM - 20

Employer's Code No. | | | | Employer's Code No. | | | |

(Sign. or T.I of I.W)

(Signature or thumb impression of I.W)

EMPLOYEES' STATE INSURANCE CORPORATION

CERTIFICATE OF PREGNANCY
(Regulation 87)

Book No..... Serial No.....

To.....

Insurance No.

Duration of

pregnancy..... weeks

Date.....

Signature of midwife, if any

Signature of
Insurance Medical Officer

(Rubber stamp or name in block letter)

CERTIFICATE OF PREGNANCY
(Regulation 87)

MATERNITY BENEFIT

Book No..... Serial No.....

Stamp of the Dispensary

To..... Insurance No.

I certify that I have examined you today and that in my opinion you are pregnant, and your pregnancy appears to be..... weeks old.

Signature of midwife, if any

Signature or counter signature
of Insurance Medical Officer

Date.....

(Rubber stamp or name in block letters)

ANNEXURE-6.7
FORM - 21

Employer's Code No. | | |

Signature/Thumb impression of Insured Woman

EMPLOYEES' STATE INSURANCE CORPORATION

CERTIFICATE OF EXPECTED CONFINEMENT OR MISCARRIAGE

[REGULATION 88(i)]

MATERNITY BENEFIT

Book No Serial No

Stamp of the Dispensary

To ..... Insurance No. | | |

I certifiy that I have examined you today and that in my opinion you may expect to be confined on or about.....

Date..... Signature of midwife, if any

Any other remarks Signature of counter signature of Insurance Medical Officer

(Rubber stramp or name in block letters)

* This date should not be more than fifty days later than the date of examination.

Note : Office counterfoil and ESIC Med. 11 to be filled up and signed separately.

ANNEXURE-6.8

FORM - 23

Signature/Thumb impression of Insured Woman.....

Employer's Code No.

EMPLOYEES' STATE INSURANCE CORPORATION

CERTIFICATE OF EXPECTED CONFINEMENT OR MISCARRIAGE

[REGULATION 88(iii) & 89]

MATERNITY BENEFIT

Book No

Serial No

Stamp of the Dispensary

I certifiy that I attended ..... in connection with her * confinement/miscarriage at ..... (address) and that she was there delivered of a child on..... day of.....

Date.....

Signature of midwife, if any

Any other remarks

Signature or counter signature of Insurance Medical Officer

(Rubber stramp or name in block letters)

* Strike off whichever is not applicable

Note : Office counterfoil and ESIC Med. 11 to be filled up and signed

ANNEXURE-6.9

FORM - 24-B

EMPLOYEES' STATE INSURANCE CORPORATION

[REGULATION 89-A]

MATERNITY BENEFIT DEATH CERTIFICATE

Book No.....

Serial No.....

Stamp of the Dispensary

Name of the deceased insured women.....

W/D of ..... Insurance No.

I certify that in my opinion the above named deceased insured woman died on .....(date) as result of ..... during her confinement/* during a period of ..... weeks immediately following her confinement, *leaving behind the child.

* In my opinion, the said child also died on.....(date) as a result of.....

I had been attending her*/and also her said child for providing medical benefit before *her/her said child's death and I attended her for the last time on .... *and her said child for the last time .....

Date.....

Signature .....
Insurance Medical Officer

(Rubber stramp or name in block letters)

Any other remarks by the Medical Officer.....

Note : (1) *delete whichever not applicable

(2) The language may be suitably amended if Insurance Medical Officer had not attended the decesed person before her/her child's death.

(3) Office copy to be written separately and signed.

ANNEXURE-6.10
ESIC-Med.8

EMPLOYEES' STATE INSURANCE CORPORATION

[For IPs suffering from a disease for which ESB is payable]

Stamp of the Dispensary/Clinic

Insurance No.

Name of IP.....

Occupation ..... Place of work..... (factory)

Residential Address .....

1. History of Case.....
2. Previous illness.....
3. Present diagnosis with date of confirmation by specialist.....
4. Specialist report in detail, dated.....
5. Opinion of the specialist whether patient should receive, Dispensary/Domiciliary/Hospital treatment
6. The patient requires/ does not require abstention from work.
7. Date of next reference to specialist for check up .....

Date.....

Signature of IMO/IMP
with rubber stamp

CONFIDENTIAL

ANNEXURE-6.11
ESIC-Med.8A

EMPLOYEES' STATE INSURANCE CORPORATION

[Record of progress of an insured person suffering from diseases entitled to ESB]

PART I
(To be completed at Regional Office/Local Officer/SLO/MLO)

Name of Insured Person..... Insurance No. | | |

Occupation ..... Place of work.....
(factory)

Full residential address .....

Date of receipt of report regarding ESB diseases

.....

(a) first..... (b) .....

PART II
(To be completed by the Insurance Medical Officer)

Stamp of dispensary/clinic

1. Date of clinical examination upon which the following repoert is based and condition on that date.

   (a) Condition of organs affected by ESB diseases
   (b) other diseases or complications.

2. (a) Weight of the insured person
   (b) Hb%
   (c) Blood sedimentation rate (ESR)
   (d) Blood counts
   (e) Other relevant investigation reports

3. Condition as to special symptoms e.g.wasting, temperature etc.,

4. Has the patient been referred to Specialists since the last report if so, brief description of the report.

5. Recommendation of specialist regarding further active treatment and rest.
   (i) at the dispensary (including treatment in clinic)
   (ii) domiciliary treatment
   (iii) in a hospital

Date..... Signature.....

Rubber stamp of
Insurance Medical Officer/IMP

(To be completed in duplicate. One copy to be retained by the Insurance Medical Officer/ IMP in MRE).

ANNEXURE-6.12
ESIC-Med.11.

EMPLOYEES' STATE INSURANCE CORPORATION

INFORMATION OF SICKNESS

[Not to be used for claiming benefit or excusal of contribution]

Book No. Serial No.

Stamp of the Dispensary/Clinic

* Shri/Smt.....s/w/d of.....

Insurance No.....is/has been needing medical treatment and attendance from.....and

(i) *he/she is likely to need abstention from employment upto..... on medical grounds.

(ii) *he/she is fit to resume work on.....

Remarks

Signature.....
Insurance Medical officerm

Date (Rubber Stamp or name in block letters)

*Delet whichever does not apply.

This certificate is intended for your employer. It is in your own interest to be delivered to him immediately.

ANNEXURE-6.13
ESIC-Med.12

EMPLOYEES' STATE INSURANCE CORPORATION

COUNTERFOIL

Death Certificate

Book No..... Serial No.....

Name of the deceased person.....

s/w/d of .....

Insurance No.....

Date of death.....

Cause of death.....

.....

Remarks.....

.....

.....

Date.....

Signature.....
Insurance Medical Officer

(Rubber stamp or name in block letters

Death Certificate

Book No.....

Serial No.....

Stamp of the Dispensary

This is to certify that Shri .....

s/w/ of.....

Insurance Nc.

aged about.....

year expired at.....on.....

at.....am/pm as a case of.....

.....

Date.....

Signature.....
Insurance Medical Officer

Remarks

(Rubber stamp or name in block letters

ANNEXURE-6.14
ESIC-Med.13

EMPLOYEES' STATE INSURANCE CORPORATION

SPECIAL CERTIFICATE FOR HOSPITAL IN-PATIENT CASES

1.

Signature/thumb impression of Insured Person

Name..... .....Hospital 2.

In-patient No.....

Insurance No. | | 3.

Date of admission..... 4.

This is to certify that the above named person is under in-patient treatment in this hospital upto and including this day by reason of 5.

..... 6.

Remarks 7.

Medical Officer Incharge

countersigned
Superintendent of ESI Hospital

Date..... 8.

9.

(seal or stamp)

(To be deposited in your Local Office within 3 days) 10.

ANNEXURE-6.15
ESIC-Med.13

LIST OF INDUSTRIES INVOLVING HAZARDOUS PROCESSES

1. Ferrous Metallurgical Industries.
   - Integrate Iron and Steel.
   - Ferro-alloys.
   - Special Steels.
2. Non-ferrous Metallurgical Industries
   - Primary Metallurgical Industries, namely zinc, lead, copper, manganese and aluminium.
3. Foundries (ferrous and non-ferrous).
   - Castings and forgings including cleaning or smoothening/roughening by sand and shot blasting.
4. Coal (including coke) Industries.
   - Coal, Lignite, Coke, etc.
   - Fuel Gases (including Coal Gas, Producer Gas, Water Gas).
5. Power Generating Industries.
6. Pulp and paper (including paper products) Industries.
7. Fertilizer Industries.
   - Nitrogenous.
   - Phosphatic.
   - Mixed.
8. Cement Industries
   - Portland Cement (Including slag cement, pozzolona cement and their products).
9. Petroleum Industries.
   - Oil Refining.
   - Lubricating Oils and greases.
10. Petro-chemical Industries.

11. Drugs and Pharmaceutical Industries
    - Narcotics, Drugs and Pharmaceuticals.
12. Fermentation Industries (Distilleries and Breweries).
13. Rubber (Synthetic) Industries.
14. Paints and Pigment Industries.
15. Leather Tanning Industries.
16. Electro-plating Industries.
17. Chemical Industries.
    - Coke Over By-products and Coal Tar Distillation products.
    - Industrial Gases (nitrogen, oxygen, argon, carbon dioxide, hydrogen, sulphur dioxide, nitrous oxide, halogenated hydrocarbon, ozone, etc.)
    - Industrial Carbon.
    - Alkalies and Acids.
    - Chromates and and dichromates.
    - Lead and its compounds.
    - Electrochemicals (metallic sodium, potassium and magnesium, chloratres, perchlorates and peroxides).
    - Electrothermal products (artificial abrasive, calcium carbide).
    - Nitrogenous compounds (Cyanides, cyanamides and other nitrogenous compounds)
    - Phosphorus and its compounds.
    - Halogens and Halogenated compounds (chlorine, flourine, bromine and iodine).
    - Explosives (including industrial explosives and detonators and fuses).
18. Insecticides, Fungicides, Herbicides and other Pesticides Industries.
19. Synthetic Resin and Plastics.
20. Man-made Fibre (Cellulosic and non-cellulosic) industry.
21. Manufacture and repair of electric accumulators.
22. Glass and Ceramics.

23. Grinding or glazing of metals.
24. Manufacture, handling and processing of asbestos and its products.
25. Extraction of oils and fats from vegetable and animal sources.
26. Manufacture, handling and use of benzene and substances containing benzene.
27. Manufacturing processes and operations involving carbon disulphide.
28. Dyes and dyestuff including their intermediates.
29. Highly flammable liquids and gases.
30. Industries where there is a risk of parastic diseases.
31. Industries involving exposure to compressed air.
32. Industries involving exposure to mercury and toxic compound.
33. Industries involving exposure to chromic or its toxic compound
34. Industries involving exposure to Arsenic or its toxic compounds.
35. Industries involving exposure to Radioactive substances and ionising radiation.
36. Industries involving exposure to Infra-red radiations.
37. Industries involving exposure to Beryllium or its toxic compunds.
38. Industries involving exposure to cotton, Flax, Hemp, sisal dust.

ANNEXURE-8.16

ALPHABETICAL LIST OF POSSIBLE INDUSTRIES CAUSING OCCUPATIONAL DISEASES

Nature of Industry bye-product/process/ possible cause	Nature of OD (caused by)	Part/S.No. in III Schedule
(1)	(2)	(3)
	A	
Acetic acid mfr.	Diseases caused by mercury and its toxic compounds	B-2
Acetaldehyde	Diseases caused by mercury and its toxic compounds	B-2
Artificial silk	Diseases caused by mercury and its toxic compounds	B-2
Asphalt	Skin cancer	B-8
Arc processes	"Glass workers' cataract" caused by infra-red radiation	B-11
Alloys for cars, aircraft etc.	See against cadmium nickel batteries mfr.	B-17
Animal debris	Occupational asthma	B-18
Aircraft piston engines	Diseases caused by flourine	B-19
Acetaldehyde mfr.	Diseases caused by alcohols and ketones	B-21
Asbestos	Asbestosis	C-1
Asbestos	Lung cancer and mesothetomas	B-23
Animals and vegetable matter processing	Allergic breathlessness etc. distinguishable from asthma	C-4

B

Barometers	Mercury and its toxic compounds	B-2
Bridge buildings	Compressed air decompression sickness	A-2
Butcheries/Bone & Bone Meal	Anthrax and other related skin diseases contracted in handling animal carcasses	A-1
Beryllium extraction Beryllium ceramics	Asbestosis	C-1
Blast furnaces	Asphyxiation caused by carbon-monoxide may result in acute symptoms and even in death	B-22
Boilers	Asphyxiation caused by carbon-monoxide may result in acute symptoms and even in death	B-22

C

Cement production	Diseases caused by methyl alcoho. Gets absorbed through skin.	B-21
Cement manufacturing and handling	Silicosis	C-1
Ceramics	Lead poisoning	A-3
Chemicals	Diseases caused by Phosphorous and its compounds	B-1
Chromium plating	Diseases caused by chromium and its compounds	B-5
Chromium salts	Diseases caused by chromium and its compounds	B-5
Coal	Skin cancer	B-8
Carbon disulphide (widely used in industrial advent), optical glass, artificial silk	Adverse effects on the nervous system, menstrual disturbances among women	B-10

Copper alloys mfr.	Nervous system poisoning caused by manganese and its compounds	B-12
Ceramics	Nervous system poisoning caused by manganese and its compounds	B-12
Cadmium nickel batteries mfr.	Diseases caused by cadmium and its compounds	B-17
Chemical weapons	Diseases caused by flouroacetic acid, etc.	B-19
Cardiovascular drugs mfr.	Diseases caused by nitroglycerine or other nitroacid easters (e.g. nitrocellulose, nitrocellulose acetate etc.)	B-20
Celluloid	Diseases caused by acetone	B-21
Coal tar	Phosgene and carbon monoxide gas may cause burns and even cardian failure.	B-22
Cardboard	Bagassosis due to handling of bagasses	C-2
Cotton	Byssionsis – a lung irriation may result in chest tightness.	C-3

D

Detergents	Diseases caused by Phosphorus and its compound	B-1
Detergents	Benzene and its homologues	B-3
Dyes	Benzene derivatives	B-4
Drycell batteries	Nervous system posisioning by manganese and its compounds	B-12
Drugs mfr.	Arsenic and its compounds	B-6
Dyes	Diseases caused by other than Ketones	B-21
Dyestuffs	Phosphogene, a derivative of carbon monoxide may cause acute problems and even death	B-22

E

Explosives	Phosphorus and its compounds	B-1
Explosives	Benzene derivatives	B-4
Explosives	Acetone and other Ketones	B-21
Electro plating	See against cadmium-nickel batteries.	B-17
Explosives	Bagassosis due to handling of bagasse	C-2
Electric bulbs and tubes	Mercury and its toxic compounds	B-2

F

Fertilizers and use	Diseases caused by Phosphorus and its toxic compounds	B-1
Fireworks	Diseases caused by Phosphorus and its toxic compounds	B-1
Fungicides	Arsenic and its compounds	B-6
Fluorescent powders, lamps and tubes mfr.	Diseases caused by berryllium and its toxic compounds	B-16
Fertiliser	Bagassosis	

G

Glassware etching	Diseases caused by flourine and its toxic compounds	B-19
Gases: simple asphysiants chemical asphyxiants	Since these gases interfere with and a stop respiration, instant death may result	B-22
Glass	Silicosis and other related forms	C-1

H

Hot furnaces	"Glass workers' cataract" caused by infra-red radiation.	B-11

High noise levels (in textiles, engineering boilers, explosives, compressors, etc.)	Hearing impairment	B-14
Hydrofluric acid mfr.	Diseases caused by flourine and its toxic compounds.	B-19
	I	
Ink	Diseases caused by lead poisoning	A-3
Insecticides	Phosphorus and its compounds	B-1
Insecticides	Benzene derivatives	B-4
Insecticides	Arsenic and its compounds	B-6
Isocynates and their derivatives	Phosphogene, a derivative of carbon monoxide may cause acute heart problem and even death	B-22
	L	
Leather tanning	Diseases caused by Chromium and its compounds	B-5
Lasers	"Glass workers' cataract" caused by infra-red radiation	B-11
Leather Diseases	caused by acetone	B-21
	M	
Mineral oils	Skin cancer	B-8
Molten glass Molten metals	"Glass workers' cataract" caused by infra-red radiation.	B-11
(a) Misc. physical chemical biological agents, e.g., sunburn, ultaviolet rays, laserbeds	Skin diseases not attributed to other causes	B-13

(b) Misc. industries e.g., electroplating, engineering leather, metal paint, pharmacecuticals, plastics, printing, rubber textiles	Eczema caused by various irritants, e.g., chromium, cobalt salts, mercury, nickel, turpentine, etc.	B-13
(c) Metallurgy	Asphyxiation by carbon monoxide may result in acute symptoms and even in death	B-22
	N	
Nitric acide mfr.	Diseases caused by nitrous fumes	A-4
Nickel plating	See against cadmium nickel batteries	
	O	
Organic chemicals	Diseases caused by Benzene and its homologues	B-3
	P	
Printing presses	Diseases caused by lead poisoning	A-3
Pesticides (organophosphatic), e.g., Parathion, Malathion, etc.	Diseases caused by organic phosphatic compounds	A-5
Phenol mfr.	Diseases caused by Benzene and its homologues	B-3
Pharmacetuicals	Poisoning caused by Benzene	B-4
Pigments	Poisoning caused by Benzene	-do-
Plastics	Occupational asthma	B-18
Pigments	Arsenic and its compounds	B-6
Potassium permanganate	Nerous system poisoning caused by managnese and its compunds	B-12
Perfumes	Diseases caused by ketones other than acetone	B-21

Petroleum products	Diseases caused by Hydrogen sulphide	B-22
Procelain pottery	Silicosis and other related forms	C-1
Paper	Bagassosis due to handling of bagasses	C-2
	R	
Refineries	Diseases caused by lead poisoning	A-3
Rayon bleaching	Nitrous fumes	A-4
Rust proofing of metals	Phosphorus and its compounds	B-1
Refractory bricks	Chromium and its compounds	B-5
Radio-active materials mfr.	X-rays	B-7
	S	
Smelting	Lead poisoning	A-3
Storage batteries	Lead poisonig	A-3
Safety matches	Phosphorus and its toxic compounds	B-1
Solvents	Benzene derivatives	B-4
Solvent in mfr. of several items, e.g., drugs, perfumes, polishes,cosmetics	Diseases caused by ethanol	B-21
Solvent in adhesives, dyes, ink, paints	Diseases caused by ketones	B-21
Solvent in acetylene, cellulose, cotton, fats.	Diseases caused by acetone	B-21
Silks (artificial)	Diseases caused by acetone	B-21

T		
Tanneries	Anthrax and other related skin diseases contracted by handling animal skins.	A-1
Thermometers	Mercury and its toxic compounds	B-2
Textiles	Byssionsis -- a respiratory disease my lead to chest tightness	C-3
Tunnelling under water	Compressed air illness, decompression sickness	A-2
Textile dyeing and bleaching	Poisoning of nervous system caused by manganese and its compounds	B-12
U		
Urea	Diseases caused by Phosphogen, a derviative of carbon-monoxide, may cause acute symptoms leading to death.	B-22
W		
Waxes (as solvents	Diseases caused by other ketones	B-21
X		
X-Ray tubes	Mercury and its compounds	B-2
X-Ray clinics	X-Rays	B-7

Note: Third schedule to the ESI Act is divided into three parts A, B, C,. Part A contains S. No. 1 to 5, Part B contains S.No. 1 to 24 and Part C contains S.No. 1 to 5. In column 3 of the above list B-2 means S.No. 2 of Part B i.e. Diseases caused by mercury or its toxic compounds.

ANNEXURE-6.17

LIST OF REGULATION FORMS

Sl No.	Form Number	Nomenclature	To be filled by
1.	Form 01	Employees' regulation Form(Reg. 10B)	Employer
2.	Form 1	Declaration form (Regulation 11 & 12)	Employer
3.	Form 1A	Family Declaration form (Regulation 15 A)	Employer
4.	Form 1B	Changes in Family Declaration form (Regulation 15B)	Employer
5.	Form 3	Return of Declaration forms (Regulation 14)	Employer
6.	Form 4	Identity Card (Regulation 17)	LO/RO
7.	Form 4A	Family Identity Card (Regulation 95 A)	LO/RO
8.	Form 6	Return of Contribution RC (Regulation 26)	Employer
9.	Form 6A	Statement of Advance Payment of Contributions (Regulation 31)	Employer
10.	Form 7	Register of Employees (Regulation 32)	To be maintained by employer
11.	Form 8	First certificate (Regulation 57 and 89B)	IMO
12.	Form 9	Final certificate (Regulations 58 & 89 B)	IMO
13.	Form 10	Intermediate certificate (Regulation 59 & 89B)	IMO
14.	Form 11	Special Intermediate Certificate (Regulation 61 & 89B)	IMO

15.	Form 12	Sickness or temporary disablement benefit (Reg. 63)-claim for benefit	IP
16.	Form 12A	Maternity Benefit for Sickness(Regulation 89B)- claim for benefit	IW
17.	Form 13	Sickness or Temporary Disablement of Maternity benefit for sickness (Reg. 63 & 89B) – claim for benefit	IP
18.	Form 13A	Maternity benefit for Sickness (Reg. 89B)	IW
19.	Form 14	Sickness or temporary disablement or Maternity benefit for sickness (Reg 63) – claim for benefit	IP
20.	Form 14A	Maternity benefit for sickness (Reg. 89B) – claim for benefit	IW
21.	Form 15	Accident book (Reg.66)	Employer
22.	Form 16,16A	Accident report from employer (Reg 68)	-do-
23.	Form 17	Dependants' or Funeral benefit (Reg. 79 & 95 C) – Death certificate	IMO/IMP
24.	Form 18	Dependents' benefit (Reg. 80) – claim form	Dependants
25.	Form 18A	Dependants' benefit (Reg.83A) – claim form for periodical payments	-do-
26.	Form 19	Maternity benefit (Reg. 87) Notice of Pregnancy	IW
27.	Form 20	Maternity benefit (Reg.87) Certificate of Pregnancy	IMO/IMP
28.	Form 21	Maternity Benefit (Reg.88) – certificate of experted confinement	-do-
29.	Form 22	Claim for Maternity benefit (Reg. 86 & 89)	IW

30.	Form 23	Maternity benefit (Reg. 88 & 89 – certificate of Confinement/miscarrige	IMO/IMP
31.	Form 24	Maternity benefit (Reg. 91) – Notice of work	IW
32.	Form 24A	Maternity benefit after the death of an Insured Woman leaving behind the child (Reg 89A) – claim for benefit	Nominee/Legal Heir
33.	Form 24B	Maternity benefit Death Certificate (Reg. 89A)	IMO/IMP
34.	Form 25	Claim for Permanent Disablement Benefit (Reg. 76A)	IP
35.	Form 25A	Funeral expenses (Reg. 95 E) – claim form	Nominee/Legal heir/performer of funeral
36.	Form 26	Certificate for Permanent Disablement Benefit (Reg. 107 – Live certificate	LOM/Secretary, Trade Union
37.	Form 27	Declaration and certificate for dependants' benefit 107 A –	Dependant
38.	Form 28	Regulation 52 A	LOM/Employer
39.	Form 28A	Regulation 52 A	-do-

ANNEXURE-6.15

LIST OF ESIC-MED. FORMS

Sl. No.	Form no.	Nomenclature
1.	ESIC Med.1 (printed in black ink)	Medical Record Envelope-Men
2.	ESIC Med. 2 (printed in red ink)	Medical Record Envelope-Women
3.	ESIC Med. 3	Medical Record Card-Men
4.	ESIC Med. 4	Medical Record Card-Women
5.	ESIC Med. 5	Abstract register of diseases treated during the month----------(IP)
6.	ESIC Med. 5A	Abstract register of diseases treated during the month---------- (Family Members)
7.	ESIC Med. 5 Appendix I	Register of certificates issued and days certified
8.	ESIC Med. 6	Monthly statement of patients treated at the dispensary/clinic for the month of---------- (IP/IW)
9.	ESIC Med. 6A	Monthly statement of patients treated at the dispensary/clinic for the month of----------(Family Members)
10.	ESIC Med.6 Appendix II	Monthly statement of certificates issued and days certified for the month of----------
11.	ESIC Med.7	Medical Acceptance Card

12.	ESIC Med. 7A	Application for acceptance for medical treatment (on Reverse of ESIC-37)
13.	ESIC Med. 7B	Temporary Medical Acceptance Card
14.	ESIC Med. 8	Initial report on an insured patient diagnosed as suffering from ESB disease
15.	ESIC Med. 8A Part-I To be completed by RC Part-II To be completed by IMO/IMP	Form for IPs suffering from a disease for which ESB is payable (Record progress of disease)
16.	ESIC Med. 8B Part A- To be completed by LO/RO/SRO Part B - To be completed by MR Part C - To be completed by MB Part D - To be completed by DMC	Form for extension/relexation of ESB
17.	ESIC Med. 9	Monthly return of cases attended to by specialists/or referred to hospitals at---------- for the month of ----------
18.	ESIC Med. 10	Application for medical treatment as temporary resident (on reverse of ESIC-105)
19.	ESIC Med. 11	Information of sickness.
20.	ESIC Med. 12	Death certificate (due to Non-EI)
21.	ESIC Med. 13	Special certificate for inpatient hospital cases
22.	ESIC Med. 14	Medical Record Envelops (Family Members)
23.	ESIC Med. 15	Medical Record Card (Family Members)

CHAPTER - VII

SICKNESS ABSTENTEEISM AND RECORDING

7.1 Record keeping and Statistical Returns

In the Medical benefit rules framed under Section 96(1)(e) it is laid down that IMOs/ IMPs, hospitals and other connected institutions are to maintain medical records and furnish statistical returns in respect of IPs and their families on the prescribed forms laid down by ESI Corporation and in accordance with the instructions issued by the Corporation in this behalf from time to time.

Medical Record keeping under Social Insurance has following advantages:-

a. It provides a personal and basic health record of the beneficiaries on continual basis which will always be available for ready reference and further treatment.

b. It will provide statistical information on morbid condition on an agreed and uniform system of nomenclature and classification of diseases, injuries and cause of death approved by WHO and adopted with modifications in ESIC.

c. It will help to show the relative importance of certain groups of diseases among different classes of people, industries etc., which will help in recommending measures for their prevention.

d. Statistics helps in research/studies regarding morbidity, mortality and sickness absenteeism in relation to industry, geographical distribution or particular injury/ diseases prevalant in a particular department of a factory. This will help in planning preventions.

e. It serves as a health record for legal purposes.

7.2 Tabulation of Morbidity Data-Cause groups

The World Health Organisation has approved a classification known as "The Statistical Classification of Diseases, Injuries and causes of Death". The Special

List of 50 cause groups for tabulation of morbidity, for social security purposes in that classification fulfils our requirements generally and has, therefore, been adopted with following modifications necessary for the recording of social insurance statistics in India.

a. This special list has been enlarged with the introduction of new sub-groups in view of the frequency of these diseases or groups of diseases in India.

b. The sub-division of cause group 50 into occupational accidents and other accidents has been eliminated to avoid any misreporting of other accidents as a cause of EI.

c. These 50 cause groups and sub-groups are given in the Appendices in this manual.

Appendix A – Special list of 50 causes for Tabulation of morbidity for Social Security purpose.

Appendix B – List of common diseases included under each cause.

Appendix C – Alphabetical list of diseases with classification groups.

Ayurvedic equivalents of morbid conditions in allopathy are also given in the Appendix D & E.

Appendix D – Classification of diseases under Ayurvedic and Unani systems of medicine.

Appendix E – Classification of diseases system-wise in Ayurvedic and Unani system of medicine.

7.3 Records to be Maintained in ESI Dispensaries/IMP Clinics

The following basic records are to be maintained compulsorily as prescribed by the ESIC :-

a. Register of IPs attached .

b. Monthly 'Turn Over' register.

c. Medical record envelopes/cards.

d. OPD Register.

e. Abstract Register of diseases treated in the month in ESIC-Med. 5 (for IPs-Annexure 7.1) and in ESIC-Med. 5-A (for family-Annexure 7.2)

f. Injection Register.

g. Register of cases referred to hospitals

h. Conveyance Reimbursement Register

i. Stock Register of regulation/non regulation certificate books

j. (i) Register of certificates issued and days certified (Annexure 7.3) and calculation of certified no. of days

(ii) Monthly statement of certificates issued and days certified (Appendix ESIC Med 6) (Annexure 7.4).

k. Domiciliary visit Register

l. Stock Register for medicines/equipments/non-medical items, etc.

m. Expiry date of drugs register

n. Other registers

o. Files

7.4 Register of IPs attached to ESI dispensaries/clinics

This register is maintained in the prescribed proforma given below. Initially entry should be insurance number wise. Later on the entry should be made in the

chronological order of date of receipt without waiting/leaving any space for the next insurance number in same serial. It will be advantageous to enter the serial number allotted in this register on the concerned MRE since it will help in locating the entry while taking exit/re-entry action.

The entry for Insured Woman should be made in red ink. All the columns in the above register should be completed and checked before placing the MRE in the run/filing cabinet. It is also necessary to make up-to-date entries regarding exit/re entitlement by using pencil as and when such events take place in future. Death/ Transfer of IP should be recorded in red ink in the remarks column.

Sl. No.	Name	Ins. No.	Date of allotment to dispensary/registration with IMP	No. of family members	Date of exit	Date of re-entitlement	Remarks (transfer, death, others etc..)
1	2	3	4	5	6	7	8

7.5 Monthly 'Turn Over' Register

This register shows exact number of live MREs attached to the dispensary on any day. It is maintained in the prescribed proforma given below. One page of the register may be allotted to record events happening in a month. Name of the month, number of live MRE on the 1st of the month should be indicated at the top. A separate record should also be maintained in the turnover register with regard to receipt of fresh MRE, TIC, ESIC-105, ESIC-86, Re-entitled etc and transfer of MRE, debarred, etc.

A statement as to the number of live MRE's at the beginning of each quarter i.e., 1st April, 1st July, 1st Oct and 1st January, should be recorded and statistics sent to the Director/AMO. This will help in claiming capitation fee by IMP/Employer's utilisation dispensary (EUD) and it may also help the States to allot budget and drugs and dressings to the individual dispensaries.

Name of the month				No. of IPs attached on first of the month		
No. of IPs added to Dispensary/clinic				No. of IPs removed from the Dispensary clinic during the month		
Date	Fresh allotment	Entitled/Re-entitlement ESIC-166/105/86/TIC/37/Re-entry list	Transfer from other dispensary IMP Clinic	ESIC-166/105/TIC/86 etc closed	Exit/ Debarred	Transfer to other dispensary/ IMP clinic
1	2	3	4	5	6	7

No. of MREs on first day of the month = ...

No. of MREs added during the month (2+3+4) = ...

Total = ...

Minus Debarred/ Transfer etc.(5+6+7) = ...

No of MREs at the end of the month = ...

7.6 Medical Record Envelope (MRE) – ESIC-Med.1, 2 and 14

MRE's are prepared for each IP family unit and they are supplied from local office with all the particulars recorded on the front page except identification marks. On first visit of the IP/family member, identification marks should be recorded on the MRE or signature of the IP/family member should be taken to identify the beneficiary at a later date. Exited & live MREs should be kept seperately and arranged insurance number wise in the MRE cabinets. Changes in entries are made in the appropriate columns when the information is received at a later stage. ESIC-Med.1 (Annexure 2.3) is for Male IP, and ESIC-Med.2 for Female IP whereas, ESIC-Med.14 is for family members.

7.7 Medical Record Card (MRC) – ESIC-Med.3, 4 and 15

Medical Record Card (MRC) is prepared by IMO/IMP and used for recording medical notes in respect of IP and family attached and placed in the MRE received from Local Office. In cases of ESIC-86/TIC and ESIC 105, MRCs are prepared with

relevant details even before MRE is received and should be separately placed. MRCs are designed so as to fit inside the MRE. MRC pertaining to current spell/for one year should be kept in the MREs. Repeat MRCs are to be preserved separately insurance number wise in another run.

At the end of each quarter i.e., March, June, September, December, the cumulative days of abstention availed by an IP may be reviewed and recorded in red ink and a red line is drawn horizontally. ESIC-Med.3, 4 and 15 are MRC for male IP, female IP and family respectively. Following is the format of MRC :-

Insurance No. | | |

Name.....

Date (a)	* (b)	Clinical notes (c)	Diagnosis (d)	Group No. (e)

*This column has been provided for doctors to enter A.V.N. or C. at their discretion

THIS RECORD IS THE PROPERTY OF THE ESI CORPORATION.

The method of recording sickness is described briefly below:-

a. Date column: Date of examination of IP/Beneficiary is mentioned in this column.

b. Star column: This column is meant to indicate events by using following abbreviations.

A	:	Attendance at Clinic/dispensary as old/repeat case.
V	:	Domiciliary visit by the IMO/IMP (record details)
N	:	New attendance for 1st time in fresh spell of sickness/ temporary disablement/maternity
C	:	Certificate issued'

C.Ft	:	First certificate
C.Ft&F.	:	First and Final (Combined) certificate
C.I.	:	Intermediate certificate
C.F.	:	Final certificate
C.S.I.	:	Special intermediate certificate

Accordingly, the entries in the 2nd column i.e. Star column may be "A" only if the IP attended the dispensary/clinic for treatment ;"ACFt" means attended and First certificate Issued"; "V" only if the IP was visited at his residence; "VCI" visited and Intermediate certificate issued, etc. Wherever maternity certificates or death certificates are issued, these details may be indicated in the clinical notes column as their number are likely to be very small.

In case of issue of certificate, it will be advantageous to indicate Form No., Book No., Serial No. of the certificate issued and the number of days for which certified and the diagnosis arrived at.

Example 1:- If a first certificate is issued for 7 days with needed abstention, the same is recorded as:-
Book No./Serial No. of Certificate/7 days with needed abstention/ diagnosis.

Example 2:- Combined Certificate for First and Final.
Book No./Serial No. of Certificate/Needed abstention/diagnosis/fit on(date).....

Note:- In the MRC, only the current MRC (Continuation Card) and the Specialists chits concerned with the current spell of sickness/disablement need be kept. The other MRC's and Specialists Chits etc. which are considered bulky, endangering the envelope, should be separately numbered and wrapped up with the name and Insurance No. of the IP/Family legibly written on the wrapper outside and then preserved in the Insurance No. serial order under safe custody in the dispensary/clinic

c. Clinical notes column

Very brief important clinical findings including any special clinical investigations, Specialists/MR's opinion and advice and any special treatment given should be indicated in this column.

7.9

d. Diagnosis Column

In some of the cases, the diagnosis cannot be clinched on the first day or in the early stages. In such cases, the most prominent clinical symptom or sign may be indicated. As soon as the diagnosis has been established, it should be indicated in this column.

e. Group No column.

7.1

As far as possible, the cause group No. (as per statistical classification of diseases as approved by the WHO and adopted by ESIC) in which the disease has been included should be indicated in this column. For example : "Pulmonary Tuberculosis Group No. 1" is to be written in this column. (For cause group No. see Appendix A, B, C, D & E)

7.8 OPD Register

This is maintained in the following proforma.

Yearly No. of new cases	Ins. No.	Name of Patient	Relationship with IP	Age	Sex	Diagnosis	Treatment	Cause Group No.	Remarks
1	2	3	4	5	6	7	8	9	10

Note : i) Yearly member of new cases starting from 1st April every year and ending on 31st March.

ii) Old cases are shown by showing Ins. no. and yearly serial no. in case of IP and family.

iii) Separate Register should be maintained for IP and family.

iv) Central OPD Register showing particulars in Column 1 to 6 above to be maintained in card section in multi-doctor dispensary and column 1,2,7 to 10 are to be maintained by each individual IMO.

7.9 Abstract Register of Diseases treated

Abstract register of diseases treated in a month, date-wise and cause group wise in a month, is maintained in ESIC-Med.5 (Annexure 7.1) for IPs and ESIC-Med. 5-A (Annexure 7.2) for families. Consolidated monthly returns are sent to the Director/ AMO on ESIC-Med.6 (Annexure 7.5) for IPs, ESIC Med. 6-A (Annexure 7.6) for families before the 5th of succeeding month.

7.10 Injection Register

This register contains columns for Name of patient, Insurance number, relationship with IP in case of family, name and dose of drugs administered and remarks. At the end of each day at the bottom of the should be shown opening balance (OB) of the injections available, below it indent received (IR) on that day should be shown. Total should be calculated and shown in the 3rd line, consumption of drugs (CD), item wise and balance of drugs (CB) carried forward to next day should be indicated below these lines.

INJECTION REGISTER

Name of the ESI dispensary.....Date.....

Sl. No.	Registration No.	Name of patient	Insurance No.	Relationship with the IP	Name & Does of the drug

The Opening Balance of the drug(OB) =

Indent received(Voucher No. & Date) (IR) =

Total =

Consumption of the Drug (CD) =

Closing Balance for the day (CB) =

7.11 Register of cases referred to Hospitals

This register should show monthly Serial No., name of the patient, Ins. No., relationship with the IP in case of family, name of the institution to which referred; purpose of references viz. consultation, X-ray examination, Lab Examination, Admission and Operation. In this register, if the patient is not ambulatory, information regarding availability of ambulance service or allowing any special mode of conveyance and allowing escort should be recorded.

REGISTER OF CASES REFERRED TO HOSPITALS

Name of the ESI dispensary.....Date.....

Sl. No.	Name of the Patient	Insurance No.	Relationship with the	Name of the Institution to which referred	Purpose of referral	Mode of conveyance if allowed	Remarks
1	2	3	4	5	6	7	8

7.12 Conveyance Reimbursement Register

This register should show date, S.No., Name of IP, Ins. No., Amount paid, etc., to those IPs who were allowed conveyance by IMO/IMP.

CONVEYANCE REIMBURSEMENT REGISTER

(Register for the payment of Conveyance Charges paid to the Insured Persons in respect of referred cases)

Date	Sl.No.	Name of the insured person	Ins. No.	Reference details	Distance	Amount paid	Remarks
1	2	3	4	5	6	7	8

7.13 Stock register of Regulation/Non-regulation Certificate Books

This register is absolutely essential and is used to maintain a record of receipt and issue of Regulation/ Non regulation Certificate Books and to keep a check on

consumption of Certificate Books so as to indent Certificate Books in time to avoid "no Stock situation". It is kept in following proforma in multi-doctor dispensaries, allotting few pages for each type of Certificate Books.

Left hand side in the register should show particulars of receipt of Certificate Books i.e.

Date of receipt	Source Receipt & Voucoher No.	Book Number		Serial Number of leaves of certificates.	
		From	to	From	to
1	2	3		4	

Right hand side should show particulars of issue i.e. :

Date of Issue	Book Number Issued	Serial No. of leaves from .....to	Signature of IMO receiving the book	Balance of No. of Books	Date of Return	Signature of IMO In-charge
5	6	7	8	9	10	11

In IMP clinic or single Doctor dispensary, the above proforma may be slightly modified to suit the circumstances.

Note:- Certificate books to be issued/consumed in the serial order supplied.

7.14 (i) Register of certificates issued and days certified -Annexure 7.3

It can be readily appreciated that the number of days certified is more important than the actual number of certificates issued. ***However an IMO/IMP who issues more number of certificates other than final certificates will be deemed to be indulging in lax certification eventhough his certified days are less.*** As such a Register is prescribed for maintaining the statistics of number of days certified by each IMO/IMP date-wise. The columns of the proforma are self explanatory. The total number of days certified under different types of certificates have to be noted and total for each day recorded. The register contains 31 lines to enable entry every day and then make a total at the end of each month. In service system areas, separate Register should be maintained for each IMO. The proforma is at Annexure 7.3.

Incidence of no of days certified per 1000 IP per month by each individual IMO/IMP and by all IMOs in the dispensary should be recorded at the end of each month which are calculated as follows:

Incidence of days certified by IMO

$$= \frac{\text{Total No. of days certified during the month}}{\text{No. of IPs attached}} \times 1000$$

For the Dispensary

$$= \frac{\text{Total No. of days certified by all IMOs of the dispensary during the month}}{\text{No. of IPs attached}} \times 1000$$

(ii) Calculation of certified number of days (Headquarters circular No. C.M.I/ 62)

(a) First certificate:- In a First certificate normally only one day is certified. The IMP/IMP may, however, cover a back period of 24 hours if the condition of the IP so demands. The total No of days certified is obtained by multiplying the number of First certificates issued on that day by one, if no back period is covered. In case of certificates covering back period of one day, the number of certificates so issued should be multiplied by two.

In areas served by mobile dispensary, IMO may cover back period upto 3 days and in such cases, accounting will be on above principles only.

Suppose First certificate was issued on 1.1.99 for 7 days. Days of certified leave is 1.1.99 i.e. one day. If leave is recommended for 31.12.98 in this certificate then the certified leave is from 31.12.98 to 1.1.99 i.e. 2 days.

(b) First and Final Certificate:- In a First & Final certificate the IP should be made fit to resume work on a day not later than the third day after the date of issue of First certificate. That is to say that between the date of issue of the certificate and date of resumption of work there can be a gap of a maximum of two days. In other words, the maximum period of leave certified

is three days and the minimum is one day. If back period of 24 hours (3 days in case of areas covered by mobile dispensaries) is covered then these number of days should be added to this period.

(c) **Intermediate certificate:-** This is to be issued once a week, i.e. same weekday of the following week.

The Intermediate certificate covers a period of seven days, i.e. from the day following the date of issue of the "First certificate (or the intermediate certificate as the case may be) to the date of issue of the present Intermediate certificate. The total number of days certified is obtained by multiplying the number of Intermediate certificates issued on that day by seven. If Intermediate certificate is issued earlier/later and the delay is condoned/regularized/recommended by the IMO then all the number of days are to be accounted as actually covered/regularized by such certificate shall be accounted.

Suppose Intermediate certificate was issued on 8.1.99 for 7 days (date of First certificate was 1.1.99) the days certified will be from 2.1.99 to 8.1.99 i.e. 7 days.

(d) **Final certificate:-** The Final certificate covers the back period starting from the day following the day from the date of issue of First certificate or the last Intermediate Certificate as the case may be upto the last day, the Insured Person remains on leave.

Suppose the First certificate or the preceding Inter Certificate was issued on 1.1.99 and Final certificate on 8.1.99 making insured person fit to resume work on 9.1.99. The days of certified leave are from 2.1.99 to 8.1.99 i.e. seven days.

(e) **Special intermediate certificate:-** The special Intermediate Certificate issued certifies leave in advance upto a maximum of 28 days. It can be given for lesser period of 2 weeks but should not exceed 28 days.

When it is routinely given for 28 days, the number of days certified is obtained by multiplying the number of Special intermediate certificates issued on the day by 28. If any certificate is given for a shorter period that

should be taken into account while arriving at the correct number of days certified.

Note: (i) **First time Special Inter certificate when issued will certify from the day following issue of last ordinary Intermediate certificate upto the future days for which first Special inter certificate is issued. Suppose an intermediate certificate was issued on 2.11.99 and the Special intermediate certificate on 9.11.99 for 4 weeks the days of certified leave in Special intermediate certificate are from 3.11.99 to 6.12.99 i.e. 34 days.**

(II) **Monthly statement of certificates issued and day certified is sent to DMC/Director/AMO/RD is sent to every month in Appendix to ESI-Med 6 (annexure 7.4)**

7.15 Domiciliary Visit Register

The IMOs/IMPs are required to maintain record of domiciliary visits in a Register month-wise. The columns in this register are as follows :-

Date	Name of Patient	Ins. No.	Relationship	Date & Time of request for visit
1	2	3	4	5

Date & Time of visit paid	Address where visit paid	Diagnosis	Remarks
6	7	8	9

7.16 Stock Register for medicines/equipments/non medical items

Stock register of medicines/equipments etc., are maintained in accordance with the instructions/procedure followed in the State Directorates.

7.17 Expiry date of Drugs Register

The columns in the Register should indicate serial No., date of receipt, Name and Form of the drug, Name of manufacturer, Batch No., Quantity, Date of expiry, Date of Consumption etc.

It is suggested to maintain this expiry date register month-wise (drugs expiring in particular month) irrespective of date of receipt. So that drugs expiring in a particular month can be reviewed at a glance at one page only and action taken to dispose near expiry excess stock.

EXPIRY DATE OF DRUGS REGISTER

Name of the ESI dispensary.....Month & year.....

Sl. No.	Date	Name and from of the drug	Name of the Manufacturer	Batch No.	Quantity received	Initials of Pharmacist	Date of consumption	Intitials of Pharmacists	Initials of IMO
1	2	3	4	5	6	7	8	9	10

7.18 Other Registers

a. Family welfare statistics register: as prescribed by the State Directorate

b. Immunization register as prescribed

c. Grievance and Suggestion and action taken register.

d. Medical Bill and Medical Reimbursement, disbursement registers, etc.

e. Exit Action watch over register for Insured Persons entitled by IMO/LOM on the basis of ESIC-86, TIC,105,37,166, 48 etc.

7.19 Files

In addition to the office files, exit file, re-entry file, accident reports file, MRE transfer file, statistics file, drugs/equipment delivery docket file etc. are to be maintained in the ESI Dispensary.

7.20 (a) Statistical Returns

The consolidated monthly/quarterly returns pertaining to the dispensary during the previous month are sent to Director/AMO along with a copy to DMC and RD, ESIC by 5th of the succeeding month.

Director/AMO, ESIS should send consolidated monthly/quarterly returns to the medical statistical division of ESIC by 20th of the succeeding month.

The important returns are as follows :-

i) Cases treated during the month cause group wise, no. of injections, no. of lab-investigations, no. of domicialiary visits, etc. on Form ESIC-Med-6 (Annexure-7.5) in respect of IPs and on Form ESIC-Med-6A(Annexure 7.6) in respect of family members.

ii) Family welfare and immunisation statistics in proforma prescribed by Govt. of India/State Govts.

iii) Statements of certificates issued; IMO/IMP wise, and days certified as per Annexure-7.4.

iv) Turnover of No. of IPs attached and dis-entitlement/re-entitlement including those entitled on the basis of ESIC-37, 166 & 86, TIC etc. A separate list of ESIC-105 cases may be sent.

v) Statistics of expenditure related to reimbursement of IPs, pending medical bills, etc.

vi) Statistics pertaining to Grievance Redressal as prescribed by ESI Corporation (Annexure 7.8 to 7.12).

vii) Any other return as per Directorates instruction.

(b) Central Statistical Chart

Chart showing name of the month, No. of live MREs, daily average attendance of patients(new IPs, new families, total daily average of new cases, old cases

of IP, old cases of families, total daily old cases), daily average of injections administered, family welfare and immunisation performance, daily average number of reference, rate of certification i.e., No. of days per 1000 Insured persons, No. of accident reports should be maintained in the dispensary.

7.21 Records to be maintained in Hospitals

a. Central registration register showing yearly No. (starting from 1st April) name of the patient, Ins. No. relationship in case of family, age, sex, department to which referred, dispensary from which referred and remarks.

b. Department-wise OPD register of new cases showing yearly no. (starting from 1st April) Name of patient, Ins. No., IP/family, diagnosis, cause group and remarks. Old cases should be shown separately.

c. Separate major and minor operation registers of different departments.

d. Labour room register (Permanent Record)

e. Lab. Investigation register (Department-wise)

f. Casualty cases register

g. Stock register of certificate books

h. Cases referred register

i Drugs and equipment registers

j. Expiry date of drugs register

k. Complaint cum suggestion register

l. Visitor's minute book

m. Record of admissions, discharges, births and deaths

n. Family welfare and immunization registers

o. Any other additional register as prescribed by the Corporation/the State Directorate from time to time.

7.22 Returns from ESI Hospital

(a) Monthly return of cases treated in OPD of the hospital in Form ESIC Med.9 (Annexure 7.9).

(b) Monthly return relating to family welfare and immunisation.

(c) The statistical information relating to utilisation of services, average daily work load and expenditure etc., should be sent in the prescribed proforma every month to Director/AMO with a copy to DMC.

(d) Statistics pertaining to Grievance Redressal as prescribed by ESIC from time to time. (Annexure 7.8 to 7.11)

7.23 Weeding out of Records

Under the ESI Scheme, certain medical records and statistics are maintained in respect of beneficiaries in dispensaries/clinics. In addition, there are duplicates of certificates, injury reports issued under regulations and other routine reports and records. Keeping in view the medical and legal considerations, it has been decided that medical records should be preserved for a specific period shown against each as given below:

a) **MRE & MRC:** The MRE and MRCs are kept in the dispensary for 5 years after date of exit. If not re-entitled, the IMO should return all such MREs/ MRCs to the nearest Local Office in areas of decentralized registration and to the Regional Office in areas of centralized registration with a covering letter. In case of death, however the envelope together with the inner cards should be retained in the dispensary till such period as the IP would have remained entitled to medical care, had he survived, but left the insurable employment and thereafter, sent to RO. This is because the family members will be entitled to Medical Benefit upto the period IP would have been entitled in case he went out of insurable employment on the date of his death. Information about the period will be received from RO in the form of list/Card/letter.

b) **Employee's Index Cards (ESIC-2):** Employees Index Cards should be maintained in office of the Director/AMO for three years from the date of exit. The card of IPs who die should be kept separately from the rest.

c) **Exit Cards/Exit Lists:** Exit Cards/Exit lists should be kept in the office of the Director/AMO for a period of 5 years. In the dispensaries/clinics, these may be destroyed after two years. Exit cards should be put in respective MRE. "Exit" list should be filed in a separate file date wise.

d) **Counterfoils of Regulation Certificates:** Counter foils of regulation certificates except death certificates (Form 17, Form 24B and ESIC Med.12) should be kept for two years from the date of issue of last certificate in the book.

e) **Counterfoils of death certificates (Form No.17, Form 24B and ESIC Med.12) and Form BI-1.**

Counterfoils of death certificates, (Form 17, Form 24B and ESIC Med.,12) and Forms BI-1, should be kept for 5 years.

f) **Counterfoils of ESIC Med.11**

Counterfoils of ESIC-Med.11 should be kept for a period of 2 years from the date of last certificate issued from the book.

g) **X-ray and Laboratory Reports**

X-ray and Laboratory reports should be kept for five years.

h) **Medical Acceptance Cards**

Medical Acceptance Cards should be kept for 5 years from the date of exit.

i) **Other forms and Registers**

All other forms and registers should be retained as per instructions issued by the State Directorate from time to time and in case there are no specific instructions should be retained for 2 years from the date of last entry and then may be weeded out after scrutiny. Copies of correspondence may be kept for 2 years.

j. Records of incapacity references in office of the MR.

Form RM-1, RM-1 (P) and RM-1 (M) along with Forms RM-3 received from IMO/IMP and Forms RM-6, are kept for 3 years only.

k. Returns in Forms ESIC-Med.6 and ESIC-Med. 6A

Return in ESIC-Med-6. and ESIC-Med.6A are kept in the office of the Director/ AMO for five years.

Period of retention of old records is summarised below :-

(Period of Retention)

2years	3 years	5 years
Counterfoils of Form 8, 9, 10, 11, 20, 21, 23 ESIC Med. 11 & 13 Exit Card/Lists in Disp. All other Forms and registers not included elsewhere	ESIC – 2 in Director/AMO office RM-1/6, RM-1(P), RM(M) 7 & 8 RM-3 in MR Office.	ESIC Med. 1, 3 after exit in RO/LO. Exit Card/list in the office of Director/AMO counterfoils of Form 17, 34(B), ESIC Med. 12, BI-1, BI-1(a), X ray & lab reports ESIC Med 6, 6A and ESIC Med-9.

ANNEXURE - 7.1
ESIC - Med. 5

ABSTRACT REGISTER OF DISEASE TREATED IN R/O IPs DURING THE MONTH OF..... AT.....

	DATE					REMARKS
	1	2		30	31	
Number of new cases						
Number of old cases						
Total						
Number of home visits						
Number of Certificates issued						
First Certificate						
First & Final (Combined) Certificates						
Final Certificate						
Intermediate Certificate						
Special Intermediate Certificate						
NEW CASES BY DISEASES						
Tabulation of morbidity Statistics and Cause group numbers 1 to 50 as per Appendix A						

ANNEXURE - 7.2
ESIC - Med. 5A

ABSTRACT REGISTER OF DISEASE IN R/O FAMILIES ATTENDED DURING THE MONTH OF..... AT.....

	DATE					REMARKS
	1	2		30	31	
Number of new cases						
Number of old cases						
Total						
NUMBER OF HOME VISITS						
a) Confinement						
b) Ante-natal						
c) Post-natal						
NEW CASES BY DISEASES						
Tabulation of morbidity Statistics and Cause group numbers 1 to 50 as per Appendix A						

ANNEXURE - 7.3

REGISTER OF CERTIFICATES ISSUED AND DAYS CERTIFIED

Name of IMO/IMP

Code No.

No. of IPs attached at the beginning of month/quarter

Book Numbers/Serial Number of certificate books started during the month.....			
First	Inter	Final	Special Inter

Abstract of Certificates issued in the month of.....

DATE	FIRST		FIRST & FINAL		INTER	
	No. issuesd	Total No. of days certified	No. issued	Total No. of days certified	No. issued	Total No. of days certified
1	2	3	4	5	6	7
1						
to						
31						

FINAL		SPECIAL INTER		TOTAL
No. issued	Total No. of days certified	No. issued	Total No. of days certified	Certified days 3+5+7+9+11
8	9	10	11	12

Signature of IMO/IMP

ANNEXURE - 7.4
APPENDIX to
ESIC MED. 6

EMPLOYEES' STATE INSURANCE CORPORATION

To
The Director/Administrative Medical Officer,
ESI Scheme

Sub: Monthly statement of Certificates issued and days certified for the month of.....

	First certificate Form-8	Inter certificate Form-10	Final certificate Form-9	Special inter certificate Form-11	Total certified days
1. No. of certificate issued					
2. Days certified					
3. Book Nos. of books started in the month					
4. Reasons for high certification, if any					

Date :
Place:

Signature of IMO/IMP.....
Name of IMO/IMP.....
Code No./Name of Dispensary.....
No. of IPs attached.....

Copy forwarded to
Deputy Medical Commissioner.....

Regional Director.....

Signature

Received monthly statement of certificates issued for the month of .....

For Regional Director/DMC/Director/AMO

Date

Note: Reasons for high certification : Leave advised by MP/Specialist Hospital/OPD/ESB.

ANNEXURE - 7.5
ESIC - Med. 6

EMPLOYEES' STATE INSURANCE CORPORATION

Monthly return of Insured Persons treated at ESI dispensary/clinic..... for the month of.....

No. of insured persons	1
No. of patients treated (i) New	2
(ii) Old (repeat)	3
Total	4
No. of certificate issued: (i) First	5
(ii) First and final (combined)	6
(iii) Final	7
(iv) Intermediate	8
(i) Special Intermediate	9
(ii) No. of days certified	10
No. of injury reports issued	11
No. of operations performed	12
No. of injections	13
No. of home visits	14
Cases referred to Hospital for:- (i) Laboratory Examination	15
(ii) Radio Imaging	16
(iii) Specialist advice	17
Cases admitted to Hospital:- (i) Total No. of cases	18
(ii) Total No. of days for all cases	19
(iii) Average No. of beds occupied/days ratio	20
Cases referred to Medical Referee	21
NEW CASES BY DISEASES Tabulation of morbidity statistics and cause group numbers 1 to 50 as per Appendix A	

ANNEXURE - 7.6
ESIC - Med. 6A

EMPLOYEES' STATE INSURANCE CORPORATION

Monthly return of families treated at ESI dispensary/clinic..... for the month of.....

No. of family units	1	
No. of patients attended:- (i) New	2	
(ii) Old	3	
Total	4	
No. of home visits (a) Confinement	5	
(b) Ante-natal	6	
(c) Post-natal	7	
No. of operations performed	8	
No. of Injections given	9	
Cases referred to Hospital:- (i) Laboratory Examination	10	
(ii) X-ray	11	
(iii) Specialist advice	12	
Cases admitted to Hospital : (i) Total No. of cases	13	
(ii) Total No. of days for all cases	14	
(iii) Average No. of beds occupied/days ratio	15	
NEW CASES BY DISEASES Tabulation of morbidity statistics and cause group numbers 1 to 50 as per Appendix A		

ANNEXURE - 7.7
ESIC - Med. 9

EMPLOYEES' STATE INSURANCE CORPORATION

Monthly return of cases attended to by specialists and/or referred to Hospitals for in-patient treatment at ..... for the month of .....

OPD/ SPECIALIST SERVICE

1	Medicine	New
		Repeat
2	Surgery	New
		Repeat
3	TB	New
		Repeat
4	Obstertics & Gynaecology	New
		Repeat
5	Paediatrics	New
		Repeat
6	Eye	New
		Repeat
7	ENT	New
		Repeat
8	Skin & STD	New
		Repeat
9	Pathological Examinations	
10	Radiology	No. of X-rays
		No. of scanning
11	Orthopaedics	New
		Repeat
12	Dental	New
		Repeat
13	Psychiatry	New
		Repeat
14	Physiotherapy	New
		Repeat

Contd/-

HOSPITALISATION	1. GENERAL	No. of beds	Note: Hospital departmentwise should be submitted as per parameter given in above example. Surgical departments shall also indicate no. of major & minor operation.	
		No. of cases admitted		
		No. of cases discharged		
		Total No. of beds days		
		Average No. of beds occupied/days ratio i.e., percentage of occupancy		
	2. TB	No. of beds		
		No. of cases admitted		
		No. of cases discharged		
		Total No. of beds days		
		Average No. beds occupied/days ratio		
	3. MATERNITY	No. of Confinements		
		No. of still birth		
		No. of Maternity death		
		No. of perinatal deaths		
NEW CASES BY DISEASES	Tabulation of morbity statistics and cause groups (1 to 50) Appendix A	Cause group – pulmonary tuberculosis - 1 Tuberculosis other forms - 2 Other violence- 50(k) Special Local Groups -		

ANNEXURE - 7.8

No. Dated : .....

To

_____

_____

_____

_____

Subject :- **COMPLAINT/GRIEVANCE – REGARDING.**

Sir,

I am to acknowledge your complaint/grievance dated _____

The same has been registered under Sl.No. _____ in the Complaints Register and action is being taken thereon.

Please quote this letter number as well as the Sl.No. of the complaint/gievance, in all your future correspondence.

In case, you have not received any reply in the matter in a month, the undersigned may be contacted.

Yours faithfully

Signautre _____

Dated _____

Name _____

Designation _____

Tele. No. _____

ANNEXURE - 7.9

Long Book of opening of Complaints Box

S. No.	Name, address & ins. No. of the Complainant	No. & date, If any, of complaint	Brief particulars of complaint/ grievance	Date of opening of Complaint box		Remarks
				S.No. of Complaint register to which the complaint transferred	Dated signature of Complaint Officer	
1	2	3	4	5	6	7

Monthly Summary

i) No. of days in the month on which Complaint Box opened.

ii) No of complaints removed from Complaint Box during the month by Complaints Officer

iii)

iv)

ANNEXURE - 7.10

COMPLAINTS REGISTER OF VERBAL/WRITTEN COMPLAINTS/GRIEVANCES
(To be maintained by Complaints Officer)

Sl. No.	Mode of receipt of complaint/grievance whether through Newspaper, telephone, through Box, complaint by post direct, etc.	Whether complaint/ grievance verbal or written?	Name, address & Ins. No. of complainant /grievance	No. & date, if any of complaint/ grievance	Brief particulars of complaint/ grievance	Name of Officer to whom complaint/ grievance sent for action
1.	2.	3.	4.	5.	6.	7.

Forwarding U.D. No. & date through which complaint/grievance sent to Officer concerned	Date of reminders to the Officer concerned	Date of receipt of reply/ report	Date of final disposal of the Complaint/ grievance	Brief particulars of remedy/relief given to the Complainant	Initial of Dir. (Public Grievance)/ Complaints Officer	Remarks
8.	9.	10.	11.	12.	13.	14.

Monthly Summary

i) No. of Complaints brought forward
ii) No. of Complaints received during the month
iii) No. of Complaints finally disposed od during the month
iv) No. of complaints pending at the end of the month (indicating S.No. and Branch wise analysis of pending complaints)

a) Upto one month :
b) More than one month & upto three months :
c) More than three months & upto six months :
d) More than six months & upto one year :
e) More than one year :
f) Total :

ANNEXURE - 7.11

Monthly Progress Report of Complaints/Grievances for the month of _____ ____

Sl. No.	No. of Complaints/ grievances pending at the end of previous month	No. of complaints/ grievances received during the month	Total of (1) & (2)	No. of complaints/ grievances disposed of during the month year	No. of complaints/grevances pending at the end of the month					Total
					More than 1	More than 6 month	More than 3 mon ths	More than 1 mon ths	1 mo nth and less	
1	2	3	4	5	6					7

Signauture with date _____

Name of the Officer _____

Branch _____

Officer _____

Note : 1) RO/SRO/Directors/Hospitals shall not reflect ion this statement the complaints/grievances sent by Director (Public Grievances) or by other Officers/Brnaches of the Hqrs. Office.

2) Similarly, the Branches of Hqrs. Office/RO/SRO/Directorates/Hospitals shall not reflect the complaints/grievances received from Director (Public Grievances)/Public Grievarice Officers/Complaints Officer.

ANNEXURE - 7.12

Statement of pending complaints/grievences for the month ending _____ to be submitted by Local Office Manager to Complaints Officer, Regional Office/SRO.

Sl.No.	No. of complaints B.F. from previous month	No. of days complaintt box opened (as per log book of complaints box	No. of complaints received during the month		No. of complainats finally disposed of during the quarter
			From Complaint Box	Directly by LOM/other sources	
1	2	3	4	5	6

No. of cases pending for final disposal for						
Less than one month	One month and more	Three months and more	Six months and more	1 year and more	Total	Details of cases pending final disposal for more than six months giving reasons for pendency in each case and action taken to settle the complaint
7	8	9	10	11	12	13

(Manager) Local Office

Note : The Complaints forwarded by R.O./S.R.O. etc., for investigation/report shall not be reflected in report.

8.

8.

CHAPTER – VIII

MEDICAL REFEREE

8.1 Medical Referee(MR)

Medical Referees are authorised Medical Officers of the ESI Corporation for some specific jobs. The current policy is to appoint whole time MRs in large centres and part-time MRs in small centres. Part-time MRs generally are Medical Officers of State Government or retired Medical Officers, so designated by the Corporation with the approval of the State Governments.

8.2 Duties and functions of full-time Medical referee (MR)/Part-time MR(PTMR) are given below :-

a) Disposal of incapacity references

b) Disposal of consultation references

c) Disposal of other miscellaneous references from the RO/LO for medical opinion on the following points :-

i) Whether the incapacity of the IP for work is due to relapse of the EI.

ii) Whether the IP is suffering from any of the disease for which ESB is permissible or if it is a fit case for relaxation for ESB.

iii) Whether an IP has permanent disablement requiring reference to Medical Board for assessment of loss of earning capacity.

iv) For the purpose of commutation of PDB whether the IP has normal expectation of life for his age and in some cases certification of age.

v) For Dependants' Benefit – Certification of age of the dependants ;

vi) Certification of infirmity of a family member ;

vii) For Dependants' Benefit – if death in a particular case is attributable to EI ;

viii) Whether an IP ; if he/she is an amputee, is a suitable case for artificial limb(s) ;

ix) Whether the alternative evidence of sickness/TD submitted by an IP under Regulation 53 was in order and the period of abstention certified is consistent with the diagnosis ;

8.4

In addition to above duties full time MRs have following duties :-

d) Inspection of ESI Dispensaries/IMP Clinics.

e) Investigation relating to false and lax medical certification.

f) Investigation relating to over prescribing.

g) Training of IMOs/IMPs and PTMRs.

h) Functions associated with membership of Allocation Committee and Medical Service Committee in panel areas and other Committees in service areas.

i) To make suggestions to the Medical Commissioner with regard to proper medical care of beneficiaries and improvements in the standard of Medical Benefit.

j) To undertake such other duties as may, from time to time, be entrusted to him by the Medical Commissioner or Regional Dy.Medical Commissioner.

8.5 Disposal of Incapacity Reference (IR)

Disposal of Incapacity Reference (IR) is one of the major tasks of MRs/PTMRs. This procedure is designed to check lax certification by providing for second opinion whenever the incapacity continues for long (under regulation 105). It also provides an opportunity for IMO/IMP to seek second medical opinion when in doubt and also for the IP to have an over-riding opinion, when dissatisfied with the decision of the IMO/IMP. Thus, incapacity references may be from following sources :-

a. From LO of the Corporation under Regulation 105 (RM-1, RM-1(M), RM-1(P) Annexure-8.2, 8.4, 8.5)

b. From IMO/IMP (RM-1(a) – Annexure-8.3)

c. From IP himself (Annexure-8.1)

8.4 Reference from Local Office at the office of whole-time MR

LO have a regular procedure of initiating Incapacity references on the basis of OPD certificates received. Normally, these are initiated when an IP has been on continuous leave for Sickness or Temporary Disablement for 4 weeks and, thereafter, at fortnightly intervals. However, in certain priority cases, references can be initiated even on a first certificate. In the following types of confirmed cases, incapacity references are initiated at intervals indicated below :-

Disease	Period for IR
• Tuberculosis	At 3 months interval
• Malignant disease	-do-
• Paraplegia	-do-
• Hemiplegia	-do-
• Non-union/delayed union of fracture	-do-
• Leprosy	-do-
• Hemiparesis of more than eight week's duration	-do-
• Cardiac Valvular diseases with failure/complication	-do-
• Chronic obstructive lung disease (COPD) with congestive heart failure (Cor Pulmonale)	-do-
• Post traumatic surgical amputation of lower extremity	-do-
• Compound fracture with chronic osteomyelitis	-do-
• Chronic renal failure	-do-
• All other ESB diseases	at 28 days interval

LO may initiate references either on its own initiative or on the advice of the RO or on a request from the IP/MR. The normal procedure is to send Form RM.1 (Annexure-8.2) to the office of the MR. This Form gives particulars of the IP and his disease as well as details of the spell of Sickness/Temporary Disablement and any special reasons for reference.

8.5 Procedure in the office of the Medical Referee

i) The date of receipt is rubber stamped/written on Form RM.1 and particulars entered in the Register meant for the purpose. Serial number of the register is entered in relevant column of Form RM-1. The register has following columns :-

Sl. No.	Name of IP	Ins. No.	Name of LO	Name of Disp./IMP	Date of receipt of Form RM-1	Date of Exam.		Result	Remarks
1	2	3	4	5	6	7(a) fixed	7(b) actual	8	9

ii) MR fixes place, date and time of examination and intimates the same to IP in Form RM.2 (Annexure-8.6) and to IMO/IMP in Form RM.3 (Annexure-8.7). It is advantageous, if MR has some fixed days and time to visit to various centres under intimation to LO so that LOs can refer 'priority' references, whenever necessary and the programme is also known to IMO/IMPs in advance. Where MRs/PTMRs programme is known in advance LO, manager will issue RM.2 & RM.3 on behalf of MR/PTMR to cut short delays.

Generally, in service areas, cases are examined in the office of MR/Dispensaries and in panel areas in the office of the MR/PTMR or in LO/ ESID at out stations.

List of cases showing the date of examination should be sent to respective LO/ MLO/SLO.

iii) Intimation to IP (Form RM-2) – Annexure 8.6

From RM-2 is an intimation to IP about examination and gives details of the time, date and place of examination. Besides this, it advises the IP to report to his IMO/IMP in case he has not, by then, been issued a Final Certificate. This Form also states that the IP will be examined if a Final Certificate has not been

issued by then. This implies that in case Final Certificate has been issued with date of fitness on or before the date of examination fixed by MR/PTMR, IPs should not appear for examination. It may be clarified that though incapacity reference is initiated with reference to a particular spell, the examination will be in accordance with position on the date of examination. Thus if a spell for which reference was issued is closed by issue of Final Certificate and IP is put on leave again and continues to be so on the date of examination fixed, IP will have to appear before MR/PTMR.

Forms RM-2 are despatched under certificate of posting which are preserved date-wise in the office of MR/LO. This certificate will serve as an evidence where an IP protests against suspension of his cash benefit for failure to attend.

iv) Intimation to IMO/IMP (Form RM-3) – Annexure 8.7

Form RM-3 sent to IMO/IMP concerned gives particulars of the IP to be examined and informs about the date, place and time of examination. IMO/IMP should not discontinue issue of certificates on receipt of this Form. He should issue a Final Certificate, if the IP becomes fit for duty before the date of examination but in no case the date of fitness shall be beyond the date of examination fixed by the MR. IMO/IMP should not desist from issue of Final Certificate on the ground of MR's examination.

Part 'A' is to be completed, if the Final Certificate has been issued, while Part 'B' is to be completed in other cases. Particular attention should be paid to the lines where opinion of the IMO/IMP is sought whether IP is in a fit state of health to attend at an examination centre or otherwise. This is important because otherwise MR will give his report as 'failed to attend' and Cash Benefit will be suspended without any fault of IP. However, IMO/IMP must ensure after examination that IP is really not in a position to attend before MR for medical reasons to be reported in RM-3 before entering this remark. This form duly completed alongwith ESIC Med 8/8A in respect of cases suffering from ESB diseases should be returned to MR so as to reach him on or before the date of examination, as the case history, investigations and line of treatment given in the Form help in examination. MR should not postpone examination for non-receipt of Form RM-3 unless it is absolutely necessary. As far as possible, disposal of cases should be done in the light of investigations and prescriptions with IP.

8.6 Incapacity references at outstations to whole time MR

Procedure for incapacity references at outstations is almost the same as outlined above except for the following modifications: -

(i) Instead of preparing individual Form RM-I, LO prepares a consolidated list (in duplicate) in Form RM-I (M) – Annexure-8.4.

(ii) The list should be kept up to date by striking off from time to time the names of those IPs for whom Final Certificates are received and by adding fresh references arising in the meanwhile.

(iii) After receipt of tour programme of MR, the LO Manager finally reviews the lists and issues Forms RM-2 and RM-3 on behalf of MR.

(iv) The up-to-date list – Form RM-1(M) alongwith Forms RM-3, received from MOs/IMPs and prepared Forms RM-4, RM-5 and RM-6 are handed over to MR at the time of his visit. Cases issued Final Certificates as per para (ii) will be taken note of by MR and included in Form RM-7.

8.7 The result of examination by MR can be either of the following :-

a. The IP may have already obtained a Final Certificate and resumed duty.

These cases are called "Declared off". Report about this will be given in para (i) of Forms RM-4 and RM-5- Annexure - 8.8, 8.10.

b. MO/IMP may have informed MR that the IP is unfit to attend on medical grounds. In such cases, it is for the MR to decide and certify abstention, if he is satisfied about the same from the clinical records available. In case of doubt, he may pay a domiciliary visit. This is important in cases entitled to ESB to maintain continuity in the payment of cash benefit. Report about IP will be given in para (ii) of RM-4 and RM-5 if case is not examined. If IP is examined at residence after domiciliary visit, report is given in para (iii) of RM-4 and RM-5.

c. MR examines the case and sends his reports to concerned LO as well as to MO/IMP in Form RM-4 (Annexure-8.8) and RM-5 (Annexure–8.10) respectively. He maintains record of his clinical findings in Form RM-6 (Annexure–8.2). It is

advisable if Form RM-4 and RM-5 of IPs found fit for duty are sent by post or messenger and not through IP. Forms of other cases may be sent through IP after obtaining acknowledgement.

d. The IP may be found to be still in need of abstention. In such cases, period for which he needs abstention is not given. It is left to IMO/IMP to continue his abstention and issue Final Certificate, whenever indicated. Report about this will be given in para (iii) of Forms RM-4 and RM-5 and words 'does not now need' deleted.

e. The IP may be found fit for duty. In such cases, Form RM-10 (Annexure - 8.14) is issued to IP with instructions to report to his employer for duty. Generally, the fitness is for the next day, but he may be fit for the same day, or for any date not later than the third day after the date of examination. If so date of fitness should be written in Form RM-10. MR/PTMR cannot declare an IP fit for duty from a date earlier than the date of examination. Report about this will be given in para (iii) of Forms RM-4 and RM-5 and words "still needs" deleted. Words "FORM RM-10 ISSUED" should be noted in remarks column of Form RM-4 and Form RM-5. Form RM-10 thus issued, is deemed to be "Further Certificate", as noted in Regulation 105 and is a Final Certificate under Regulation 58 and 60.

RM-10 is issued if IP is on certified ESI leave and found fit for duty. Remarks regarding any residual disablement and necessity of reference to Medical Board may be written in RM-10.

f. MR's/PTMR'S findings after the examination of an IP under Regulation 105 are accepted as final so far as Corporation is concerned. The opinion of any specialist has no bearing on the case. However, due consideration must be given by MR/PTMR to Specialist opinion before arriving at a decision. If MR/PTMR differs from Specialist opinion the reason may be recorded in RM-6.

g. An IP may fail to attend. Report about this is given in column(iv) of FormsRM 4 and RM-5. As payment of Cash Benefit is suspended from the day IP fails to attend for examination by MR/PTMR, it is important that he is examined subsequently at as early a date as possible. It may be stated here that in cases which are examined subsequently within 14 days and found to be needing

continuous abstention, Cash Benefit is restored. It may be stated here that in cases which are found to be fit for duty on subsequent examination lose cash benefit for this overstayed period. Cases examined after 14 days, even if found to need further abstention, lose cash benefit for the intervening period, payment being restored only from date of examination. However, cash benefit may be restored in any case, if genuineness for failure to attend is proved to the satisfaction of manager LO or Regional Director, as the case may be. When an IP who fails to attend on due date fixed for examination, MR should check whether Form RM-3 was received with remarks about inability of IP to attend from IMO/IMP. The case be then decided keeping in view the remarks.

h. An IMO/IMP on receipt of intimation about IP's failure to attend in Form RM-5 should make a suitable note in MRE and on next appearance of IP if still found to need abstention, advise him to see the MR/PTMR for further examination. In case the IP is found fit for duty (for day of examination or for next day), he can be issued a Final Certificate without referring to MR. Further abstention/ leave certificates should not be issued without report of examination by MR if MR is available in the area. However, in case MR/PTMR is not readily available, abstention certificates may be continued (if so, indicated) with a remarks, "Advised to see MR/PTMR". While referring such cases, it is better if IMO/IMP gives him a letter indicating number and date of RM-5 vide which IP failed to attend for examination. Similar action may be taken by LO if IP reports there for cash benefit. IP himself may directly report to MR. In such cases no letter from LO is necessary. MR should not go into the question whether failure to attend on due date was for genuine reason. IP is examined and report regarding his still needing abstention or fit for duty is issued in accordance with the procedure outlined above. However, in cases which are found to still need abstention and examined within fourteen days of the date, when IP failed to attend, the following remark is given in RM.4, "In continuation of RM-4 No.....date..... .....of the original RM-4. In my opinion IP continued to need abstention from..... (date of last examination when he failed to attend)". This remark is given, if in the opinion of MR/PTMR spell has been of continuous abstention, in cases where IP is found to still need abstention. If it is felt that incapacity has not been continuous MR/PTMR should indicate the fact clearly in Forms RM-4 and RM-5 in the remarks column.

Para (v) (a, b and c) of RM-4 refer to EI cases and a tick mark (ü) should be given against para applicable in the particular case. Para (vi) 'Any other remarks

on RM-4 may be utilised to confirm diagnosis for ESB or for any other remark considered necessary, especially if an IP is found not to have carried out instructions and thus prolonged abstention or TD is terminated, leaving sickness leave to be continued.

8.8 Incapacity references from IMOs/IMPs

IMOs/IMPs can initiate incapacity references on the same lines as LOs reference is initiated whenever there is a doubt as to whether IP needs abstention on medical grounds. However, malingerer should be firmly refused leave as an IP himself can apply to MR/PTMR for second medical opinion. Procedure outlined in para 8.5, 8.6 and 8.7 above applies with following modifications :-

a) IMO/IMP should refer the case on Form RM-1 (a) (Annexure–8.3). There is no need to issue Form RM-2(a) and RM-3(a), except in case of IP refusing to get examined by MR/PTMR. In such case RM-1(a) giving full address of IP should be sent to MR/PTMR by special messenger/post for necessary action.

b) Form RM-2(a) (intimation to IP) and Form RM-3(a) (intimation to IMO/IMP) will be necessary when Form RM-1(a) is received directly from IMP/IMO by messenger/post.

c) Report of examination is given in Form RM-4(a) (Annexure-8.9) to LO and Form RM-5(a) (Annexure-8.11) to IMO/IMP. Form RM-10 is issued, if IP is on certified leave and is found fit for duty.

8.9 Incapacity reference by IP himself

An IP dissatisfied with the decision of IMO/IMP may himself appear for examination before MR. He is examined after taking application from an IP on Annexure-8.1. Reports are issued in Forms RM-4(a) and RM-5(a) and Form RM-10 issued, if necessary.

8.10 Incapacity references in cases admitted in hospitals

So long as an IP is actually undergoing inpatient treatment in a hospital, incapacity reference is not initiated. Reference should be initiated after discharge from hospital provided incapacity is still continuing.

8.11 Examination by part-time medical referee (PTMR)

a) As regards examination by PTMR, the same procedure, as outlined in case of Full time MR is followed except that instead of issuing individual Form RM-1, a consolidated RM-1 (P) (Annexure-8.5) prepared dispensary wise is sent to PTMR. A copy of this is sent to concerned dispensary/clinic. IMO/IMP enters his clinical notes and other remarks meant for Form RM-3 in the relevant column in this Form and sends the same to PTMR before the date of examination. Form RM-2 to IP is issued by LO/PTMR. To ensure smooth working and giving appointments, PTMR may fix the day(s) of the week, place and the time at which the IPs may report to him for examination.

b) A clerk is appointed on payment of prescribed allowance to assist the PTMR. He fills in various forms and returns and assists the IP to fill up the claim Form for claiming conveyance allowance, wherever due.

8.12 Maintenance of records of incapacity references in the office of MR/ PTMR

Forms RM.1, RM.1(a), IP self reference, RM 1(P) and RM-1(M) alongwith RM-3 received from IMO/IMP and Form RM-6 may be kept for 3 years and destroyed thereafter.

8.13 Disposal of consultation references

Normally, cases for consultation are referred to Specialists; but in case advice of MR/PTMR is sought by IMO/IMP about diagnosis or treatment of a case, same may be given. Medicines prescribed by MR/PTMR should be dispensed in the usual manner by concerned dispensary.

8.14 Disposal of miscellaneous references from the Regional Office/Local Office for Medical Opinion

I) Whether incapacity of an IP for work is due to relapse of the EI

Sometimes, a case of EI who has been issued final certificate reports again because of relapse of the symptoms and signs and is found to need abstention

and medical treatment. As the previous spell of EI had been closed by issue of Final Certificate, it is to be determined, if this subsequent spell is due to relapse of original EI or due to "Sickness". If the subsequent spell commences within 7 days of issue of Final Certificate, the IMO/IMP has to clearly indicate, if this is a case of relapse of the EI for which final certificate has been issued earlier, so that LO can pay TDB without reference to MR/PTMR. Wherever, however, the intervening period is more than 7 days, reference to MR/PTMR is necessary. The IMO/IMP should refer all such case to MR/PTMR/Specialist for opinion, regarding relapse of EI. If MR is readily available, the case is referred even before issue of first Certificate, or otherwise at the earliest opportunity.

ii) Confirmation of diagnosis for purposes of ESB

List of diseases entitling an IP to ESB is given under the Chapter on "Cash Benefits".

RO/LO refer the case of the listed ESB diseases to MR/PTMR for confirmation of diagnosis. If so, MR/PTMR should examine the case, see Specialists papers and if satisfied, confirm that the case is suffering from a particular disease included in that list. Generally, this confirmation is based on diagnosis by a Specialist. MR's/PTMR's confirmation is not necessary, if Specialist's opinion is clear. In doubtful cases , ESIC-Med.8 and ESIC –Med.8A will be sent for MR's/PTMR's opinion.

RO/SRO/LO refer cases in Form ESIC-Med.8-B for extension of ESB beyond 400 days upto 2 years. MR/PTMR should scrutinise all the papers and complete part 'B' of the form and send it to RO/SRO/LO.

iii) Whether an IP has permanent disablement/occupational disease requiring reference to Medical Board for assessment of loss of earning capacity

RO/LO refers the above cases to MR/PTMR for report on Form BI-7 (Annexure 9.9). In his report in Form BI-7, MR should describe the condition of the injured part, and give opinion on the following points :-

a) Whether disablement has reached finality ;

b) Whether IP needs further abstention and/or treatment ;

c) Approximate loss of earning capacity whether provisional (indicate period in month/year) or final if the case has resulted in permanent Disablement.

d) If more than one part is injured and disabled, proportionate loss of earning capacity awarded for each of them separately.

iv) Opinion on expectation of Life

a) For opinion regarding expectation of life, the case has to be examined in detail. Any investigations considered necessary may be obtained from the ESI institution. Sometimes a person may be found to be suffering from some temporary ailments i.e., minor ailments of short duration. Such cases should not be reported as not having normal expectation of life; but examination be postponed till such time as considered necessary. The report is given in the relevant portion of letter from RO/SRO.

v) Certification of age may be required for –

a) Cases of commutation of PDB

For commutation purpose, cases are not usually referred to MR/PTMR, as age is confirmed by Medical Board at the time of examination for assessment of loss of earning capacity. However, IPs applying for commutation after 6 months of decision of Medical Board without proof of age are referred to MR/PTMR.

b) Sometimes, an IP desires a change in the age declared in the declaration form. If the desired change is 3 years or more, IP may be asked by RO to appear before MR/PTMR for opinion.

In these two type of cases(a & b), age of the IP is to be assessed by MR/ PTMR and give decision at relevant place on the request letter itself

c) IPs served with notice of termination of services on attaining the age of retirement by their employers and contesting the age are not to be referred to MRs/PTMRs.

d) Age of Child in cases of claims for Dependants' Benefit. The RO/LO while referring such cases indicates the age given in the declaration form. MR/ PTMR should take this age stated by the claimant into consideration and based on his opinion certify the age of the child on plain paper.

vi) Certification for cases of infirmity

Infirmity is a condition of body and/or mental disablement making the person totally dependant on other person.

Proforma of infirmity certificate is given below :-

" This is to certify that today I have examined Mr/Miss.....

aged.....son/daughter of Shri.....

Ins.No.....and that in my opinion he/she is infirm."

Signature/LTI/Identification Mark.

Date : Signature of MR/PTMR
Office Stamp

vii) If death in a particular case is attributable to EI

The above cases are referred by RO/SRO with complete details of injury etc. and other documents like Form-16, ESIC-25, report of IMO/IMP or hospital, death certificate and post mortem report. MR/PTMR should study all these documents and give his opinion, if death can be attributed to the injury mentioned in Form-16. In some cases, it may be very difficult for RO/LO to obtain post-mortem report promptly. MR/PTMR should give his opinion based on investigations available even without post-mortem report, if case is clear and decision can be arrived at. It is important to opine whether there is any medical evidence contrary to legal presumption of death due to injury e.g., suicidal poisoning, disease process etc, and whether stress/strain of work is a contributory factor leading to death in the particular case.

viii) Alternative evidence of sickness

RO/LO refers these cases after preliminary scrutiny along with Medical documents and history to MR/PTMR. In alternative evidence cases, it is proper to call the IP for interrogation and see prescriptions, chemist bills, cash receipt etc. and other investigation report with IP to decide (i) if the certificate appears to be genuine and (ii) if reply to (i) is in affirmative, to decide, if the period of abstention recommended is considered necessary or a shorter period may be accepted. It is often possible to arrive at a conclusion by asking the IP, the symptoms etc., he suffered from and comparing these with diagnosis and medicines prescribed.

8.16

If it is not practicable to call the IP, the MR/PTMR may give his opinion, to the best of his judgement, on the basis of clinical documents available.

8.1.

8.15 Investigation relating to false and lax medical certification

It is not possible to confirm, if a particular person who attended dispensary and was issued certificate really needed abstention or not till he is examined by MR/PTMR himself and in that case also, his opinion is valid from the date of examination. So, mostly investigation is undertaken in cases where some procedural irregularity has come to notice in respect of the following :-

a. Patient may have been out of station and hence not examined by IMO/IMP, but certificate was issued. This can only be seen from the MRE/OPD register, whether there are regular entries of his attendance in the dispensary. If there are authentic regular entries, further investigation rests with the RO/LO.

b. It has already been stated in Chapter on "Medical Certification" that ante-dating or post-dating of certificate(s) is not permissible under any circumstances. This can only be confirmed by checking the MRE, availability of IMO/IMP at the clinic and the particular book from which the certificate was issued. Point to see in the certificate books is date of receipt of the book from the stock whether the serially numbered leaves of certificates before and after the particular certificate show that it was issued on the due date or not e.g., if certificate No.6171 was issued on 2.1.99 and the certificate under investigation (No.6172) was issued on 1.1.99, it will be a clear case of ante dating of certificate No.6172.

c. Carbon impression of Insured Persons signature on office copy is also verified with reference to local office copy by super imposition.

d. False and lax certification during periods of unemployment can be checked by initiating priority IR to MR/PTMR and giving MR / PTMR proper clue on Form RM-1/RM-1(a)/RM-1(M)/RM-1(P).

8.16 Investigation relating to over prescribing

The procedure in the panel system has already been described under the relevant Chapter. In the service system, random checking of prescriptions can serve the purpose.

8.17 Inspection of dispensaries and clinics

MR is to carry out regular inspection of dispensaries/clinics as per proforma for inspection (Annexure-8.16, 8.17) and proforma for collection of information with respect to ESI Hospitals and Department wise information of Hospital/DC in Annexure-9.18 and 9.19. It is advisable to maintain separate files for each dispensary/ clinic. The file should be taken on subsequent inspection to see that the deficiencies noted earlier have been rectified. Deficiencies should be brought to notice of Director/ DMC of the Zone for necessary action. The particular points to be noted are as follows :-

a) Dis-entitlement and Re-entitlement

The lists received from Regional Office should be seen and it should be confirmed that the MREs of dis-entitled persons are present in a separate "exit run" and proper endorsement about disentitlement is made on MREs.

It should also be ensured that both the IP and/or his family members, first report to card section and entitlement is confirmed with reference to MREs. Test check should be done to confirm proper action.

b) Certificate Books

Instructions have been issued from time to time about safe custody of certificate books (used and unused), maintenance of proper stock registers etc. This

should be checked. The balance shown in the Register may be confirmed by physical verification. Some current book may be examined to see that there is no ante-dating/post-dating.

c) Register of number of days certified

This should be seen to check if

(i) it is properly maintained and number of days properly accounted

(ii) no. of days certified is within the prescribed limit

(iii) if the incidence of sickness is above regional/all India averages, to advice IMOs/IMPs suitably.

d) Statistical Records

Registers ESIC-Med.5 and ESIC-Med.5A should be seen to confirm, whether there are upto date entries or not. By going through the figures and diagnosis indicated in OPD register it is generally possible to conclude, if the figures given are correct or not.

e) Availability of drugs and pending medical reimbursement bills.

f) Availability of basic equipments and amenities.

g) Grievance procedure and pending complaints.

8.18 Training of IMOs/IMPs

For efficient working, it is absolutely necessary that IMOs/IMPs are aware of upto date rules and procedure of ESI Scheme. Imparting this training is the duty of the MRs. New IMOs/IMPs are to be imparted induction training on their initially joining the ESI Scheme. Refresher courses may be conducted from time to time in consultation with Zonal DMC.

8.19 Allocation committee and medical service committee

Medical Referee represents Medical side of the Corporation on Allocation Committee/ Medical Service Committee in Panel Areas and other committees in Service Areas.

He has to attend the meetings of these committees and discharge the functions assigned to the Committee.

8.20 Payment of conveyance charges/loss of wages to IPs appearing before MR for medical examination/Medical Board

a) Cases appearing for examination on incapacity reference under Regulation 105 by LO are paid conveyance charges. However, conveyance charges are not admissible if cases are referred by IMO/IMP/IP himself ;

b) Cases appearing for examination in connection with reference to Medical Board report in Form BI-7 are paid conveyance charges.

Payment of conveyance charges is subject to following conditions :-

1. If an IP is fit to attend ESI dispensary/clinic, conveyance charges shall be paid only if distance between examination centre and place of IP's residence is more than 3 kms. These charges are paid for journey from residence to examination centre and back and shall not exceed normal bus or railway charges (II class) between the two places by the shortest route or 30 paise per km where there is no bus or railway service between the two places.

2. When MR certifies that IP needed an attendant/escort, conveyance charges at the above rate is payable for him also.

3. Where MR is satisfied that an IP is not fit to travel by train, bus or ordinary means of conveyance or needs an attendant to accompany him, the IP may be paid the actual charges incurred by IP on autorickshaw/taxi at a rate not exceeding the rates prescribed by the State Government subject to special means of Conveyance being certified by MR/PTMR keeping in view the condition of the IP.

   Conveyance charges and compensation for loss of wages are paid by LO on production of Form ESIC-141 (Annexure-8.15) duly filled in and certified and sanctioned by MR/PTMR. Necessary stock of Forms is maintained at the office of MR and necessary clerical assistance for filling the Forms is provided.

   It, sometimes so happens that while IPs present themselves for the examination, the MR is unable to turn up on the day of the examination and conveyance

charges cannot be paid for lack of certification of claim by MR. To avoid difficulties in such cases, payment can be made after the claim is certified by either of the following :-

i) IMO in charge where the examination centre is the dispensary;

ii) RMO , where the Examination Centre is a hospital.

iii) Manager, LO if the examination centre is LO; and

iv) An officer authorised by Regional Director if the examination centre is the RO.

This procedure is applicable only for payment of ordinary conveyance allowance i.e., cases who are fit to travel as distinguished from special conveyance allowance to cases who are unfit to travel by ordinary modes of conveyance.

8.21 Returns from Medical Referee

Office of MR should maintain summary of daily cases of incapacity reference-separately for cases referred from LOs and from other sources i.e., IMOs/IMPs and IPs themselves in a register showing number of cases examined, cases found fit for duty, unfit, declared off and failed to attend and send returns to Zonal DMC with copy to Regional Director. Whole-time MRs send fortnightly returns in Form RM.7 (Annexure-8.12) and RM.8 (Annexure-8.13) while part-time MRs send monthly returns in Form RM.7 only. Whole time MRs send returns for their Headquarters station and for out stations in separate sets of Forms. Returns for out station are filled collectively in one set of Forms.

Form RM.7 has two parts, first part is for cases for the fortnight/month for which return is being sent while second part (summary to date) shows the total number of cases from First January of the current year. Cases brought forward from fortnight/ month ending 31st December are not shown as "Brought forward from last fortnight/ month" in column 1 of first part but are shown in column 2 (received during the fortnight/month) in the return for first fortnight of January.

8.22 Summary of the Forms of RM -Series

Sl No.	FORM NO.	Nomenclature	To be filled by
1.	RM-1 & RM-6	Form of Incapacity Reference from LO & Record of examination note of MR	RM-1 by LOM RM-6 by MR
2.	RM-1(a)	Request of IMO/IMP to MR for examination of IP	IMO/IMP
3.	RM-1(M)	Incapacity reference from LO from Mofussil area	LOM
4.	RM-1(P)	Incapacity reference from LO to PTMR	LOM
5.	RM-2	Intimation to IP by MR for medical examination	MR
6.	RM-2(a)	Intimation to IP by MR for medical examination at the instance of IMP	MR
7.	RM-3	Request of MR to IMP for detailed history in respect of IP who has been referred to the MR by the LO	Front-MR Reverse-IMO/IMR
8.	RM-3(a)	Reference of MR to IMO regarding date of 2nd examination of IP	MR
9.	RM-4	Intimation of MR's opinion to the LO after medical examination of the IP	MR
10.	RM-4(a)	Intimation of MR's opinion to the LO after medical examination of the IP at the instance of the IMP	MR
11.	RM-5	Intimation of MR's opinion to IMO/IMP in respect of the IP at the instance of LO	MR

12.	RM-5(a)	Intimation of MR's opinion to IMO/IMP at the instance of IMO/IMP	MR
13.	RM-7	MR's Return of incapacity references fortnightly.	MR
14.	RM-8	Fortnightly Report of MR.	MR
15.	RM-9	Session's Sheet	MR
16.	RM-10	Intimation of MR's opinion to the IP after examining him.	MR

ANNEXURE - 8.1

(Format of application from IP for self reference to Medical Referee)

Date

To

The Medical Referee,
ESI Corporation,

.....

.....

Sir,

I,.....Insurance No.....of Local Office.....and Dispensary..... went to my Insurance Medical officer on.....with the complaint of.....and he * refused to certify me further leave /declared me fit to resume work. Therefore, I request you to please examine me and give your opinion on my incapacity.

Thanking you,

Yours faithfully,

(signature/thumb impression of Insured Person)

* Score out particulars not applicable.

ANNEXURE - 8.2
FORM RM - 1

EMPLOYEES' STATE INSURANCE CORPORATION

From

The Manager,
Local Office

To

MEDICAL REFEREE
.....

It is requested that the below detailed insured person who is on medical leave may please be examined by you for your advice regarding person's need for abstention from work.

Name of IP..... Insurance No..... Sex.....

Age..... Address.....

under the treatment of Dr.

Sickness Benefit/Temporary Disablement Benefit/ESB

Date of Last Certificate received_____Certificate form No._____

Cause of abstention as per certificate_____

Date of issue of first certificate_____

If the IP has been referred before, give :

1. Date of MR's Reference No._____
2. Recommendations of MR_____

Reasons for referring the case_____

Date Signature of Manager

FOR THE USE OF THE MEDICAL REFEREE

RM.2 sent _____	Remarks
RM.3 sent _____	
RM.3 received on _____	
Re-examined on _____	
RM.4 sent _____	
RM.5 sent _____	

FORM – RM 6.

(On reverse of RM-1)

Confidential

EMPLOYEES' STATE INSURANCE CORPORATION

(Incapacity reference from Local Office & examination notes of MR)

Name of Insured Person Reference No.

Insurance No. | | |

RM 3 received/not received

Age

Occupation

Medical Examination notes:

Section-I History
Patients complaints of:

Section-II Examination findings and investigation reports etc.,

Section-III

Does he needs abstention from work?

Remarks:

Initials of IMO if present

Signature of MR. Examination at ..... Dated .....

ANNEXURE - 8.3.
FORM RM- I(a)

EMPLOYEES' STATE INSURANCE CORPORATION

FROM	For use of the Medical Referee
.....	(Reg. No.)
.....	
To	
Medical Referee,	Ins. No.
.....	Name and Address of
	Insured Person .....
	Local Office
	to which attached .....

Dear Doctor,

I should be glad if you would arrange for the examination of my patient named above whom I have certified as needing abstention from work on medical grounds since ..... by reason of .....as stated in the last certificate. The principal facts and reasons relating to the case are stated overleaf. The patient is/is not in a fit state of health to attend at the examination centre.

I shall be present at the examination of the patient.

Yours faithfully,

INSURANCE MEDICAL OFFICER

Date:

Receipt Date	For use of the Medical Referee	Remarks
	RM.2 (a) sent	
	RM.3 (a) sent	
	Examination on	
	RM.4 (a) sent	
	RM.5 (a) sent	

On Reverse

History:

Date, when last examined
Condition on that date:

Treatment hitherto given:
Points on which advice is specially desired: (a) Incapacity for work:
(b) Other points, namely.

Signature of the IMO

ANNEXURE - 8.4
Form RM. I(M)

EMPLOYEES' STATE INSURANCE CORPORATION
INCAPACITY REFERENCES FROM MOFUSSIL AREAS

Date.....

From:

Manager

Local Office

.....

To

Medical Referee

.....

Sub: Incapacity reference of insured persons

Sir,

I have to refer to you for medical examination the following insured persons. The date, time and venue of medical examination as fixed /as may be fixed by you has been/will be intimated to the insured persons and IMO/IMP concerned.

Sl. No.	Name	Ins. No.	Name of dispensary or IMP to whom attached	Date and form of last certificate received	Cause of abstention stated in certificate	Date of first certificate	No. & date of final certificate issued	MR's reference No.	Remarks
1	2	3	4	5	6	7	8	9	10

Date of examination for above noted cases is.....

Yours faithfully,

MANAGER

Local Office .....

ANNEXURE - 8.5
Form RM. I(P)

EMPLOYEES' STATE INSURANCE CORPORATION

Incapacity References

Date .....

From:
Manager
Local Office

.....

Sir,

I am herewith referring to you for medical examination at your Office on..... at ..... the following IPs. The IPs and the IMOs have also been informed.

Sl. No.	Name	Ins. No.	Name of dispensary/IMP	Date of list certificate received	Cause of abstention stated in certificate	Date of first certificate	IMO's brief notes	Remareks
1	2	3	4	5	6	7	8	9

To

Part-time Medical Referee..... .....

Copy to IMO Incharge..... dispensary with the request to inform the IPs if attending the dispensary and to complete column 8 and send it direct to the Medical Referee ..... so as to reach him before the date of examination indicated above.

Local Office Manager

ANNEXURE - 8.6
RM - 2

EMPLOYEES' STATE INSURANCE CORPORATION

Date. .....

From

Medical Roferee

_____

_____

To

Insured Person

_____

Address _____ Insurance Number

_____

I have to inform you that your case has been referred to me for a second medical examination under regulation 105 of the Employees' State Insurance (General) Regulation, 1950.

If you have not already obtained a final certificate from your Insurance Medical Officer and resumed work, please see your Insurance Medical Officer at once or if unable to visit him, let him know that you have received this notice.

If you have not obtained a final certificate from him and not resumed duty, you will be examined by me at.....on..... .... at approximately ..... and you are requested to bring all medical records.

If you are not in a fit state of health to come for examination, you should inform your Insurance Medical Officer at once.

MEDICAL REFEREE

(Seal or Stamp)

ANNEXURE - 8.7
FORM RM. 3

EMPLOYEES' STATE INSURANCE CORPORATION

A.

Name of the Insured Person

Insurance No.....

Medical Referee

.....

.....

B.

Name ..... (IMO/IMP)

Address .. ..

Dear Doctor,

The above name Insured Person who is stated to be certified by you as needing abstention from work on medical grounds has been referred by the Local Office concerned for second medical examination under Regulation 105 of the Employees' Sate Insurance (General) Regulation, 1950.

The Insured Person will be examined by me at (place) .... at (time).....

Exa

If you wish to be present at the examination please indicate overleaf.

A brief report on the case may kindly be given on the back of this form which should be returned to me before the date fixed for examination.

Dr

If your patient is not in a fit state of health to come for examination, I may be informed on the space overleaf giving details.

Sig

In the meantime, if a final certificate has been issued with date of fitness before the date fixed by undersigned, please return this form giving necessary particulars in the appropriate space overleaf. In that event no other information is required to be given.

MEDICAL REFEREE

Contd./-

(on Reverse)

A. If a FINAL CERTIFICATE has been issued

I issued a final Certificate No.....

to this patient on.....

Signature.....

Date:

B. If a FINAL CERTIFICATE has not been issued.

HISTORY

DATE WHEN LAST EXAMINED:.....

CONDITION ON THAT DATE

TREATMENT HITHER TO GIVEN

I am of opinion that the patient named overleaf is/is not in a fit state of health to attend at an Examination Centre.

I will be present at the examination of the patient.

Date:

Signature.....

ANNEXURE - 8.8
FORM RM - 4

EMPLOYEES' STATE INSURANCE CORPORATION

Ref.No..... Date.....

From

The Medical Referee

.....

To

The Manager, Insured Person .....

..... Insurance No. .....

Reference RM.1 dated..... the Local Office Manager is informed that :-

(i) The patient was not examined as the Insurance Medical Officer issued final certificate No ..... Date ..... See para.....

(ii) The Insurance Medical Officer has informed me on..... that the insured person was unfit to attend, being in the condition stated below. This information taken in conjunction with that furnished by the Local Office appears to leave no reasonable doubt of insured person's incapacity. If, however, an examination is still desired, please inform me to that effect within 7 days otherwise the present reference will be regarded as discharged.

(iii) The insured person has today been examined. In my opinion the insured person still needs abstention from work/does not need abstention from work.

(iv) The insured person failed to attend.

(v) In employment injury cases only.

(a) The injury is not likely to result into permanent disablement.

(b) The injury is likely to result into permanent disablement. The case may be referred to the Medical Board.

(c) The injury is likely to result into permanent disablement but the case is not yet fit for reference to Medical Board.

(vi) Any other remarks.

MEDICAL REFEREE

ANNEXURE - 8.9
RM. 4(a)

EMPLOYEES' STATE INSURANCE CORPORATION

Ref. No..... Date.....

Insured Person Insurance No. | | |

With reference to the above named person referred for examination by Medical Officer in attendance, the Local Office Manager is informed that the insured person has today been examined and the report is as follows :-

In my opinion the insured person does not now need / still needs abstention from work.

Medical Referee

From

The Medical Referee,

.....

.....

.....

To

.....

.....

.....

ANNEXURE - 8.10
RM - 5

EMPLOYEES' STATE INSURANCE CORPORATION

Ref.No..... Dated.....

Insured Person ..... Insurance No. .....

To.....

.....

Dear Doctor,

With reference to your patient named above who was referred by the Local Officer for examination (see para.....)

(i) I have informed the Local Office of your statement that final certificate has been issued.

(ii) I have informed the Local Office of you opinion that the patient is unfit to attend the examination.

(iii) In my opinion the insured person still needs abstention/does not need abstention from work and the Local Office has been informed to that effect.

(iv) The insured person failed to attend.

(v) Any other remarks.

Yours faithfully,

Medical Referee

At.....

ANNEXURE - 8.11
RM. 5(a)

EMPLOYEES' STATE INSURANCE CORPORATION

Ref.No..... Date.....

Insured Person..... Insurance No. | | |

Dear Doctor,

On your reference I have today examined your patient named above and I am of the opinion that :

In my opinion the Insured Person <u>still needs</u> / does not now need abstention from work and the Local Office has been informed to that effect.

Yours faithfully,

Medical Referee

From	To
The Medical Referee, _____ _____ _____ _____	_____ _____ _____

ANNEXURE - 8.12
FORM RM. 7

EMPLOYEES' STATE INSURANCE CORPORATION

MEDICAL REFEREE'S RETURN OF INCAPACITY CASES

(To be submitted separately for Headquarters and Outstations)

[illegible] STATION.....

Upto and including the fortnight ending.....

CASES REGISTERED AND REPORTED UPON DURING THE FORTNIGHT ENDING ON THE ABOVE DATE

	1	2	3	4				5
	Brought forward from last fortnight	Received during the fortnight	Total to be accounted for	Disposed of during fortnight				Total outstanding at the end of fortnight
				Examined		Not Examined		
				Fit	Unfit	Declared off	failed to attend	
1 Reference from Local Office a) b) c)								
2 Reference from others a) IMO b) IF								
TOTAL								

SUMMARY TO DATE

	Received	Examined		Not Examined		Outstanding
		Fit	Unfit	Declared off	Failed to attend	
1 Reference from Local Office a) b) c)						
2 Reference from others a) IMO b) IF						
Total to date from Jan.1st 200...						

No. of cases examined which failed to attend originally

Fit .....

Unfit .....

BI.7 Cases.....

Misc. References.....

SIGNATURE

Date.....

ANNEXURE - 8.13
FORM RM. 8

EMPLOYEES' STATE INSURANCE CORPORATION

Fortnightly report of Medical Referee

(TO BE SUBMITTED SEPARATELY FOR HEADQUARTERS AND OUT STATIONS)

Name of Medical Referee -

Station -

For the fortnight ending -

Last report submitted on -

	Brought forward from last fortnight	Received	Disposed off	Outstanding at the end of fortnight
1. Incapacity Reference a. From Local Officers b. From IMO/IMP 2. Others • Consultations • Domiciliary Visits • Cases of Medical Board				

No. of Hospitals visited
No. of Dispensaries/Clinics visited

DETAILS OF VISITS TO DISPENSARY/CLINIC/HOSPITAL

Sl.No.	Name of Institution Visited	Date of Inspection	Remarks

Remarks

Date: Medical Referee

ANNEXURE - 8.14
Form RM. 10

EMPLOYEES' STATE INSURANCE CORPORATION

(REGULATION 105)

Name of the Insured Person.....

Insurance No. | | |

I have examined you today and in my opinion, you still need abstention from work/do not need abstention from work. The Local Office and the Insurance Medical Officer/ Practitioner concerned are being informed accordingly.

Remarks

Date.....

Signature

Rubber stamp of Medical Referee

ANNEXURE - 8.15
ESIC - 141

CLAIM FOR CONVEYANCE ALLOWANCE – FORM FOR AN INSURED PERSON WHO APPEARS BEFORE A MEDICAL REFEREE FOR SECOND EXAMINATION

A. (CLAIM FORM TO BE FILLED BY INSURED PERSON)

Name

Fathers's/Husband's Name

Insurance No.

Address

Name & Address of present/last employer

Amount claimed as conveyance allowance

(a) Approximate distance between residence and the examination center

(b) Amount of money spent on Bus/Train Rail fare. (Enclose voucher/Tickets)

(c) Return fare

(d) If unfit to travel by Bus/Tram/Rail the amount spent on other conveyance. (enclose receipt)

Signature/LTI of Witness

Name and address

Signature/Left thumb impression of Insured Person

B. (TO BE FILLED IN BY THE MEDICAL REFEREE)

Was he in you opinion unable to travel by bus service or other ordinary means of conveyance or did he need an attendent to accompany him?

SIGNATURE OF THE MEDICAL REFEREE

C. (TO BE FILLED IN BY THE REGIONAL OFFICE/LOCAL OFFICE)

Amount Admissible.
Received Rupees_____ _____ Rs._____ Rs._____

Signature of the Regional Director/Local Office Manager/ Officer authorised.

ESI I
Insp
Date
Wor
1.
2.
3.
4.
5.

ANNEXURE - 8.16

PROFORMA FOR INSPECTION REPORT OF DISPENSARIES

ESI DISPENSARY.....

Inspection Date.....Time.....

Date of Last Inspection.....

Working Hours.....

1. Name of the IMO Incharge .....
2. Tel. No Residence .....
3. Tel. No. Dispensary .....
4. Total Number of IP family units attached :-
5. STAFF POSITIONS:

Sl. No.	Name of the Post	Admissible as per ESI norms	Sanctioned by the State Govt.	In position	Surplus or shortage (+) or (-)

i. Is there any division of work amongst IMOs ? (are cards/work allotted separately).

ii. Work done by Health Visitor.

iii. Work done by Staff Nurse/ANM.

iv. Do ANM/Midwives conduct Domiciliary Confinements ? If yes, give statistics for last 3 months.

11. a) Work load of Lab-Technician for last three months. — 1

	Months		
	(1)	(2)	(3)
Blood			
Urine			
Stool			
Others			

b) Type of investigation conducted

c) Whether those provided with uniform were found wearing or not.

d) Staff punctuality

12. BUILDING — ESIC own/rented at Rs. ..... — 12.

i) Is accommodation sufficient ?
ii) Maintenance of building with special reference to any repairs needed (in case of ESIC owned building)
iii) Level of cleanliness
iv) Timing of Dispensary displayed on sign board — Yes/No
v) Is it easily approachable — Yes/No
vi) Availability of waiting space — Enough/Not enough
vii) Fire fighting arrangement available — Yes/No

13. FURNITURE:- For staff and for beneficiaries — 13.

i) For Staff — Enough/Sufficient/Not sufficient
ii) For Beneficiaries — Enough/Sufficient/Not sufficient
iii) Whether any furniture required/to be replaced.

14. EQUIPMENT

i) Equipments for examination of cases like examination table, B.P.Apparatus, Weighing Machine etc. — Available/Not Available
ii) Any other important equipment not in Stock

15. DRESSING ROOM

i) General maintenance
ii) Equipment
iii) Autoclave in working order — Yes/No
iv) Whether trained dresser service available — Yes/No

10. DISPENSING ROOM

i. General maintenance
ii. Equipment required.

11. INJECTION ROOM

i.	Facilities for sterilisation/Autoclaving		
ii.	Supply of syringes and needles Enough/Sufficient/Not sufficient.		
iii.	Injection given by		
iv.	No. of injections month wise for Last three months		
v.	Emergency kit & drugs available		Yes/No
vi.	a.	Oxygen cylinder with oxygen available	Yes/No
	b.	Spare oxygen cylinder	Available/Not available
vii.	I.V.Drip stand/set/I.V.Fluids		Available/Not available
viii	Refrigerator		Working/Not working.

12. CARD SECTION

i.	Registration counter separate for		
	a.	Male/Female	
	b.	IPs/Families	
ii.	Are cards arranged Insurance No. wise ?		Yes/No
iii.	Are 'entitled' & 'debarred' MREs kept separately ?		Yes/No
iv.	Have debarred MREs more than 6 months old been sent to AMO ?		Yes/No
v.	Availability of MRE Cabinet ?		Yes/No

13. EXIT ACTION

i.	Maintenance of running register (Register of IPs attached)		Maintained/Not Maintained
ii.	Maintenance of 'Turn-over' Register (showing total number entitled family units on first of each month)		Maintained/Not Maintained
iii.	a.	Are separate files of exit and re-entitled lists maintained ?	Yes/No
	b.	Date of receipt of exit list in the current benefit period	Yes/No
	c.	Date of action taken at dispensary Level	Yes/No
iv.	Test check of exit list received from RO (to see if debarred MREs have been removed from entitled MREs)		
v.	Has information about any MREs shown in the exit list but not attached to dispensary been given to RO/LO ?		

vi. Is entitlement checked in cases of family members ?
vii. Deletion of children who have attained majority from family identity cards
viii. Date of submission of ESIC-37 & ESIC-166 Forms to RO regularly
ix. Date of receipt of confirmation from RO
x. Has there been any infructuous expenditure? Give details.

12. STATISTICS

i. Are ESIC-5 and 5-A up to date ? Yes/No
ii. Are ESIC-6 and 6-A sent regularly ? Yes/No
iii. Attendance (last three months) Total average per day Name of the month

	(1)	(2)	(3)
IPs New/Old			
Families New/Old			

iv. Average total attendance per day
v. Are any charts or registers maintained to show average daily attendance and issue of certificates month-wise ? Yes/No
vi. i. Health and Family Welfare activity statistics.
ii. Display of posters on preventive and promotion of Health Displayed/Not Displayed.

13. MEDICAL CERTIFICATION

i. Are new and old books kept in Safe custody ? Yes/No
ii. Is book hook of certificates book Maintained properly ? Yes/No
iii. Result of physical verification of balance (Sample Checking) Tallied/Shortage.../Excess...
iv. Checking of books in use. Any ante-dating or post dating or any other irregularity.
v. Total No. of certificates issued: IMO wise
Name of the month

First
First & Final
Final
Inter
Spl. Inter
Total
Total Days certified.

vi. Daily average
vii. Total No. of certificates issued per 100 IPs. attached (new and old)
viii. Is average higher or lower than Regional average ?
ix. Have old certificate books been destroyed ?
x. Reasons for high incidence of certification.

14. DOMICILIARY VISITS

i. Average No. of patients visit per IMO
ii. Is register maintained ? Yes/No
iii. Are visits entered in MREs ? Yes/No

15. HOSPITALISATION ARRANGEMENTS

a. Any difficulty experienced by IMOs or patients
b. Maintenance of referral register Maintained/Not maintained
c. Average daily referrals.

16. ARRANGEMENTS FOR

a. Specialist Consultation
b. Radio images and Lab Services (any difficulty experienced by IMOs or patients)
c. Maintenance of referral register Maintained/Not maintained

17. FAMILY WELFARE

What are the arrangements for family welfare facilities available in the dispensary ?

18. AMBULANCE FACILITIES

Is it prompt and satisfactory Yes/No

19. MEDICAL STORES

i. Physical verification of some items
ii. Are stock books maintained properly Yes/No
iv. Is stock of medicines satisfactory ? (General and Specialist medicines) Yes/No
iv. Expiry date of drugs register Maintained/Not maintained
v. Delegation of financial power to Insurance Medical Officer Incharge
vi. Pendency position of re-imbursement bills.

20. **Interview with beneficiaries present, their grievances, views and suggestions for improvement in the service.**

21. **Provision of facilities like:**

i. Urinal/lavatory (Patient & staff)
ii. Drinking water
iii. Fan/Cooler
iv. Electricity
v. Water Supply
vi. Spittoons and dust bins
vii Cycle/Scooter stand.

22. **Complaints**

i. Name of Complaint Officer/ Telephone No displayed. — Yes/No
ii. Complaint Box — Installed/Not installed
iii. Maintenance of register regarding opening of complaint box — Maintained/Not maintained
iv. No. of complaints disposed of/pending

23. **General remarks**

Signature of Inquiry officer

Dispensary.....

ANNEXURE - 8.17

EMPLOYEES' STATE INSURANCE CORPORATION

MEDICAL REFEREE: .....

INSPECTION OF INSURANCE MEDICAL PRACTITIONER'S CLINIC

No..... Date: .....

Name, Code No. and Address of the IMP		
Whether Name Plate and consulting hours are prominently displayed at the clinic		* Yes/No
Date of last visit		
Date and time of visit		
Number of Insured Persons on IMP's list		
1. Accommodation:		
	a. Waiting space in square feet	Sufficient/Not sufficient
	b. Arrangements for examination in privacy	* Yes/No
2. Minimum list of Medical and Surgical Equipment to be checked with approved list (any deficiency noted)		
3. Dispensing arrangements		
	a. Type of Compounder	*(i) Part Time/Full Time *(ii) Qualified/unqualified
	b. Ordinary medicines dispensed and whether recorded	
4. Maintenance of records		
	a. Medical Record Envelope Cards: Whether clinical data & treatment given is being properly recorded	* Yes/No
	b. Compilation and tabulation of ESIC-Med-5 and 5-A whether maintained properly.	* Yes/No
	c. Whether ESIC-Med.6 & 6-A are being regularly sent to AMO	* Yes/No
5. 'Exit' Action:-		

i Are Exit Cards/Lists maintained properly — Yes/No
ii. Are Exit MREs kept separately and suitable remark entered on these ? — Yes/No
iii. Is entitlement checked for family members also ? — Yes/No

Certification:-

i. Whether certificate books are kept in safe custody ? — Yes/No
ii. Whether stock book or certificate books is maintained properly ? — Yes/No
Inspection of books in use or recently used. Any Ante-dating or post-dating or any other irregularity ? — Yes/No
iv Total No. of days certified during one month

This figure should be taken from register maintained by IMP. Sample checking may also be undertaken.

Domiciliary visits:

i. Is record of domiciliary visits maintained ? — Yes/No
ii. Average No. of domiciliary visits per month.

Interview with the beneficiaries present, their grievances, views and suggestion for improvements in the services.

Whether deficiencies observed have been reported to the AMO/Medical Commissioner/Regional Director.

Whether report submitted to the RD for reference to the Medical Service Committee/Allocation Committee in case of lax and false certification, record keeping etc.

Whether deficiencies noted during the last visit have been rectified. — Yes/No.

Remarks

Signature of Inquiry Officer

SCORE OUT WHICHEVER IS APPLICABLE

Note : If on subsequent visits there is no change in the particulars already indicated against items No. 1,2,3 the words 'No change' may be indicated.

ANNEXURE - 6.18

PROFORMA FOR COLLECTION OF INFORMATION WITH REGARD TO THE FUNCTIONING OF ESI HOSPITAL

(TO BE FILLED BY MEDICAL SUPERINTENDENT'S OFFICES)

Name and Address of ESI Hospital

Date and Time of Inspection

Name of Inspecting Officer

Name of Medical Superintendent

Telephone Nos of M.S. Office..... Residence.....

No. of Beds

a. Sanctioned
b. Constructed
c. Hospital commissioned date
d. Beds commissioned dates

No. of dispensaries/IPs attached

Total No. of admission from 1st April

Total No. of discharges from 1st April

Average occupancy of beds per day

a. During last year
b. During last quarter
c. Since last April

Occupied bed days for the year ended 31st March

Average duration of stay

Distribution of commissioned beds

		Male	Female	Total
1.	Medicine			
2.	Surgery			
3.	TB and C.D.			
4.	Obstertics and Gynaecology			
5.	Paediatrics			
6.	Eye			

7. ENT
8. Skin and STD
9. Orthopaedics
10. Dental
11. Casualty
12. Other pooled beds

Grand Total

Staff position as on .....

Sl. No.	Designation	Admissible as per norms	Sanction	In position	Remarks

Medical

1. Medical Superintendent
2. Deputy M.S./RMO
3. Specialists
4. G.D.M.Os
   a. with P.G.
   b. without P.G.
   c. Dentist

Nursing Staff

1. Matron
2. Deputy Matron
3. Assistant Matron/Nursing sister
4. Staff Nurse
5. ANM/LHV

Para Medical Staff

Pharmacists
Technician
ECG
X-ray
Lab
O.T.
Plaster
Refractionist
Dental
Others

Total

Assistants

O.T. Assistant
X-ray Assistant
Lab Assistant
Others

Total

Other para medical staff
(please specify)

Office Staff

P. secretary
Office Superintendent
Others (please specify)
Class IV Staff

Ambulance Staff

Drivers
Cleaner / Stretcher bearer

Kitchen Staff

Dietician
Assistant Dietician
Head cook
Assistant Cooks
Masalchi

Part time Staff

Any additional requirement of staff with justification

Annual budget

Budget for previous year

Budget for current year

Details of budget under different heads and expenditure till date

a.
b.
c.
d.
e.

Cost per diet

Cost per bed per day

Cost per km of ambulance service

Speciality services available — Full time/part time/tie up

Facilities available under alternative system of medicine

(Ayurveda, Homeopathy, Siddha., Unani, Yoga therapy etc.,)

1.

2.

3.

4

5

Signature of M.S.

6.

7.

8.

ANNEXURE - 8.19

PROFORMA FOR COLLECTION OF DEPARTMENT-WISE INFORMATION OF HOSPITALS/DIAGNOSTIC CENTRE/ODC

(To be filled by each Department and submitted to Inspecting Officer through M.S.)

1. Name of Hospital/Diagnostic Centre/ODC

2. Name of the Department

3. Whether department is headed by a qualified specialist Yes/No

4. No. of Units

5. Staff Position Sanctioned/in position/Remarks

   a. Specialists
   b. G.D.M.Os
   c. Others

      1. Technician
      2. Assistants
      3. Nurses
      4. Group-D/Class IV
      5. Others

6. List specialised equipments available with numbers

7. Any equipment out of order? If so specify giving details of action taken for repair condemnation.

8. Arrangements for upkeep and repair of specialised equipment

   (Annual Maintenance Contract)

9. Is there requirement of any additional equipment? specify

   a. As replacement against condemnation.

   b. As modernization plan – give full details with justification

10. Work Load Assessment.

   a. No. of OPD days

   b. No. of ward days

   c. No. of O.T. days - Major

      Minor.

   d. Arrangements for round the clock ward/call duty

   e. Average No. of OPD cases attended per day

   f. Average No. of OPD cases attended per doctor per day.

   g. No. of major and minor operation performed during the year, month-wise

   h. No. of casualty duty for GDMO per month

   i. Other work (Please specify)

11. Whether any records/charts etc., maintained to show work load in Department.

12. Total admission

13. Total discharge

14. Total deaths (please give comparative figure for last year also)

15. A brief write up by Department in-charge of speciality bringing out any problem along with suggestion for improvement in existing service.

Sign. of Head of Department

CHAPTER - IX

MEDICAL BOARDS, MEDICAL APPEAL TRIBUNALS AND EMPLOYEES' INSURANCE COURTS

9.1 Medical Board/Special Medical Board-Authority to determine Permanent Disability in cases of Employment Injury/Occupational Disease (Regulation 75/74)

Since workers are exposed to occupational risks at their workplaces, the ESI Scheme provides for cash compensation for such employment injuries and occupational diseases as these may result in total or partial loss of earning capacity as provided under Section 54 of ESI Act read with regulation 75 or an occupationl disease specified in the Third Schedule to the Act. For assessing the exact extent of disablement caused due to an employment injury or occupational disease and assessing the loss of earning capacity, the Act provides for setting up of Medical Boards/Special Medical Boards.

9.2 Constitution of Medical Boards/Special Medical Boards (MB/SMS)

Medical Boards for the purpose of the Act and Special Medical Boards for the purpose of the Regulation 74 shall be constituted by the Corporation and where it so desires it may approach the State Governments for setting up the same and shall consist of such person, have such jurisdiction and follow such procedure as the Director General may from time to time decide.

Each Medical Board shall normally consist of three Medical Officers and one of them be nominated as Chairman. It is better, if the Chairman and one member are permanent members, and the third member is a Specialist in the branch of Medicine from which an IP, to be examined is suffering. As for example, the third member may be an Orthopaedic Surgeon in case of bone and joint injuries, Eye Specialist in case of eye Injuries, etc. The order constituting the Medical Board/ Special Medical Board may prescribe a Panel of Specialists for this purpose.

The number of Medical Boards required to be constituted in each State will depend upon the number of Insured Persons and the areas and the distances between

these areas. Four Parapatetic Medical Boards on zonal basis and in addition one Special Medical Board have been constituted at ESIC Headquarters to help speedy disposal of long pending cases in the States.

A Medical Board/ Special Medical Board has no power to act in the absence of a member. The vacancy should be filled in, before it meets, from the panel. In the event of differences of opinion, the majority view shall be the finding of the Board. If the specialist members of the board have a difference of opinion, the same may be recorded in BI-2, under the heading, differences of opinion.

Any information/investigation/reports etc required by the Board may be obtained under existing arrangements in the State.

The procedure for the payment to the members of the Board shall be the same as applicable in the State to members of similar Boards or as may be decided by a State Government in consultation with the Corporation.

9.3 Reference to MB/SMB

Any IP stated to be having permanent disablement by IMO/IMP/MR/PTMR/IP himself or through a representation by his employer/recognized trade union shall be referred by the Corporation to the Medical Board within 12 months of issue of the final certificate or after expiry of 28 days incapacity for determination of:

a. whether the disabled person is suffering from one or more of the occupational disease specified in Schedule III of the Act (See "Chapter on Cash Benefits"),

b. whether the relevant accident has resulted in permanent disablement,

c. whether the extent of loss of earning capacity can be assessed provisionally or finally,

d. the assessment of the proportion of loss of earning capacity as per Second Schedule to ESI Act (Annexure - 9.11) and in case of provisional assessment of loss of earning capacity the period for which it shall hold good.

e. age of the IP where proof of age is not available.

9.4 Convening of MB/SMB

Generally, RO consults the Chairman of the Medical Board/Special Medical Board about date, time and venue of Medical Board meeting. IPs should be given notice at least seven days in advance. It would be better if Medical Board fixes particular weekday(s) in a month and inform the same to RO/SRO.

The RO/SRO will refer reasonable number of cases in one lot requiring reference to the MB/SMB to the Chairman of the appropriate Medical Board.

9.5 Procedure for MB/SMB

The Papers forwarded to Medical Board By RO/SRO shall include BI-1, BI-1(a), BI-7, BI-2 in duplicate and BI-3 alongwith medical documents submitted by IP for consideration of the board by registered post. If the loss of earning capacity was provisionally assessed it shall again be referred to the Medical Board for fresh assessment just before the expiry provisional assessment period.

Part I of the Medical Board Report (Form BI-2) (Annexure-9.4) will be completed in duplicate in the RO/SRO. This part of the Form shows particulars of the claimant and his identification marks. It also shows details of the accident and the period for which TDB was paid. Any other relevant information in possession of the RO may also be furnished. The report of IMO/IMP on Form BI-1(a) giving details regarding the nature of the injury, its location, extent, brief history of the treatment given to the IP, special investigation carried out etc. will be attached. The RO will also arrange, similarly, the second or any subsequent examinations after taking into account the period for which assessements are made by the Medical Board.

9.6 Place of Examination

(i) In the case of claimants fit to travel, examination will be arranged at the examination centre fixed by the chairman. If in the opinion of the IMO/IMP/MR PTMR a claimant is unfit to travel, the Board may be held at some other place to suit the claimant. Special arrangements will be made by the Chairman when the patient cannot be moved from a hospital/residence.

(ii) The RO/SRO will address a letter to the IP informing him about date, place and time of examination as fixed by the Chairman of the Medical Board and advising

IP to bring his identity card and all clinical papers and investigation reports, X-ray etc., in respect of his/her EI for perusal of the Medical Board. A blank form ESIC-142 (Annedure-9.10) is also sent for getting it completed from the employer to claim his loss of wages and conveyance.

(iii) The proceedings of the Medical Board should be conducted in private and the admission of any person other than the claimant will be at the sole discretion of the Board.

(iv) Case of special nature should be examined by the Medical Board after co-opting a Specialist in that particular speciality. If in any particular instance, it is not possible to co-opt the appropriate specialist the case should be decided only after the opinion of the Specialist in the branch has been obtained.

9.7 Examination of the Insured Person by the Medical Board/ Special Medical Board (Form B.I-2 – Annexure-9.4)

(i) The Board should also satisfy itself that the peson appearing before it is the person whose case requires a decision. Before questioning the claimant, the Board should acquaint itself thoroughly with all documentary evidences.

(ii) Claimant's signed statement should be obtained at Part II of Form BI-2. In recording the narration of subjective symptoms in part II of the report form, the claimant's own unprompted language should be quoted by the Board (in quotation marks) as far as possible. If after clinical examination, the Board considers that the subjective symptoms are unrelated to the injury at issue, the fact should be stated in the report.

(iii) Interrogation on the detailed history of the injury, legal aspects and matters regarding culpability should not be discussed with the claimant. Inquiry should be made about the history (including Occupational History in case the disease is related to employment), environment and social factors related to EI. Inquiry should then be turned to the subjective symptoms, as complained of, by the claimant whether related with the injury or otherwise. The board should bear in mind that the symptoms complained of may be related wholly or in part to complications arising from the origianl EI.

Special Points to be kept in mind by members of the Board

(iv) Special attention should be paid to Part-I of Form BI-2 to see whether the percentage already assessed was for the same part or any other part previously. If alredy assessed the total percentage loss of earning capacity, already awarded alongwith the present award should not exceed 100% for the part affected and 100% for the whole body.

(v) In case of injury to same part which has already been assessed previoulsy, a clear cut decision as to whether present award (loss of earning capacity) is inclusive or exclusive of the previous award, is to be stated in the remarks column 8 of part III of BI-2.

(vi) In case multiple parts of the body are involved at different levels, the final provisional assessment should show the percentage awarded for each part at column 7(2)(b)(ii) of BI-2 and the total should also be shown.

Physical Examination

The Physical examination shold be thorough and terms such as severe, moderate or slight without qualifications are insufficient. In all cases, the record should cover all columns in Part III of Form BI-2.

Accidental injuries should be described with anatomical precision and appropriate measurement. Any scars at the site of injury should be recorded. The effect of injury on functioning is of supreme importance while describing the disablement. Special laboratory investigation and X-ray examinations should be done in all cases where these are likely to assist the medical examination. Corresponding limbs and paired organs should always be examined together and state of both recorded. Careful investigations should be made for evidence of inter-current diseases and pre-existing inuries.

Diagnosis

The case will be summed up and the diagnosis recorded in column 6 at the conclusion of the report on physical examination. When the diagnosis remains in doubt, the Board should give a reasoned statement of possiblilities with directions for further investigation.

9.8 Board's Reports and Recording of Information (Form BI-2)

(a) The report, in duplicate, should be legibly written and expressed in clear language, as though treated as confidential, medical documents will be dealt with by lay persons. For instance, if the claimant or the Corporation wishes to appeal against a Board's decision, a copy of the Board's report will have to be supplied to the IP or his representative. The Board's report should be as comprehensive as possible.

(b) The Board's decision should be recorded by completing Part-III of the report Form. The Board has also to determine and write the IPs estimated age on the date of examination, wherever requested by RO/SRO. One copy will then be returned to the RO/SRO together with all documents, X-ray photographs, laboratory reports, etc. sumbitted to and considered by the Board. No indication whatsoever should be given to or in the hearing of claimants regarding the views of the board and IP's title to benefit or assessment of the disablement.

9.9 Decision of Medical Board (Form BI-3) (Annexure-9.5)

After recording the diagnosis, the Board will proceed to assess the disablement and give decisions on the following points :-

1. Is there is any appreciable disablement? Yes/No

2. If the answer to (1) is in affirmative.

(a) Whether the disablement should continue to be treated as Temporary Disablement and if so; the next date when the case should again be referred to the Medical Board.

or

(b) Whether the disablement can be declared of a permanent nature; if so.

(i) Whether the extent of loss of earning capacity can be assessed provisionally or finally;

(ii) The assessment of the proportion of loss of earning capacity, whether provisional or final; and

(iii) In the case of a provisional assessment, the period from which assessment should hold good.

Sometimes the Board may feel that the condition of an IP can improve by surgical treatment. The Board may suggest this, if the Board considers any special form of treatment or further investigation, they may state their recommendation. If IP refuses to undergo surgical treatment, the Board must award assessment of the loss of earning capacity. If an IP agrees to surgical treatment, the assessment will be awarded afterwards.

The decisions are recorded by the Board in Form BI-3, (Annexure 9.5). Form BI-3 with other papers received from RO/SRO will be sent by the Chairman of the Medical Board to the appropriate RO/SRO. This should be done promptly, say within a week after the meeting of the Board as the delay in forwarding the decisions causes considerable inconvenience and economic distress to IPs who are no longer in receipt of TDB. The PDB can only be given after the assessment by the Board is known.

Note:

(a) Where there is clear loss of any limb or part of any limb referred to in the second schedule to the ESI Act and there is no other permanent injury of any kind, the Boad may assess the disablement as final. Assessment of loss of earning capacity in such scheduled injuries (second schedule of the Act - Annexure - 9.11) should be strictly in accordance with what is prescribed in that schedule.

(b) In case of non-scheduled injuries whether or not existing side by side with scheduled injuries, the Medical Board may assess the disablement as final or provisional as the case may be. Assessment in such case should be related as far as possible to the Second Schedule. For assessing loss of earning capacity for non-scheduled injurie, "Manual for Orthopedic Surgeon in evaluating permanent physical impairment" published by Artficaial Limbs Manufacturing Corporation of India, may be consulted.

(c) There is no provision for compensation in case of loss of teeth in Workmen's Compensation Act nor does loss of teeth actually result in any loss or reduction of earning capacity. PDB is not payable in such cases. Therefore (a) cases of loss of teeth should not be referred to Medical Board (b) where however, due to

any reason, such a case goes before the Board, the Board may be apprised of the legal position. (e) If in spite of advice to the Boad, an assessment is given, the question of filing an Appeal may be considered.

(d) In case of assessing loss/diminition of vision and/or hearing special care is to be taken by the Board to see that there is no malingering and the functional disablement is due to alledged injurty.

9.10 Intimation of decision of MB/SMB to IP

The intimation of decision of the Board to an IP is given by RO/SRO by sending an attested copy of Form BI-3. In case the Board's decision is to treat the disablement as Temporary the case is referred to IMO/IMP for any further treatment in accordance with instructions given by the Board. If it is felt that disability has reached finality earlier than the period specified by the Board, such a case may be referred to the Board for examination and assessment.

9.11 Conveyance allowance and compensation for loss of wages to the IPs appearing before the Board (ESIC-142, Annexure – 9.10)

To attend a meeting of the MB/SMB, an IP may have to incur some expenditure on conveyance. He may have further incurred some loss of wages, if he is employed at the time of appearing before the Medical Board. The IP may claim these in Form ESIC – 142 as in case of appearance before Medical Referee. The Chairman of the Board will certify the fitness or otherwise of the person to travel by ordinary mode of conveyance on Form ESIC – 142. The amount to be paid to the IP will be worked out by an official of the Corporation present at the place of the Board and paid to the IP in the presence of the Chairman, Medical Board and who will certify that the amount mentioned in the claim was paid in his presence. Otherwise an IP may claim the same from his local office on the basis of attendance given by Board.

9.12 Death of IP before examination by MB/SMB

It sometimes happens that all the papers are ready for reference to the Board or the papers have already been sent to the Board, but the IP dies before he is examined by the Board. In such cases a reference may be made to Headquarters for relaxation of Regulation 73 by the Director General whereafter the Board may be requested to determine the loss of earning capacity on the basis of case papers and available

investigations/records alone and permanent disablement benefit upto and including the date of Insured Person's death can be paid to his nominee or his legal heir.

9.13 Relapse of EI after decision of the Board

The IMO/IMP should not issue any certificate for Temporary disablement after the receipt of the decision of the Board having decided a disablement as permanent or final. Where, however, he is of the opinion that the IP is again incapable of work, due to the same injury, he may issue the necessary certificates to the IP and immediately initiate an incapacity reference to the Medical Referee for his opinion regarding the relapse of the EI.

9.14 Medical care during relapse of EI

Regulation 103 entitles an IP in receipt of PDB to medical treatment that may become necessary for the said injury even if he goes out of coverage i.e., is exited. The person approaches the local office with a relapse (or aggravation) of the old EI for which he is in receipt of PDB and desires treatment for the same, his present entitlement to medical care should be checked by interrogating him to see whether he is still an employee by varifying his contribution record in the local office. Incase he has been debarred from medical care, the local office manager should give him a letter addressed to the IMO (with a copy to the Medical Referee) giving therein full particulars of the EI suffered by him for which he is in receipt of periodical payments of PDB and requesting the IMO to provide him necessary treatment if the former is satisfied that the IP in fact needs treatment on account of relapse (or aggravation) of the old injury. The IMO should also seek confirmation from Medical Referee about the relapse. Medical Certificates may also be issued to the IP if he needs medical atendance and treatment and abstention from work. (It is immaterial that IP is no longer in insurable employment). Payment of TDB for the period of incapacity will be made in lieu of PDB on confirmation by the Medical Referee and authorization by the Regional Office. In case where the IP has received commuted value for EI, medical treatment (for the relapse of the said injury) will not be admissible unless he is otherwise entitled to medical care.

9.15 Review of decision by the Board

(a) Under Section 55 (1) of the Act a decision given by a Medical Board or Medical Appeal Tribunal (MAT) can be reviewed by the Medical Board or the MAT as the

case may be at any time if fresh material evidance having bearing on the case is brought to its notice. No time limit is provided in such cases.

(b) In case of substantial unforeseen aggravation, assessment of loss of earning capacity may also be reviewed under Section 55(2) by the Board before the expiry of a period of five years in case of final assessment and 6 months in case of provisional assessment from the date of the assessment, if the Board is satisfied that substantial and unforeseen aggravation has taken place since the earlier assessment. To make a Medical Board review under Section 55(2) a case of aggravation earlier than 5 years, the permission of MAT will have to be obtained.

The above Section also clarifies that the revised assessment of loss of earning capacity, if awarded on review, will be effective only from the date of application by the Insured Person and not from an earlier date. IP should apply to RO/SRO through his LO enclosing material evidence for such a review by the MB/SMB/ MAT.

(c) Subject to the above provision the Board will deal with a case of review in the same manner as with a fresh case and will decide the disablement in question. Further, the review decision of the Board will also be applicable in the same manner as decision on the original case.

(d) Insured persons who have received commuted value of permanent disablement benefit cannot avail of the provisions contained in Section 55. Hence, there is no question of review of the earlier assessment in such cases, even if, any aggravation is claimed to have taken place in the earlier EI for which commuted value of permanent disablement benefit has been already paid.

9.16 Special Medical Board (SMB) for Occupational Diseases

(a) Any question, whether an EI is caused by any of the occupational diseases specified in the Third Schedule to the Act for the purpose of Reg. 74, shall be determined by the SMB.

(b) For persons suffering from occupational diseases, the position is different in that the medical certificates generally precede a report from the employer on the occupational disease in Form 16 A and report of occupational disease investigation in Form ESIC-25A; further, even the temporary disablement benefit can be paid only after RO accpets the case as that of employment injury on the

recommendation of the SMB. The SMB, on receipt of a reference from the RO/SRO normally decides both the questions together:

i. Whether the Insured Person was suffering from an occupational disease specified in Third Schedule to the Act during the period for which he has submitted certificates of incapacity and the period for temporary disablement.

ii. Whether there is any residual permanent disablement arising from the occupational disease and, if so, the percentage of loss of earning capacity suffered by him;

iii. Whether the extent of loss of earning capacity can be assessed provisionally or finally; and

(c) The authoritry to constitute the SMB and its constitution is the same as for Medical Board. The SMB may consist of Members of the Medical Board and a coopted member from the panel of a specialists in Occupational Diseases. RO/SRO sends full dossiers/register of the case to SMB by Registered Post.

(d) The SMB will get necessary investigations done through ODCs of the ESIC or at local recognized medical diagnostic institutions to confirm the diagnosis of occupational diseases and proceed to assess the disablement by seeing the previous X-rays and other investigations to assess percentage of loss of earning capacity whether provisional or final. In case of provisional, the period for which it is valid is also given.

(e) In case of IPs who have expired before a SMB is held, decisions of SMB may be based on the available records and postmortem report. In case of alleged death due to occupational diseases the SMB may keep in view the avarage life span of the general population and superannuation age and opine whether the premature death is due to occupational diseases for the purpose of dependents' benefit.

9.17 Appeals against decision of Medical Board and Special Medical Board

Under Section 54-A(2) of the Act, if the Insured Person or the Corporation is not satisfied with the decision of the Medical Board/Special Medical Board, the Insured Person or the Corporation may appeal in the prescribed manner and within the prescribed time to:-

(i) The Medical Appeal Tribunal constituted in accordance with the provisions of the Regulations with a further right of appeal in the prescribed manner and within the prescribed time to the Employees' Insurance Court or

(ii) The Employees' Insurance Court directly.

9.18 Constitution of Medical Appeal Tribunal (MAT)

(a) The State Government have to constitute Medical Appeal Tribunal for the purpose of Section 54 A of the Act and rule 20 A of ESIC (Central) Rules 1950 and regulation 76 of the ESI (General) regulations, 1950.

(b) The MAT shall consist of a Judicial officer of the State Government of status not higher than judge of the EI Court. He shall be assisted by one or more senior state medical service experts drawn from the panel from the respective branch of medicine to which the case relates and the official(s) nominated by the State Government of recognised trade unions for this purpose.

(c) The fee and allowance payable to Chairman and assessors of MAT shall be fixed by the State Government in consultation with the Corporation and will be borne solely by the Corporation.

(d) Procedure of the MAT

The existing procedure for the MAT is as follows:-

(i) An IP or Corporation, whosoever, is dissatisfied with the decision of the Medical Board may appeal to the Medical Appeal Tribunal on Form BI-5 (Annexure-9.7) within 3 months of being informed of decision. The MAT may entertain an application after the period of three months, if it is satisfied that the Appellant had sufficient reasons for not presenting the application with in the prescribed time.

(ii) The decision of the Tribunal is conveyed to the IP on prescribed Form (FormBI-6-Annexure-9.8).

(iii) The MAT may confirm, reverse, or vary the decision of the Medical Board in whole or in part.

(e) An appeal against the decision of the MAT can be made in Employees' Insurance Court.

9.19 Employees' Insurance Court (EI Court)

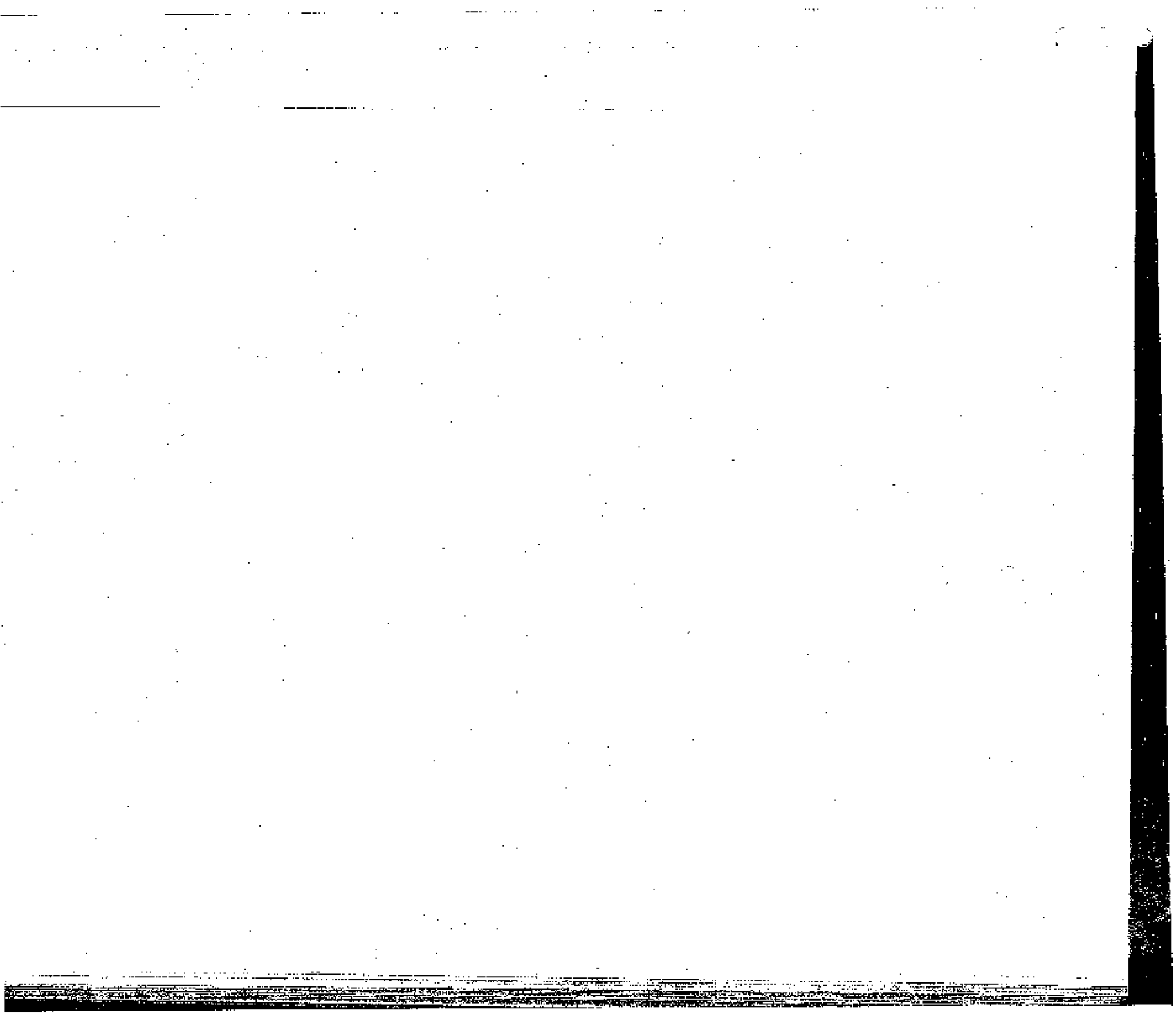
(a) Constitution of EI Court

The State Government shall, by notification in the Official Gazette, constitute an EI Court for local areas under Section 74 of the Act. Any person who is or has been a judicial officer or a legal practitioner of five years' stranding shall be qualified to be a Judge of the EI Court. Under Section 54A of the Act, the Ei Court decides appeal against the decision of Medical Board/Medical Appeal Tribunal under Section 54A(2).

(b) The IP or the Corporation can file an Appeal under Section 54A of the Act and Rule 20B of ESI (Central) Rules, 1950 to the ESI Court by presenting an application with in three months of the date of communication of the decision of the MB/SMB or of the MAT to the IP or the Corporation as the case may be. The EI Court may entertain application after period of three months, if it is satisfied that the applicant had sufficient reasons for not presenting the application within the said period. The Rules made by the State government in respect of form and manner to be followed in presenting application to EI Court shall be applicable to the applications presented for the above purpose.

(c) An appeal against the decision of an EI Court shall lie to the High Court if a substantial question of interpretation of law is involved under Section 87 of the Act and period of limitation for an appeal shall be sixty days.

* * *



ANNEXURE-9.1
FORM -16

ACCIDENT REPORT FROM EMPLOYER
(REGULATION 68)

1. Name of employer .....
2. Employer's Code No. [ ]
3. Address of premises where accident happened .....
4. Nature of industry or business .....
5. Department, shift, hours (if any) .....and
   exact place where the accident happened .....
6. Name of injured person.....
7. Insurance No. [ ]
8. Address of the injured person .....
9. (a) Sex .....
   (b) Age (last birthday) .....
   (c) Occupation of Injured Person .....
   (d) Local Office to which attached .....
10. Date and hour of accident .....
11. (a) Hour at which he started work on day of accident .....
    (b) whether wages in full or part
    are payable to him for the day of his accident .....
    (c) whether the injured person was on the day of
    accident an employee as defined in section 2(9)
    of the Act and whether contribution was payable
    by him for the day on which the accident occurred .....

12. Cause of Accident:

(a) If caused by machinery:

(i) Give name of the machine and part causing the accident .....

and (ii) State whether it was moved by mechanical power at that time .....

(b) State exactly what the injured person was doing at that time .....

(c) In your opinion was the injured person at the time of accident:

(i) Acting in contravention of the provisions of any law applicable to him; or .....

(ii) Acting in contravention of any orders given by or on behalf of his employer, or.....

(iii) Acting without instructions from his employer .....

(d) In case reply to (c) (i), (ii), (iii) is in Affirmative, state whether the act was done for the purpose of and in connection with the employer's trade or business .....

13. In case the accident happened while travelling in the employer's transport, state whether:-

i) The injured Person was travelling as a passenger to or from his place of work .....

ii) The Injured Person was travelling with the express or implied permission of his employer; and .....

iii) The transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and .....

iv) The vehicle was being/not being operated in the ordinary course of public transport service .....

14. In case the accident happened while meeting emergency, state:-

i) Its nature

ii) Whether the Injured Person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place .....

15 Describe briefly how the accident occurred .....

16 Name and address of witness:

1. .....

.....

2. .....

.....

17. (a) Nature and extent of injury (e.g. fatal), loss of finger, fracture of leg, scalp etc.) .....

(b) Location of injury (right leg, left hand, or left eye etc.) .....

(c) i) If the accident is not fatal state whether the injured person has returned to work .....

ii) If so, date and hour of return to work .....

18. a) Physician, dispensary or hospital from whom or where the injured person received or is receiving treatment .....

b) Name of dispensary/panel doctor elected by the injured person .....

19. i) has injured person died? .....

ii) If so, date of death .....

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature.....

Designation .....

Employer's Name.....

Address and Code No. .....

.....

.....

Date of despatch of report

.....

ANNEXURE-9.2
FORM -BI-1

CONFIDENTIAL

EMPLOYEES' STATE INSURANCE CORPORATION

Injury Report by Insurance Medical Officer

Serial No.....

Stamp of Dispensary

Name of the injured person .....

Age..... Sex..... Insurance No.

Father's/Husband's Name .....

Address .....

Name and address of the employer .....

No. and date of accident report .....

Place of examination .....

Date and time of examination .....

MEDICAL REPORT

General health
Particulars of the present injury
State nature, extent, site, etc)

Severity of injury
(Fatal, dangerous to life, grievous or simple)
Probable cause

Whether or not the injury will interfere with his future employment. If so, for how long?

Is there any co-existing condition (e.g. any old Congenital or acquired deformity or disease of the injured part).

Any other remarks.

Signature .....
Insurance Medical Officer.

(Rubber stamp or name in block letters)

Date .....

[To be issued by IMO/IMP issuing first certificate on receipt of Form-16]

ANNEXURE-9.3
FORM -BI-1(a)

EMPLOYEES' STATE INSURANCE CORPORATION
Report For Information of Medical Board

For the medical board meeting on .....
Office and date of issue .....

PART I (To be completed by the R.O)

Name ..... Insurance No. .....

Age ..... Sex..... Father/Husband's Name.....

Address .....

Name of the employer at the time of injury .....

Date and location of injury as per accident report .....

Date of first certificate by the IMO .....

PART II (To be completed by IMO)

Nature of injury, its location and extent .....

.....

.....

Period of continuous treatment including} From..... To.....
Treatment at the hospital: if any.
Brief history of the treatment given .....
Any special investigation carried out, e.g.

X-ray, pathological test, specialist opinion etc

.....

(if so original copies of reports should be .....

attached .....

Date	X-ray/USG/Scan No.	Report	Remarks

The present condition of the insured person .....

Is there any coexisting condition, (e.g. any old congenital or acquired deformity or disease of the injured part) give details.

Any other relevant information .....

Date.....

Signature .....

To

The Chairman,
Medical Board

(Rubber stamp or name in block letters)

To be issued by IMO/IMP issuing first certificate.

ANNEXURE-9.4
FORM-BI-2

CONFIDENTIAL

EMPLOYEES' STATE INSURANCE CORPORATION

Medical Board Report Form
(Regulation 73)

Office and Date of issue

DISABLEMENT BENEFIT
MEDICAL BOARD REPORT

PART I-PARTICULARS OF CLAIMANT

Name ..... Sex.....

Address .....

.....

Identification Marks : 1. .....

2. .....

Insurance No. Occupation..... Age .....

Description in detail .....

Date and nature of accident ..... Occupational disease .....

Period of incapacity .....

Nature of incapacity leading to temporary disablement benefit .....

.....

Diagnosis of any other empolyment injury .....

Assessment in percentage of loss of earning capacity .....

Other relevant information .....

Date

Signature

To be completed by Regional Office

PART II-CLAIMANT STATEMENT TO MEDICAL BOARD

The Statement should be as nearly as possible in the claimant's own words and the whole record read out to him for agreement and signature below:-

I agree that the above is a correct record of my statement

Date: Signature.....

PART III-REPORT OF MEDICAL BOARD

1. Are you satisfied that the person before you is the person referred to at the Part I on Page I? .....

2. General Examination .....

   Weight..... Height..... B.P. .....
   (state extent of clothing (state whether with boots)

   Teeth..... Mucous Membrane .....

   Chest measurement Insp ..... Cms. Exp. .....Cms.

3. In the space which follows, the condition of the various systems should be described. The exact site, nature and extent of any disablement (whether resulting from the accident/ occupational disease or not) from which the claimant is suffering should be noted in for as it has any effect on function as in locating a loss of faculty. If nothing abnormal is detected in any or all of the following systems, enter N.A.D. against the system.

   a. Respiratory system .....
   b. Alimentary system, Liver & Spleen .....
   c. Cardio Vascular System .....
   d. Nervous system .....
   e. Locomotor system .....
   f. Haemopoietic system .....
   g. Skin .....

4. APPROPRIATE INVESTIGATIONS

a. Urine examination including special estimations .....

b. Blood/Serum examination .....

c. Sputum examination .....

d. Saliva examination including special estimation .....

e. Bone marrow examination .....

f. Fundoscopic examination .....

g. Radiological examination .....

Lungs .....

Bones .....

h. Biopsy Report .....

i. Dermal tests .....

j. Other tests/investigations .....

5. General description of claimants condition .....

6. Diagnosis

7. Decision-when recording decision on the

"disablement question" the following questions to be answered.

1 Is there any appreciable disablement ? (Yes/No)

2. If the answer to (i) is in the affirmative.

(a) Whether the disablement should continue to be treated as temporary disablement and if so, the next date the case should again be referred to the Medical Board; or

(b) Whether the disablement can be declared of a permanent nature, if so.

i) Whether the extent of loss of earning capacity can be assessed provisionally or finally?

ii) The assessment of the proportion of loss of earning capacity whether provisional or final for each part affected and total LEC.

iii) In case of a provisional assessment the period for which assessment should hold good.

* Delete whichever not applicable.

8. Remarks.

Place of Examination

Date

Signature

..... Chairman
..... Member
..... Member

When completed the report should kindly be returned to the Regional Office, Employees' State Insurance Corporation at.....

ANNEXURE-9.5
FORM -BI-3

EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 73)

DECISION OF MEDICAL BOARD

Insurance No. Date:

The Medical Boar which examined the Insured Person .....

On .....had decided that:-

*(1) there is no appropriate disablement

or

*(2) the disablement should continue to be treated as temporary and the next date when the case should be referred to the Medical Board is:

or

*(3) the disablement can be declared to be a permanent nature and

i. the extent of loss of earning capacity can be assessed provisionally or finally;

ii. the assessment of the proportion of loss of earning capacity whether provisional or final; and

iii. in case of provisional assessment, period for which it shall hold good.

The findings of the Medical Board are summarised as follows:-

The decision of the Medical Board was not unanimous.

The recorded reasons for the dissent are:-

Signature .....

Chairman, Medical Board

Forwarded through Regional Office to

Shri .....

.....

*1. If dissatisfied with the decision of Medical Board you may appeal to

i) The Medical Appeal Tribunal and give notice of appeal to your Regional Office within the prescribed period of communication of the decision on a form to be obtained from the Regional Office and

ii) to the E.I. Court directly against the decision of the Medical Appeal Tribunal by preferring appeal with the E.I. Court on the form prescribed in the E.I. Court Rules within the specified period from the date of communication of decision of Medical Board/Medical Appeal Tribunal as the case may be. In the meantime you may claim benefit at the above rate. This is without prejudice to your right to claim benefit at a higher rate that may be awarded to you on appeal.

2. The decision of the Medical Board is not acceptable to the Corporation and a notice of appeal is being given to you separately. All the same you are entitled to claim the benefit at the above rate. This will however, be an interim payment subject to adjustment on the basis of award that may finally be made on appeal

(Delete note (1) or (2) as appropriate)

Dated: **REGIONAL DIRECTOR**

ANNEXURE-9.6
FORM -BI-4

EMPLOYEES' STATE INSURANCE CORPORATION

Recommendation for treatment

Name Insurance No.

If the Medical Board examining this claimant to Disablement Benefit consider any special form of treatment or future investigation they may state recommendations below:-

Date Signature of Chairman

ANNEXURE-9.7
FORM -BI-5

EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 74)

Notice of appeal before Medical Appeal Tribunal at _____

To

The Chairman
E.S.I. Medical Appeal Tribunal,
_____
_____

Insurance Number | | |

I ..... (full name of appellant)

of..... (Address of the appellant)

given notice of appeal against the decision on..... (date) of the Medical Board

at .....

Respondent(Address) .....

Notified to me by letter (from .....)

date ..... that:-

*(1) there is no appreciable disablement:

or

*(2) the disablement should continue to be treated as temporary and the next date when the case should be referred to the Medical Board is:

or

*(3) the disablement can be declared to be of permanent nature and:

i. the extent of loss of earning capacity can be assessed provisionally or finally;

ii. the assessment of the proportion of loss of earning capacity whether provisional or final; and

iii. in case of provisional assessment, the period for which such assessment shall hold good.

The following are the grounds of my appeal:-

a) Jurisdiction

b) Whether within time limit or reasons for delay in appeal.

c) Grounds of appeal.

Date Signature of appellant

For completion by Chairman of Appeal Tribunal (when required). Leave to appeal <u>granted</u> not-granted Signed ..... Date..... Chairman, Appeal Tribunal	

* (Delete whichever does not apply)

ANNEXURE-9.9
FORM -Bi-6

EMPLOYEES' STATE INSURANCE CORPORATION
APPEAL TRIBUNAL DECISION

Case No. 200

Reference .....

Insurance No. | | |

Shri

The appeal Tribunal on considering your case upheld the decision of the Medical Board notified to you on .....

*decided as follows:–

*(1) that there is no appreciable disablement:

*(2) the disablement should continue to be treated as temporary and the next date when the case should be referred to the Medical Board is:

or

*(3) the disablement can be declared to be declared to be of a permanent nature and

*i. the extent of loss of earning capacity can be assessed provisionally or finally;

*ii. the assessment of the proportion of loss of earning capacity whether provisional or final; and

*iii. in case of provisional assessment, the period for which such assessment shall hold good.

Yours faithfully

To

. . . . . .

. . . . . .

. . . . . .

Chairman, Appeal Tribunal

*Delete where inappropriate.

ANNEXURE-9.9
FORM -BI-7

EMPLOYEES' STATE INSURANCE CORPORATION
Report of Medical Referee on cases of Permanent Disablement

Insurance No. Regional Office/Local Office

Full Name .....
(BLOCK LETTER)

Address .....

.....

To

The Medical Refree

.....

.....

Te above named Insured Person has asked for a reference to a Medical Board for is being referred

assessment of permanent disablement

HISTORY :

Date of accident and Location of injury .....

Date and form of last certificate received in

respect of insured person .....

Reference No. and date of RM 4/4(a) received

in respect of the insured person .....

Other details, if any .....

Will you please examine him/her and report overleaf. Your opinion is sought on the following points in particulat.

(i) Whether the injury is capable of improvement by further conservative or operative treatment, if so, what will be the probable period of incapacity and further line of treatment suggested?

(ii) Whether the disability has reached finality and the insured person requires no further treatment and/or abstention.

(iii) Whether the injury is likely to result in permanent Disablement. If so, whether loss of percentage of earning capacity can be assessed provisionally or finally.

(iv) the present condition of the injury

(v) Percentage of Loss of earning capacity

Date..... Signature .....

Regional Director/Local Office Manager

N.B.:- The information against column (iii) and (iv) above may also please be supplied even it the reply to (ii) above is in the affirmative.

In case of action under Section 66 & 67.

Report of Medical Refree

Medical Refree's rubber stamp

To

The Regional Director/Local Office Manager

Signature/Left thumb impression of I.P. .....

I have examined the person named overleaf on ..... and my report is as follows:-

Opinion

Does not need further treatment

* Except .....

Disability* not reached finality

Permanent Disablement _____ provsional/final

Approximate Loss of Earning Capacity _____provisional/final

If provisional period fo which valued_____month/Year

Date.....

Signature:.....

Medical Referee

***STRIKE OUT WHICHEVER IS NOT APPLICABE**

ANNEXURE-9.10
ESIC 142

EMPLOYEES' STATE INSURANCE CORPORATION

Claim for Conveyance Allowance And/Or Compensation For Loss Of Wages From An Insured Person Who Appeared:-

a) Before a Medical Board at a Hospital/Dispensary/Diagnostic Centre for assessment of Permanent Disablement

or

b) Before a Medical Authority under Regulation 71(1).

on.....(date)

A.

Name .....

Father's Name/Husband's Name .....

Insurance No. .....

Address .....

.....

Name and address of the present/last employer .....

.....

B. To be filled in by the employer

Certified that Shri .....

Insurance No. ..... is in my employment and on account of his attending the dispensary/Diagnostic Centre/Hospital or on account of his appearance before the Medical Board/Medical Authority, he will lose/has lost wages for .... day at Rs ..... day on ..... (dates).

Date

Signature of the Employer
Name and Code No. of the Factory

(RUBBER STAMP)

C. To be filled by the employee

I hereby declare that I have not been/shall not be at work since ..... AM/PM on the ..... and that I have not and will not receive leave wages for the day ..... from my employer.

I claim re-imbursement of loss of wages.

Date

Signature of the Employee
Insurance No. .....

Note:- ½ day or less than a half day should be continued ½ day and more than half a day as one day.

D. To be filled in by the Chairman, Medical Board/Medical Authority.

1. Was the Insured Person present?
2. Was the Insured Person in your opinion fit to attend at the Dispensary?
3. Was he, in your opinion unable to travel by bus or other ordinary means of conveyance or did he need an attendant to accompany him?
4. Was he in your opinion unable to travel in a Sitting Position?
5. Was he referred to the Hospital/Dispensary/ Diagnostic Centre with a view to assessing the disablement by the Medical Board?

Signature of Chairman
Medical Board/Authority.

(Rubber Stamp)

E. To be filled in by the Head Clerk/UDC in Charge

Amount admissible: Rs. Ps.

a) Wages ..... days(s)
at Rs. ..... Ps. ..... per day.

b) Amount spent on fare
From .....
To .....
(Bus/Second Class)

c) Return fare

d) Total Amount admissile

Signature or thumb impression of Insured Person

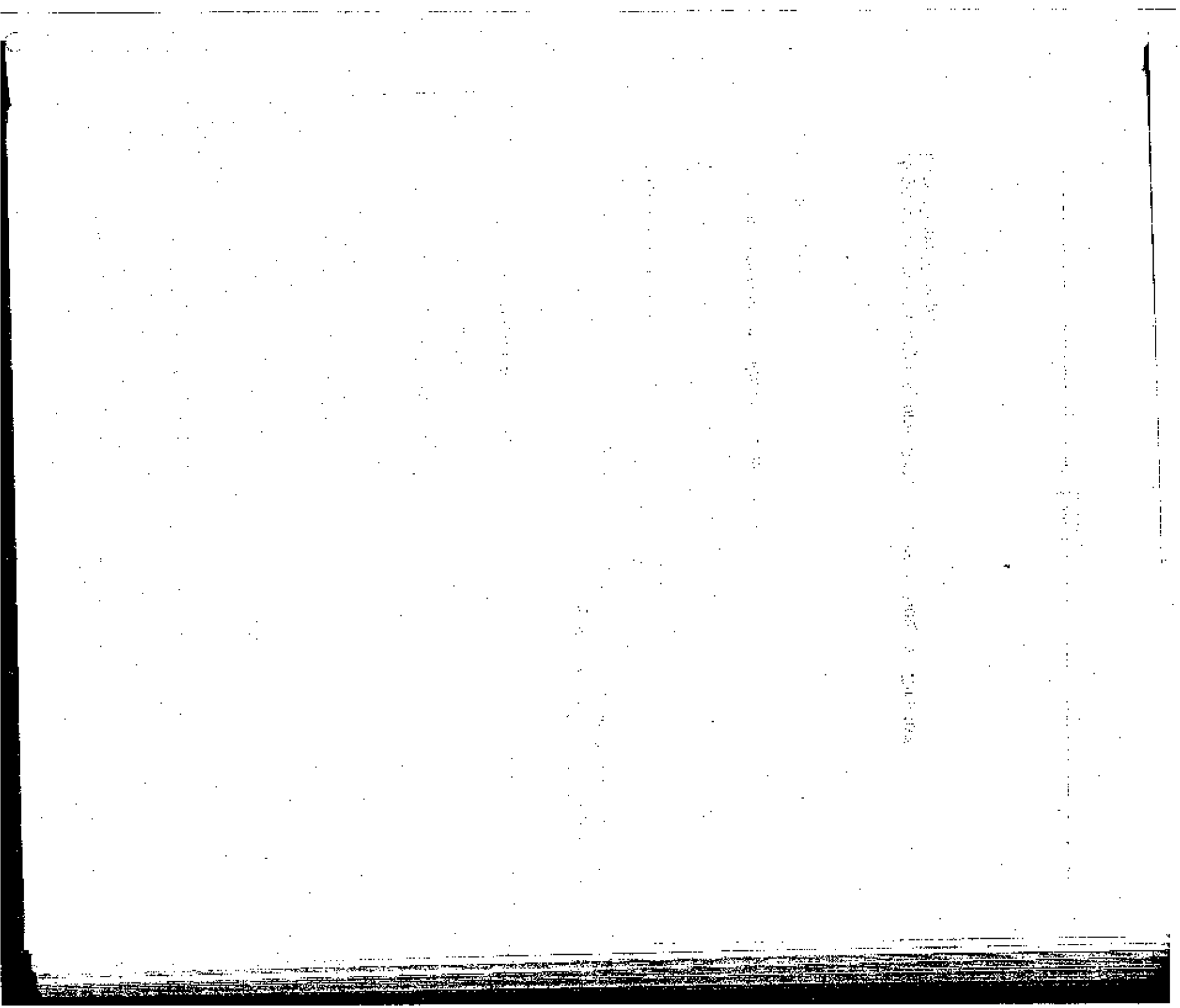
Received Rupees .....

Paid in my presence

Chairman, Medical Board/Medical Authority

Counter signed:

Regional Director/Deputy Regional Director/Assistant Regional Director/
Local Office Manager.



ANNEXURE-9.11

SCHEDULE II

[Section 2 (15A) and (15B)]

LIST OF INJURIES DEEMED TO RESULT IN PERMANENT TOTAL DISABLEMENT

Sl No.	Description of injury	% of loss of earning capacity
1.	Loss of both hands or amputation at higher sites	100
2.	Loss of a hand and a foot	100
3.	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100
4.	Loss of sight to such an extent as to render the claimant unable to perform any work for which eyesight is essential.	100
5.	Very severe facial disfigurement	100
6.	Absolute deafness	100

PART II

LIST OF INJURIES DEEMED TO RESULT IN PERMANENT PARTIAL DISABLEMENT

Amputation-upper limbs (either arm)

Sl No.	Description of injury	% of loss of earning capacity
7.	Amputation through shoulder joint	90
8.	Amputation below shoulder with stump less than 20.32 cm, from tip of acrimion	80
9.	Amputation from 20.32 cms from tip of acrimion to less than 11.43 cm. below tip of olecranon.	70

10.	Loss of a hand or of the thumb and four fingers of one hand or amputation from 11.43 cms below tip of olecranon.	60
11.	Loss of thumb	30
12.	Loss of thumb and its metacarpal bone	40
13.	Loss of four fingers of one hand	50
14.	Loss of three fingers of one hand	30
15.	Loss of terminal phalanx of thumb	20
16.	Loss of two fingers of one hand	20
16A.	Guillotine amputation of the tip of the thumb without loss of bone	10

Amputation-Lower Limbs

17.	Amputation of both feet resulting in end bearing stumps	90
18.	Amputation through both feet proximal to the metatarsophalangeal joint	80
19.	Loos of all toes of both feet through the metatarso-phalangeal joint	40
20.	Loss of all toes of both feet proximal to the proximal interphalangeal joint	30
21.	Loss of all toes of both feet distal to the proximal interphalangeal joint	20
22.	Amputation at hip	90
23.	Amputation below hip with stump not exceeding 12.70 cms in length measured from tip of great trochanter	80
24.	Amputation below hip with stump not exceeding 12.70 cms in length measured from tip of great trochanter but not beyond middle thigh	70

25.	Amputation below middle thigh to 8.89 cms below knee	60
26.	Amputation below knee with stump exceeding 8.89 cms but not exceeding 12.70 cms	50
27.	Amputation below knee with stump exceeding 12.70 cms	*[50]
28.	Amputation of one foot resulting in end bearing	*[50]
29.	Amputation through one foot proximal to the metatarsophalangeal joint	*[50]
30.	Loss of all toes of one foot through metatarsophalangeal joint	20

OTHER INJURIES

31.	Loss of one eye, without complications, the other being normal	40
32.	Loss of vision of one eye without complications or disfigurement of eye ball, the other being normal	30
32A.	Partial loss of vision of one eye	10

LOSS OF A-FINGERS OF RIGHT OR LEFT HAND

INDEX FINGER

33.	Whole	14
34.	Two phalanges	11
35.	One phalanx	9
36.	Guillotine amputation of tip without loss of bone	5

MIDDLE FINGER

37.	Whole	12
38.	Two phalanges	9
39.	One phalanx	7
40.	Guillotine amputation of tip without loss of bone	4

RING OR LITTLE FINGER

41.	Whole	7
42.	Two phalanges	6
43.	One phalanx	5
44.	Guillotine amputation of tip without loss of bone	2

B-TOES OF RIGHT OR LEFT FOOT
GREAT TOE

45.	Through metatarso-phalangeal joint	14
46.	Part, with some loss of bone	3

ANY OTHER TOE

47.	Through metatarso-phalangeal joint	3
48.	Part, with some loss of bone	1

TWO TOES OF ONE FOOT, EXCLUDING GREAT TOE

49.	Through metatarso-phalangeal joint	5
50.	Part, with some loss of bone	2

THREE TOES OF ONE FOOT, EXCLUDING GREAT TOE

51.	Through metatarso-phalangeal joint	8
52.	Part, with some loss of bone	3

FOUR TOES OF ONE FOOT, EXCLUDING GREAT TOE

51.	Through metatarso-phalangeal joint	9
52.	Part, with some loss of bone	3

Note:- Complete and permanent loss of the use of any limb or member referred to in this Schedule shall be deemed to be the equivalent of the loss of that limb or member.

ANNEXURE-9.12

SUMMARY OF DIFFERENT FORMS USED FOR MEDICAL BOARD/MAT/EI COURT IS AS FOLLOWS:

Form No.	Purpose	To be filled by
Form 16 (Annexure 9.1)	Accident Report	Employer
Form 16A	Accident Report for Occupational Disease	Employer
Form ESIC-25	Report of Accident investigation	Investi. Official of ESIC
Form ESIC-25A	Report of Occupational Disease Investigation	Investi Official of ESIC
Form BI-1 (Annexure 9.2)	Injury Report	IMO/IMP
Form BI-1A (Annexure 9.3)	Injury Report after issue of Final Certificate	IMO/IMP
Form BI-2 (Annexure 9.4)	MB/SMB Examination Form	
Part I	Particulars of Claimant	RO
Part II	Claimant's Statement to MB/SMB	IP
Part III	Report of MB/SMB	Members of MB/SMB
Form BI-3 (Annexure 9.5)	Decision of Medical/Special Medical Board	Chairman of MB/SMB
Form BI-4 (Annexure 9.6)	Recommendation of MB/SMB for further treatment/investigation of claimant	Chairman of MB/SMB
Form BI-5 (Annexure 9.7)	Notice of appeal to MAT	Aggrieved Party
Form BI-6 (Annexure 9.8)	Decision of MAT	Chairman of MAT
Form BI-7 (Annexure 9.9)	Opinion of MR Regarding PD	LO/MR
ESIC-142 (Annexure 9.10)	Conveyance Allowance and compensation for the loss of wages to IP appearing before MB/SMB	MB/SMB

APPENDIX – A

Special list 50 Causes for Tabulation of Morbidity for Social Security Purposes

Cause Group	Name of Disease
1.	Tuberculosis of respiratory system
2.	Tuberculosis, other forms
3.	Syphilis and its sequelae
4.	Gonococcal infection
5.	Dysentery, all forms
6.	Other infective disease commonly arising in intestinal tract.
6(a)	Cholera
6(b)	Enteric fever
6(c)	Other infective diseases
7.	Certain diseases common among children
7(a)	Scarlet fever
7(b)	Diphtheria
7(c)	Whooping cough
7(d)	Measles
7(e)	Mumps
7(f)	Chickenpox
8	Typhus and other rickettsial diseases
9	Malaria
10.	Diseases due to helminthes
10(a)	Filariasis
10(b)	Ankylostomiasis
10(c)	Other helminthes
11.	All other disease classified as infective and parasitic
11(a)	Meningococcal infection but excludes tuberculous meningitis
11(b)	Plague
11(c)	Smallpox (any form)
11(d)	Leprosy

11(e) Kala azar
11(f) Parasitic skin infections
11(g) Tetanus
11(h) Yaws (Framboesia)
11(i) Infectious hepatitis
11(j) Other infectious and parasitic diseases

12. Malignant neoplasms, all sites and type including neoplasms of lymphatic and haemopoietic tissues
13. Benign neoplasm all sites.
14. Allergic disorders but excludes ananphylactic shock and serum sickness.
14(a) Asthma
15. Diseases of thyroid gland
16. Diabetes mellitus
17. Avitaminosis and other deficiency state
18. Anaemias, all types
19. Psychoneurosis and psychosis
19(a) Psychoneurosis
19(b) Psychosis
20. Vascular lesions affecting central nervous system
21. Diseases of eye
21(a) Trachoma
21(b) Cataract
21(c) Other diseases
21(d) Injury Eye
22. Diseases of ear and mastoid process
23. Rheumatic fever
24. Chronic rheumatic heart diseases
25. Arteriosclerotic and degenerative heart disease
26. Hypertensive disease
27. Diseases of the Vein
28. Acute nasopharyngitis (Common Cold)

29 Acute Pharyngitis and Tonsillitis
30. Influenza
31. Pneumonia
32 Bronchitis
33. Silicosis and occupational pulmonary fibrosis
34. All other respiratory diseases
35. Diseases of stomach and duodenum, except cancer
36 Appendicitis
37. Hernia of abdominal cavity
38 Diarrhoea and enteritis
39. Diseases of gallbladder and bile duct
40. Other diseases of digestive system
40(a) Diseases of Teeth
40(b) Other diseases
41. Nephritis and nephrosis
42. Diseases of genital organs
42(a) Male genital organs
42(b) Female genital organs
43. Deliveries, complications of pregnancy, childbirth and the puerperium
43(a) Normal deliveries
43(b) Complications of pregnancy, childbirth and the puerperium
43(c) Abortions
44 Boils, abscess, cellulitis and other skin infections
45. Other diseases of skin
46 Arthritis and rheumatism, except rheumatic fever
47 Diseases of bones and other organs of movement
48 Contential malformation and diseases peculiar to early infancy
49 Other specified and ill-defined diseases
49(a) Epilepsy
49(b) Diseases of nerves and peripheral ganglia

49(c) Urinary Calculus
49(d) Other diseases of urinary system
49(e) All other specified and ill-defined diseases
49(f) Pyrexia of unknown origin (P.U.O.)

50. Accidents, poisoning and violence :–
50(a) Open fractures (all sites)
50(b) Closed fractures (all sites)
50(c) Complicated fractures (all sites and complications)
50(d) Dislocations (all sites without fracture)
50(e) Head injury (excluding fracture)
50(f) Internal injury chest, abdomen, pelvis
50(g) Lacerated, open, contused and cut wounds
50(h) Burns and scalds
50(i) Occupational poisoning
50(j) Other poisoning
50(k) Other violence

APPENDIX – B

List of Common Diseases Included Under Each Cause Group

1. **Tuberculosis of respiratory system.**
   Pulmonary tuberculosis
   Pleurisy with effusion
   Pleural tuberculosis
   Tracheo-bronchial glandular tuberculosis
2. **Tuberculosis, other forms.**
   Tuberculosis of meninges and central nervous system
   Tuberculosis of intestines etc.
   Tuberculosis of bones and joints
   Tuberculosis of genito-urinary system
   Tuberculosis of lymphatic system
   Tuberculosis of other organs
   Disseminated tuberculosis
3. **Syphilis and its sequelae.**
   Congenital syphilis
   Primary, secondary and late syphilis
   Aneurysm of aorta
   Tabes dorsalis
   Latent syphilis
   General paralysis of insane
   Other forms of syphilis
4. **Gonococcal infection**
   Acute and chronic gonorrhoea
   Gonococcal infection of eye, joints and genito-urinary system.
   Late effects of gonococcal infection
5. **Dysentery, all forms.**
   Bacillary dysentery.
   Amoeblasis, amoebic dysentery, Liver abscess

Nonspecific dysentery
Other protozoal dysentery

6. Other infective disease commonly arising in intestinal tract.

(a) Cholera

(b) Typhoid fever
Paratyphoid fever

(c) Other infective diseases
Other Salmonella infections
Brucellosis (undulant fever)
Food poisoning (infection and intoxication)

7. Certain diseases common among children

(a) Scarlet fever

(b) Diphtheria

(c) Whooping cough

(d) Measles

(e) Mumps

(f) Chickenpox

8. Typhus and other rickettsial diseases

Typhus fever (all types)
Louse-borne epidemic typhus
Flea-Borne endemic typhus
Brill's disease
Tick-born typhus
Mite-borne typhus
Trench fever
Q fever

9. Malaria

Malaria (all forms)
Benign tertian
Quartan
Malignant tertian
Mixed infection

Recurreut malaria
Blackwater fever

10. Diseases due to helminths

(a) Filariasis
(b) Ankylostomiasis
(c) Other helminths
Schistosomiasis
Other trematode infestation
Hydatid disease
Trichiniasis
Infestation with worms of other type
Ascariasis (Round worm)
Oxyuriasis (Thread worm)
Guinea worm

11. All other disease classified as infective and parasitic

(a) Meningococcal infection but excludes tuberculous meningitis

Cerebrospinal fever
Cerebrospinal meningitis
Epidemic meningitis

(b) Plague

Bubonic plague
Pneumonic plague
Other or unspecified plague

(c) Smallpox (any form)

(d) Leprosy
Nodular leprosy
Neuritic-leprosy
Unspecified leprosy

(e) Leishmaniasis Visceral (Kala azar)
Dum Dum fever
Kala-azar

(f) *Parasitic skin infections*

Dermatophytosis	Ringworm
Athlete foot	Tinea (any variety)
Dhobie's itch	Scabies
Favus	Pediculosis
Actinomycosis	

(g) *Tetanus*

(h) *Yaws (Framboesia)*

(i) *Infectious hepatitis*

(j) *Other diseases*

Chancroid	
Lymphogranuloma venerum	Gas gangrene
Inguinal granulomas	Vicent's infection
Streptococcal sore throat	Relapsing fever
Erysipelas	Weil's disease
Septicaemia and pyaemia	Ratbite fever
Bacterial toxaemia	Acute poliomyelitis
Tularaemia (Rabbit fever)	Acute infection
Anthrax	Glandular fever
Herpes Zoster	Rabies
Dengue	Leishmaniasis-Cutaneous
Yellow fever	(Local sore)

Other diseases attributable to viruses

12. **Malignant neoplasms, all sites and type including neoplasms of lymphatic and haemopoietic tissues e.g.**

Lymphosarcoma

Hodgkin's disease

Leukemias

13. **Benign neoplasm all sites.**

14. **Allergic disorders but excludes ananphylactic shock and serum sickness.**

Hay fever

Asthmatic bronchitis

Urticaria

Allergic eczema

Eosinophilic infiltration of lung
Allergic conjuctivities
(a) Asthma

15. **Diseases of thyroid gland**
Simple goitre
Non-toxic nodular goitre
Thyrotoxicosis
Myxoedema and cretinism
Other disease of thyroid gland

16. **Diabetes mellitus**
Diabetes
Diabetic complications as ketosis, gangrene, ulcer, coma etc.

Note: Diseases of other endocrine organs like pituitary etc. and metabolic disorders like gout, obesity etc. fall under Group 49 'Residual diseases'.

17. **Aviatminosis and other deficiency state**

Beriberi	Coeliac disease
Pellagra	Sprue
Scurvy	Nutritional deficiency states
Rickets	Epidemic dropsy
Osteomalacia	

18. **Anaemias, all types**
Pernicious anaemia
Addison's anaemia
Acholuric anaemia
Haemolytic anaemia
Aplastic anaemia
Secondary anaemia

Note: Other disease of blood and blood forming organs as Polycythaemia, Haemophilia, Purpura, Agranulocytosis and diseases of spleen etc. fall under Group 49, 'Residual diseases'.

19. Psychoneurosis and psychosis

(a) Psychoneurosis

Anxiety	Soldier's heart
Hysteria	Neurasthenia
Phobia	Gastric neurosis
Neurosis obsessional	Occupational neurosis
Effort Syndrome	Nervous debility

(b) Psychosis

Dementia	Paranoia and paranoid states
Schizophrenia	Pre-senile psychosis
Involutional melancholia	Alcoholic psychosis

20. Vascular lesions affecting central nervous system.

Sub-arachnoid haemorrhage
Cerebral haemorrhage
Apoplexy
Subdural haemorrhage
Cerebral embolism and thrombosis
Spasm of cerebral arteries

Note: All other disease of the central nervous system excluding those under Cause Groups 19 and 20 and Tuberculosis, Syphilis and Neoplasm of the CNS fall under Group 49.

21. Diseases of eye.

(a) Trachoma

(b) Cataract

(c) Other diseases

Conjunctivitis	Presbyopia
Blepheritis	Corneal ulcer
Stye	Corneal opacity
Iritis	Pterygium
Keratitis	Strabisums
Choroiditis	Detachment of retina
Optic neuritis	Glaucoma
Dacryocystitis	Blindness
Cellulitis of orbit	Colour blindness

Astigmatism	Ectropion
Hypermetropia	Entropion
Myopia	Synaechia

(d) Injury

Open wounds of eye and orbit	Enucleation of eye
Contusion of eye and orbit	Foreign body eye and adnexa
Lacerated wound	

22. Diseases of ear and mastoid process

Otitis externa	Menier's diseases
Otitis media	Cholesteatoma
Mastoiditis	Deafness
Labyrinthitis	Deaf mutism

23. Rheumatic fever

Rheumatic fever
Rheumatic Arthritis
Chorea
Rheumatic fever with heart involvement

24. Chronic rheumatic heart diseases

Mitral diseases
Aortic diseases
Endocarditis rheumatic
Myocarditis rheumatic

25. Arteriosclerotic and degenerative heart disease

Coronary disease
Coronary occulsion
Myocardial degeneration
Angina pectoris

26. Hypertensive disease

Essential benign hypertension with heart disease
Essential malignant hypertension with heart disease
Hypertensive heart disease
Arteriosclerosis of kidney

Hyperpiesia
Malignant hypertension
Nephrosclerosis

Note: Other diseases of heart - under Group 49
Diseases of arteries - under Group 49

27. Diseases of the Vein

Varicose Veins
Haemorrhoids
Piles
Varicocele
Phlebitis
Thrombo phlebitis
Pulmonary embolism
Pulmonary infraction

28. Acute nasopharyngitis (Common Cold)

Coryza
Acute nasal catarrh
Acute rhinitis

29. Acute pharyngitis, tonsillitis, etc.

This excludes acute streptococcal sore throat and streptococcal tonsillitis.

Acute pharyngitis
Acute sore throat
Acute tonsillitis

Enlarged tonsils and adenoids

30. Influenza

"Flu" Grippe
Influenza with pneumonia
Influenza with respiratory manifestations
Influenza with digestive manifestations
Influenza with nervous manifestations

31. Pneumonia

Lobar pneumonia
Bronchopneumonia

Primary atypical pneumonia
Other unspecified pneumonia
Pneumonia of new born

32. **Bronchitis**
Acute bronchitis
Tracheo-bronchitis
Chronic bronchitis

33. **Silicosis and occupational pulmonary fibrosis**
Pneumoconiosis due to sillica and silicates
Silicosis
Anthracosilicosis
Asbestosis
Other specified pneumoconiosis and pulmonary fibrosis of occupational origin
Bagassosis
Byssionsis

34. **All other respiratory diseases**

Acute sinusitis	Abscess of lung
Acute laryngitis and tracheitis	Spontaneous pneumothorax
Peritonsillar abscess (quinsy)	Chronic pulmonary oedema
Chronic pharyngitis	Other chronic interstital
Chronic nasopharyngitis	Pneumonia
Chronicn sinusitis	Bronchiectasis
Maxillary sinusitis	Pulmonary Collapse
Frontal sinusitis	Passive pneumonia
Deflected nasal septum	Oedema of larynx
Nasal polyp	Empyema
Chronic laryngitis	Pleurisy

35. **Diseases of stomach and duodenum, except cancer**

Ulcer of stomach	Gastralgia
Ulcer of duodenum	Dyspepsia
Gastrojejunal ulcer	Hypertrophic pyloric stenosis
Gastritis	Obstruction of pylorus

Duodenitis
Achlorhydria
Hyperchlorydria
Dilatation of stomach
Distention of stomach

36. Appendicitis

Acute appendicitis
Appendicitis unqualified
Other appendicitis
Other diseases of appendix

37. Hernia of abdominal cavity

Hernia with or without obstruction
Inguinal
Femoral
Umbilical
Ventral
Other sites

38. Diarrhoea and enteritis

Gastroenteritis and colitis
Infantile diarrhoea

39. Diseases of gallbladder and bile duct

Cholelithiasis
Cholecystitis
Empyema gallbladder
Other diseases of gallbladder and biliary ducts

40. Other diseases of digestive system

(a) Diseases of Teeth and supporting structure
Dental carries
Dental abscess
Toothache
Gingivitis
Periodontosis (Pyorrhoea)
Impacted tooth
Congenital anomalies of teeth
Dental flourosis

(b) Other diseases

Stomatitis	Ulcerative colitis
Cancrum oris	Chronic colitis
Diseases of salivary Glands	Constipation
	Spastic Colon
Salivary calculus	Enterospasm
Ranula	Anal fissure and fistula
Parotiditis-Non-specific	Anal and rectal abscess
Parotitis-Non-specific	Proctitis
Cheilitis	Peritoneal adhesion
Glossitis	Enteroptosis
Leukoplakia	Faecal fistula
Cardiospasm.	Visceroptosis
Esophagitis	Prolapse of anus
Intestinal obstruction	Acute yellow atropy of
Paralytic ileus	liver
Volvulus	Necrosis of liver
Chronic enteritis	Cirrhosis of liver
Crohn's disease	Suppurative hepatitis
Regional ileitis	(not amoebic)
Diverticulitis	Perihepatitis
Acute pancreatitis	Portal obstruction
Chronic pancreatitis	Other diseases of pancreas

41. Nephritis and nephrosis

Acute nephritis	Glomerular nephritis
Chronic nephritis	Interstitial nephritis
Albuminuria	Gouty nephritis
Bright's disease	Renal dwarfism
Haemorrehagic nephritis	Renal rickets
Nephrosis	Renal sclerosis
Large white kidney	
Renal drospy	

Note: Other diseases of urinary system included under Group 49

42. Diseases of genital organs

(a) Male genital organs
- Enlarged prostate
- Prostatitis
- Other diseases of prostate
- Hydrocele
- Encysted hydrocele
- Orchititis and epidiymitis (non-specific0
- Phimosis
- Sterility
- Other diseases of male genital organs

(c) Female genital organs
- Diseases of breast
- Chronic Cystic diseases of breast
- Chronic mastitis
- Abscess breast
- Gyneacomastia
- Atrophy breast
- Salpingitis and oophoritis
- Salpingitis
- Pyosalpinx
- Ovaritis
- Other diseases of ovary and Fallopian tube
  - Follicular cyst
  - Haematosalpinx
- Diseases of parametrium and pelvic peritoneum
  - Pelvic cellulitis
  - Parametritis
  - Pelvic peritonitis
- Infective diseases of uterus, vagina and vulva
  - Cervicitis
  - Endometritis
  - Vaginitis
  - Vulvitis
  - Vulvovaginitis

Uterovaginal prolapse
- Cystocele
- Rectocele
- Urethrocele

Malposition of uterus
- Anteflexion
- Retroflexion
- Retroversion

} of cervix of uterus

Metritis

Endometritis

Disorders of menstruation
- Amenorrhoea
- Dysmenorrhoea
- Menorrhagia
- Metropathia haemorrhagica
- Metrorrhagia
- Oligomenorrhoea
- Retained menses

Menopausal symptoms
- Climacteric
- Menopause

Sterility

Other diseases of female genital organs
- Leukorrhoea
- Atresia of vagina
- Dyspareunia
- Colpocele
- Leukoplakia
- Vaginismus

43. Deliveries, complications of pregnancy, childbirth and the puerperium

(a) Normal deliveries

(b) Complications of pregnancy, childbirth and the puerperium

Complications of pregnancy

Pyelitis of pregnancy

Toxaemias of pregnancy
Hypertensive diseases during pregnancy
Pre eclampsia
Eclampsia
Hyperemesis gravidarum
Placenta praevia
Ectopic pregnancy
Anaemia of pregnancy
Hydatid form mole

Complication of child birth

Delivery complication by haemorrhage
Antepartum haemorrhage
Retained placenta
Postpartum haemorrhage
Delivery complicated by trauma
Delivery complicated by malposition of foetus
Delivery complicated by prolonged labour

Complications of puerperium

Puerperal infection
Puerperal phlebitis
Puerperal fever
Puerperal cellulitis
Puerperal metritis
Puerperal septicaemia
Puerperal pulmonary embolism
Puerperal phlebitis and thrombosis (white leg)
Puerperal eclampsia
Malignant jaudice
Puerperal cerebral haemorrhage
Puerperal psychosis
Mastitis and other disorders of lactation

(c) Abortions
Threatened abortion

44. Boils, abacess, cellulitis and other skin Infections

Boil and carbuncle
Cellulitis
Onychia

Paronychia
Whitlow
Abscess
Acute lymphadenitis
Impetigo
Infectious warts
Molluscum contagiosum
Other local infections of skin
Dermatitis
Ecthyma
Pyoderma

45. Other diseases of skin

Seborrheic dermatitis
Eczema (but not allergic)
Occupational dermatitis
Pemphigus
Dermatitis herpetiformis
Erythema multiforme
Erythema nodosum
Rosacea
Pruritis
Prosriasis
Pityriasis rosea
Lichen planus
Corns and calosities
Diseases of nail
Onychitis
Leukonychia
Ingrowing nail

Diseases of hair and hair follicles

Alopecia areata
Folliculitis
Sycosis
Trichiasis
Prickly heat

Acne
Comedon

Chronic ulcers of skin

Bedsore
Decubitus ulcer
Tropical ulcer

Other Diseases of Skin

Intertrigo
Leukoderma
Scar
Vitiligo

Note: Parasitic skin infections fall under Group 10

46. Arthritis and rheumatism, except rheumatic fever

Acute arthritis
Pyogenic
Nonpyogenic
Rheumatoid arthritis
Still's diseases
Still-Felt syndrome
Spondylitis ankylopoietica
Osteoarthritis
Rheumatic gout
Spondylitis deformans
Fibrositis
Mycfibrositis
Lumbago
Torticollis
Wry neck
Myalgia
Myositis

47. Diseases of bones and other organs of movement

Osteomyelitis and periostitis
Acute-osteomyelitis
Chronic osteomyelitis

Brodies' abscess
Osteitis
Osteitis deformans (Peget's diseases)
Osteochondrosis
Epiphysitis
Osteoporosis
Fibrocystic
Disease of bone
Displacement of intervertebral disc
Prolapse of intervertebral disc
Herniation of nucleus pulposus
Affections of the sacro-iliac joint
Ankylosis of joint
Capsulitis
Chondritis
Haem-arthrosis
Bunion
Bursitis
Tenosynovitis
Myasthenia gravis
Progressive muscular dystrophy
Amyotoniacongenita
Kyphosis
Lordosis
Scoliosis
Flat foot
Pes planus
Club foot
Other deformitis
Coxa vulga
Hammer toe
Genu valgum
Mallet finger

48. Congenital malformation and diseases peculiar to early infancy

Intracranial injury at birth

Postnatal asphyxia
Pemphigus neonatorum
Umbilical sepsis
Erythroblastosis
Marasmus
Spinabifida and meningocele
Congenital hydrocephalus
Congenital cataract
Cleft plate and harelip
Congenital hypertrophic pyloric stenosis
Imperforate anus
Undescended testis
Polycystic kidney
Epispadias
Ectopia vesicae
Congenital heart disease
Tetralogy of fallot
Patent ductus ateriousus
Interauricular septal defect
Other congenital malformations
Cervical rib

49. Other specified and ill-defined diseases

(a) Epilepsy

(b) Diseases of nerves and peripheral ganglia
Facial paralysis
Trigeminal neuralgia
Brachial neuritis
Sciatica
Polyneuritis

(c) Calculus renal Ureteric Bladder

(d) Other diseases of urinary system

Pyelitis	Pyonephrosis
Pyelocystitis	Cystits
Abscess of kidney	Dilation of bladder
Carbuncle of kidney	Rupture of bladder

Perinephric abscess	Vesical fistula
Hydronephrosis	Urethritis (nonvenereal)
Calculus aneuria	Stricture urethra

(e) All other specified and ill-defined diseases

To this group are assigned:-

(i) Symptoms ill defined conditions regarding which no diagnosis classifiable elsewhere is recorded

Headache	Epistaxis
Giddiness	Cough
Convulsions	Pain in chest
Vertigo	Anorexia
Disturbance of sleep	Vomiting
Insomnia	Hiccough
Narcolepsy	Polyuria
Amnesia	Nervousness
Precordial pain	Debility
Collapse	

(ii) all those diseases entities not included in any Cause Group (Residual disease)

Diseases of parathyroid gland

Diseases of pituitary gland
- Acromegaly
- Cretinism
- Simmond's disease
- Frohlich's syndrome
- Diabetes inspidus
- Hypopituitarism etc.

Diseases of thymus gland

Diseases of adrenal glands

Ovarian dysfunction

Testicular dysfunction

Metabolic disorders
- Gout
- Obesity

Other diseases of blood

Polycythaemia
Haemophilia
Purpura
Agranulocytosis
Diseases of spleen

Other diseases of nervous system

Nonspecific meningitis
Intracranial abscess
Paralysis agitans
Spastic infantile paralysis
Other cerebral paralysis
Migraine
Motor neurone and muscular atrophy

Other diseases of heart

Acute and subacute bacterial endocarditis
Actue myocarditis not specified as rheumatic
Actue pericarditis nonrheumatic

Functional diseases of heart

Heart block
Arrhythmia
Auricular flutter
Auricular fibrillation
Bradycardia
Extrasystole
Paroxsystmal tachycardia
Pulsus alternans
Congestive heart failure
Acute oedema of lung
Cardiac asthma
Left ventricular failure
Cor pumonale

Diseases of arteries

General arterioscelerosis
Atheroma of artery
Endoarteritis obliterans
Senile endoarteritis
Dissecting aneurysm
Dilatation of aorta
Raynaud's disease

Thrombo-angitis obliterans
Chilblains
Acrocyanosis
Gangrene of unspecified cause
Hypotension
Telangiectasis
Chronic nonspecific lymphadenitis
Chylocele
Lymphangiectasis

(f) Pyrexia of unknown origin (P.U.O.)

50. Accidents, poisoning and violence :-

This group includes all accidents, occupational poisoning as well as poisoning not specified as occupational and other violence, except injury eye which is included under Group 21(d).

(g) Open fractures (all sites)

(h) Closed fracdtures (all sites)

(i) Complicated fractures (all sites and complications)

(j) Dislocations (all sites without fracture)
Jaw
Shoulder
Elbow
Hip
Knee etc.

(k) Head injury (excluding fracture)
Contusion scalp
Haematoma
Open wound scalp
Concussion
Cerebral laceration
Cerebral haemorrhage
Cerebral irritration

(l) Internal injury chest, abdomen, pelvis

Traumatic	Inury (rupture)
Pneumothorax	Liver, spleen, stomach

Haemothorax	Injury heart and lung kidney, pelvic organs. Injury gastrointestinal tract.

(m) Lacerated, open contused and cut wounds (all sites except eye and orbit).

(n) Burns and scalds

(o) Occupational poisoning

(p) Other poisoning

(q) Other violence

* * *

APPENDIX – C

ALPHABETICAL LIST OF DISEASES WITH CLASSIFICATION GROUPS

	Classified Sickness group
A	
Abdominal colic	49 c
Abortion	43 c
Abortive fever	6 c
Abscess	According to cause
Achlorhydria	35
Acholuric anaemia	18
Accidents (not occupational	50 sub group according to nature of injury
Accidents (Occupational)	50 sub group according to nature of injury
Acne	45
Acromegaly	49 c
Actinomycosis	11 f
Acute gonorrhoea	4
Acute oedema of lung	49 e
Addison's anaemia	18
Adenitis (non-tuberculous)	44
Aerolar abscess	40 a
Agranulcoytosis	49 e
Albuminuria	41
Allergic conjunctivitis	14
Allergic eczema	14
Alopecia (aerata)	45
Amenorrhoea	42 b
Amnesia	49 c
Anaemia	18
Anal nd rectal abscess	40
Anal fistula or fissure	40
Anaphylactic shock	50 k
Aneurysm of aorta	3
Angina pectoris	25
Angioneurotic oedema	14
Ankylosis	47
Ankylostomiasis	10 b
Anorexia	49 e
Anteflexion cervix or uterus	42 b
Antepartum haemorrhage	43 b
Anthracosis	33
Anthrax	11 j
Anxiety	19 a
Aortic disease	24
Aplastic anaemia	18
Apoplexy	20
Appendicitis	36
Arteriosclerosis	25
Arteriosclerosis of kidney	26
Arrhythmia	49 c
Arthritis	46
Arthritis gonococal	4
Ascariasis	10 c
Ascitis	49 c
Asthma	14 a

Gastric ulcer	35
Gastritis	35
Gastro-enteritis	38
General paralysis of insane	3
Genu valgum	47
Giddiness	49 e
Gingivitis	40 a
Glandular fever	11
Glaucoma	21 c
Glioma	12
Glossitis	40
Glycosuria	49 e
Goitre	15
Gonorrhea	4
Gout	49 e
Guinea worm	10 c
Gumma	3
Gyaecomastia	42 b

H

Haematemesis	According to cause
Haematuria	49 e
Haemolytic anaemia	18
Haemophilia	49 e
Haemoptysis	According to cause
Haemorrhoids	27
Hammer toe	47
Harelip	48
Hay fever	14
Headache	49 e
Heart block	49 e
Heat exhaustion	50 k
Hemiplegia	49 e
Hepatitis Ameobic	5
Hepatitis infectious	11 i
Herina	37
Herpes zoster	11 j
Hiccouogh	49 e
Hodgkin's disease	12
Hookworm	10 b
Hydatid disease	10 c
Hydatidiform mole	43 b
Hydrocele	42 a
Hydrocephalus congenital	48
Hydronephrosis	49 e
Hyperchlorydria	35
Hypermetropia	21 c
Hyperplesia	26
Hyperpyrexia	According to cause
Hypertension Malignant	26
Hypertensive encephalopathy	26
Heart disease	26
Hyperthyroidism	15
Hypostatic pneumonia	34
Hypotension	49 e
Hysteria	19 a

P

Subacute gonorrhoea	4
Subarachnoid haemorrhage	20
Suppurative hepatitis	40 b
Syphilis	3
Syphilitic sore	3

T

Tabes dorsalis	3
Tachycardia	10 c
Taenia	47
Tenosynovitis	49
Tetanus	11 g
Thread worm	10 c
Threatened abortion	43 b
Thrombo angitis obliterans	49 e
Thrombophlebitis	27
Thrombosis	27
Thyroid enlargement	15
Thyrotoxicosis	15
Tick-born typhus	8
Tinea	11 f
Tonsillitis	29
Toothache	40 a
Torticollis, rheumatic	46
Toxaemia	According to cause
Toxaemia of pregnancy	43 b
Toxic goitre	15
Tracheitis	34
Tracheobronchitis	32
Trachoma	21 a
Trematode infestation	10 c
Trench fever	8
Trichiasis	45
Trichiniasis	10 c
Trigeminal neuralgia	49 b
Tropical ulcer	45
Trypanosomiasis	11 j
Tuberculosis of meningitis	2
- Intestines	2
Tuberculosis of respiratory system	1
Tuberculosis of genito urinary system	2
- Lymphatic system	2
Tumour	12 or 13
Typhoid fever	6 b
Typhus fever	8

U

Ulcer	According to cause
Ulcerative colitis	40 b
Umbilical hernia	37
Umbilical sepsis	48
Undescended testis	48
Undulant fever	6 c
Uraemia	49 e
Uretheritis	49 d
Uric acid diathesis	49 e

APPENDIX – D

Classification of diseases under Ayurvedic and Unani System of medicine

कारण ग्रुप सं. Cause Group No.	रोग का नाम Name of disease	रोमन में In Roman	हिन्दी में In Hindi
1	2	3	4
1.	Tuberculosis of respiratory system	Rajyakshma	राज-यक्ष्मा
2.	Tuberculosis other forms	Anaya Kshayaroga	अन्य क्षय रोग
3.	Syphilis and its sequelae	Firang Roga	फिरंग रोग
4.	Gonococcal infection	Pooyameha, Prameha or aupsargik Meh.	पयू मेह, प्रमेह या औपसर्गिक मेह
5.	Dysentery, all forms	Amatisar, Pravahika	आमातिसार, प्रवाहिका
6.	(a) Cholera	Visuchika	विसूचिका
	(b) Enteric fever	Ant Jwara	अन्त ज्वर
	(c) Other infective diseases arising in Intestinal Tract	Anya Anthrika roga Antisar, Anatshotha, Krimi Antapuch shoth ityadi	अन्य आंत्रिक रोग अन्तः शोथ, क्रिमि अन्तपच्छ शोथ इत्यादि
7.	(a) Scarlet fever	Shonatvag jwar (Lal Bukhar)	शोणत्वग् ज्वर (लाल बुखार)
	(b) Diphtheria	Rohini (Galrohini)	रोहिणी (गल रोहिनी)
	(c) Whooping cough	Vatajkas	वातज कास
	(d) Measles	Romantika	रोमान्तिका
	(e) Mumps	Gandalji, Karnamulik shoth	गंडलजी, कर्णमूलिक शोथ
	(f) Chicken-pox	Twandmasurika	लघु मसूरिका

1	2	3	4
8.	Typhus & other rickettsial diseases	Antrika Sannipat	आन्त्रिक सन्निपात
9.	Malaria	Visham Jwar (Shit Jwar)	विषमज्वर (शीत ज्वर)
10.	(a) Filariasis	Shlipad	श्लीपद
	(b) Ankylostomiasis	Ankush krimi jwar vikar	अंकुश कृमिज्वर विकार
	(c) Other helminths	Anya Krimi Roga	अन्य कृमि रोग
11.	(a) Meningo-coccal infection (cerobrospinal)	Shirshambu Roga	शीर्षम्बु रोग
	(b) Plague	Granthik Jwar	ग्रंथिक ज्वर
	(c) Small-pox	Brinhat Masurika	बृहंत मसूरिका
	(d) Leprosy	Kushta	कुष्ठ
	(e) Kala-azar	Kala Jwar	काला ज्वर
	(f) Parasitic skin infections	Anya Agantuka Krimija Roga	अन्य आगन्तुक कृमिज रोग
	(g) Tetanus	Dhanustambh	धनुस्तम्भ
	(h) Yaws (Frambasia)	Niruddha Prakash	निरूद्ध प्रकाश
	(i) Infectious hepatitis	Yakrit Pankaj Kamala	यकृत पङ्क ज कामला
	(j) Other infectious and parasitic	Anya Sankramak tatha Parijaivik Vyadhi	परजैविक व्याधि
12.	Malignant neoplasms, all sites	Dushtarbuda Asadhyarduda	दुष्टार्बुद असाध्यर्बुद
13.	Benign neoplasms, all sites	Sukhsadhyarbuda	सुखसाध्यार्बुद
14.	Allergic disorders	Atihas, Sheet Pitta	अतिहास, शीत पित
15.	Diseases of thyroid-gland	Galganda	गलगण्ड
16.	Diabetes mellitus	Madhumeha	मधुमेह
17.	Avitaminosis and other deficiency states	Dhatukshaya	धातुक्षय

1	2	3	4
18.	Anaemias	Rakta Alpata, Pandurega	रक्त, अल्पता, पाण्डुरोग
19.	Psychoneuroses and Psychoses	Manas Roga	मानस रोग
20.	Vascular lesions C.N.S.	Shira Dhamani gat Vran	शिरा धमनी गत व्रण
21.	(a) Trachoma	Sikata Vartma, Rohe	सिकता वर्त्म, रोहे
	(b) Cataract	Linganash, (Motiabind)	लिंग नाश (मोतियाबिंद)
	(c) Diseases of eye	Netra Roga	नेत्र रोग
	(d) Injury eye	Netra Ghat	नेत्र घात
22.	Diseases of ear and mastoid process	Karna Rog	कर्ण रोग
23.	Rheumatic fever	Amavata Jwar, Satat Jwar	आमवात ज्वर, सतत ज्वर
24.	Chronic rheumatic heart diseases	Vataja Hridya Roga	वातज हृदय रोग
25.	Arteriosclerotic and degenerative heart	Hridaya Dhamani Jarathta	हृदय धमनी जड़ता
26.	Hypertensive disease	Rakta Bharadhikya Rog	रक्त भाराधिक्य रोग
27.	Diseases of veins	Shiravyadhi, Nari Roga	शिराव्याधि नाडी रोग
28.	Acute nasopharyngitis (Common cold)	Nasarog (Pratishyaya)	नासा रोग (प्रतिश्याय)
29.	Acute pharyngitis and tonsillitis	Talupaka and Galashundika, Kanthashaluk	तालुपाक व गलशुंडिका कण्ठशालूक
30.	Influenza	Vatshleshmic Jwara	वातश्लेष्मिक ज्वर
31.	Pneumonia	Swashnak Jwar	स्वसनक ज्वर
32.	Bronchitis	Kasa	कास

1	2	3	4
33.	Silicosis and occupational pulmonary fibrosis	Saikatit Vyadhiyan	सकैतित व्याधियां
34.	Other respiratory	Anya Shwasjanit Roga	अन्य श्वासजनित रोग
35.	Diseases of stomach and duodenum	Amashaya grahani Roga	आमाशय रोग ग्रहणी रोग
36.	Appendicitis	Undruka Puchha Prabaha	उण्डूक पुच्छ प्रवाह
37.	Hernia of abdominal cavity	Antra Virddhi	अन्त्र वृद्धि
38.	Diarrhoea and enteritis	Atisar & Granani	अतिसार तथा ग्रहणी
39.	Diseases of gallbladder and bile ducts	Pittashaya & Pitta Pranali Roga	पित्ताशय तथा पित्त प्रणाली रोग
40.	(a) Diseases of the teeth	Dant Roga	दंत रोग
	(b) Other diseases of digestion	Mandagni Janya Jeernashyaroga	मन्दाग्नि जन्य जीर्णाशय रोग
41.	Nephritis and nehrosis	Brikshoth, Brikshushkta	वृक्कशोथ, वृक्कसुसक्त
42.	(a) Diseases of female genital organs	Stri Jananendria Roga	स्त्रीगत जनेन्द्रिया रोग
	(b) Diseases of male genital organs	Purusha Jananendriya Roga	पुरूषगत जनेन्द्रिया रोग
43.	(a) Normal deliveries	Swabhavik Prasava	स्वाभाविक प्रसव
	(b) Complications of pregnancy, child-birth & the puerperium	Sutika Roga	सूतिका रोग
44.	Boil abscesses, Cellulitis & other skin infections	Vrana Visfota Pindaka tatha Anya Charma roga	व्रण विस्फोट पिंडिका तथा अन्य चर्म रोग
45.	Other diseases	Anya Twagroga	अन्य त्वग रोग
46.	Arthritis & rheumatism	Sandhigatas tatha Amavat	संधिगत तथा आमवात
47.	Diseases of bones & other organs of movement	Asthi tatha Sandhiroga	अस्थि तथा संधिरोग

1	2	3	4
48.	Congenital malformations and diseases peculiar to early infancy	Janmajat Shishuroga	जन्म जात शिशु रोग
49.	(a) Epilepsy	Mrigi (Apasmar)	मृगी (अपस्मार)
	(b) Diseases of nerves & peripheral ganglia	Vatavah Dhamani Roga	वातवाह धमनी रोग
	(c) Urinary calculus	Mutra Asmari	मूत्र अश्मरी
	(d) Other diseases of urinary system	Mutra ke Anya Roga	मूत्र के अन्य रोग
	(e) Other specified and ill-defined diseases	Anya spasht and aspashta Roga	अन्य स्पष्टास्पष्ट रोग
50.	(a) Open fractures (all sites)	Ashthibhanga Bahir	अस्थिरभंग बाहिर
	(b) Close fractures (all sites)	Asthibhanga Antari	अस्थिभंग अन्तरि
	(c) Complicated fractures (all sites & complications)	Sopadravya Asthibhanga	सोपद्रव अस्थि भंग
	(d) Dislocation	Sandhi chyuti	संधिच्युति
	(e) Head injury (excluding fracture)	Shirobhighat	शिरोभिघात
	(f) Internal injury, chest, abdomen and pelvis	Antah Vakshadi Abhighat	अन्तः वक्षादि अभिघात
	(g) Lacerated, open and contuses wounds	chhinna Shinna Vran	छिन्न भिन्न व्रण
	(h) Burns and scalds	Dagdha Vran	दग्ध व्रण
	(i) Occupational poisoning	Vish (Vitlija)	विष (वितज)
	(j) Other poisoning	Anya Vish Roga	अन्य विष रोग
	(k) Other violence	Anya Agnatuk Aghati	आगन्तुक आघति

APPENDIX – E

Classification of diseases system-wise in Ayurvedic and Unani System of Medicine

क्रम सं./Sl. No.	रोगों का आयुर्वेदिक Name of Diseases in Ayurvedic	हिन्दी में नाम In Hindi	रोगों का एलोपेथी नाम Name of Diseases in Allopathy
	पाचक संस्थान PACHAN SAMASTHAN (DIGESTIVE SYSTEM)		
1	2	3	4
1.	Amlapitta	अम्लपित्त	Hyperacidity
2.	Adhijatarashool	अधिजातारशूल	Epigastric pain
3.	Agnimandya	अग्नि माद्य	Dyspepsia
4.	Ajeerna	अजीर्ण	Indigestion
5.	Anaha	आनाह	Flatulance
6.	Amashayik Varan	आमाशयिक व्रण	Gastric Ulcer
7.	Amatisara	आमातिसार	Amoebic Dysentery
8.	Raktatisara	रक्तातिसार	Bacillary Dysentery
9.	Vamana	वमन	Vomiting
10.	Kamala	कामला	Jaundice
11.	Mukhapaka	मुखपाक	Stomatitis
12.	Vibandha	विबन्ध	Constipation
13.	Pakvashayikvrana	पक्वाशयिक व्रण	Duodinal Ulcer
14.	Pravahika	प्रवाहिका	Diarrhoea
15.	Jivaha Shoth	जिव्हा शोथ	Glossitis
16.	Adhman	आध्मान	Tymparitis
17.	Grihani	ग्रहणी	Sprue

18.	Alasak	अलसक	Lichen
19.	Halimak	हलीमक	Chlorosis
20.	Aroachak	अरोचक	Anorexia
21.	Jaloadar	जलोदर	Ascites
22.	Raktapitt	रक्त पित्त	Internal Haemorrhage
23.	Trishna	तृष्णा	Thirst
24.	Pittashayashoth	पित्ताश्य शोथ	Cholangitis
25.	Agnayashaya Shoth	अग्नाशय शोथ	Pancreatitis
26.	Antrakalashoth	आन्त्रकला शोथ	Enteritis
27.	Gulma	गुल्म	Phantom Tumour

मूत्रवाह संस्थान
MORTRA VAHA SAMASTHAN (Genito Urinary System)

1.	Oajomeha	ओजोमेह	Albuminuria
2.	Pistameha	पिष्टमेह	Chyluria
3.	Shukrameha	शुक्रमेह	Spermetorrhoea
4	Ikshumeha	ईक्षुमेह	Diabetes Mellitus
5.	Teevrapooya	तीव्रपयमेह	Acute Gonorrhoea
6.	Jeerna Pooya Meha	जीर्ण पूयमेह	Chronic Gonorrhoea
7.	Mootra Krichhta	मूत्र कृच्छता	Dysuria
8.	Shishan Vran	शिश्न व्रण	Ulcer on the Penis
9.	Dhwaja Bhanga	ध्वाजा भंग	Deformity of Penis
10.	Shweta Pradar	श्वेत प्रदर	Leucorrhoea
11.	Rakta Pradar	रक्त प्रदर	Menorrahagia
12.	Upanda Shoath	उपांडू शोथ	Epidydimitis

13.	Shukra Dourbailya	शुक्र दौर्बल्य	Aspermosis
14.	Ushna Vat	उष्ण वात	Syphylis
15.	Ashthela	अष्ठीला	Enlargement of Prostate
16.	Mootroatsang	मूत्रौत्संग	Stricture of Urethra
17.	Mootra Teet	मूत्रतीत	Incontinence of Urine
18.	Mootra Kshsya	मूत्राक्षय	Anuria
19.	Vatakundalika	वातकुण्डलिका	Spasmodic stricture of urethra
20.	Ashmari	अश्मरी	Calculus
21.	Udarameh	उदरमेह	Diabetes Insipidus
22.	Raktameha	रक्तमेह	Haematuria
23.	Mootra Sad	मूत्रसाद	Cystitis
24.	Sikata Meha	सिकता मेह	Urates in the Urine
25.	Haridrameha	हरिद्रामेह	Bile in the Urine
26.	Raktagulma	रक्त गुल्म	Fibroid Tumour
27.	Bastikundal	बस्ती कुण्डल	Atony of Bladder
28.	Jalvrishan	जल वृषण	Hydrocele
29.	Rakta Vrishana	रक्त वृषण	Haematocele

श्वासेच्वास संस्थान
SHWSHOA CHHWASHA SAMASTHANA (Respiratory System)

1.	Kasa	कास	Cough
2.	Teevra Vayunalika Shoath	तीव्रवायुनलिका शोथ	Acute Bronchitis
3.	Jeerna Vayunalika Shoth	जीर्णवायुनलिका शोथ	Chronic Bronchitis
4.	Tamaka Shwas	तमक श्वास	Asthma

5.	Prati Shyaya	प्रति श्याय	Coryza
6.	Phuphu Savarana Shwas	फुफ्फू सावरण श्वास	Pleurisy
7.	Rajayakshma	राजयक्ष्मा	T.B. of lungs
8.	Vatotphullata	वातोत्फुल्लता	Bronchiectasis
9.	Raktastheevana	रक्तष्ठीवन	Heamoptysis
10.	Hikka	हिक्का	Hiccuph
11.	Swara Bhang	स्वरभंग	Hoarseness
12.	Pooyoaras	पूयारस	Empyema
13.	Vatoaras	वातरस	Pneumothorax
14.	Vayu Koasha Vistriti	वायु कोश विस्तृति	Emphysema
15.	Vayu Nalika Shoath	वायु नलिका शोथ	Bronchitis
16.	Jaloaras	जलोरस	Hydrothorax

रक्त संस्थान
RAKTAVAHA SAMASTHAN (Circulatory System)

1.	Hyriddourbalya	हृदौर्बल्य	Cardiac Weakness
2.	Raktalpata (Pandu)	रक्ताल्पता	Anaemia
3.	Sheeghra Hridayata	शीघ्रहृदयता	Tachycardia
4.	Vatarakta	वातरक्त	Gout
5.	Raktanipidan	रक्तनिपिडन	Blood Pressure
6.	Mandahridyata	मंदहृदयता	Brady cardia
7.	Hardayanath Kala Shoath	हृदयकलाशोथ	Endocarditis
8.	Hritpeshi Shoath	हृत्पेशी शोथ	Myocarditis
9.	Dwi Patrak Roga	द्विपत्रक	Mitral diseases
10.	Tri Patrak Roga	त्रिपत्रक रोग	Tricuspid Diseases
11.	Hardrik Swash	हार्दिक श्वास	Cardiac Asthma

वातनाड़ी संस्थान
VATANADI SAMASTHAN (Nervous System)

1.	Sarvanga Ghat	सर्वांगघात	Paralysis
2.	Ardhang Ghat	अर्धांगघात	Hemiplegia
3.	Ekanga Ghat	एकांगघात	Monoplegia
4.	Ardhavabhedak	अर्धविभेदक	Migraine
5.	Katishoola	कटिशूल	Lumbago
6.	Parsha Shoola	पार्श्वशूल	Pain in the Chest Wall
7.	Demagdosh	देमा र्दोष	Melencholia
8.	Apasmar	अपस्मार	Epilepsy
9.	Unmad	उन्माद	Mania
10.	Sanyas	सन्यास	Apoplexy
11.	Akshepak	आक्षेपक	Concussion
12.	Madatyaya	मदात्यय	Alcoholism
13.	Bhram	भ्रम	Giddiness
14.	Dhanvsth Ambh	धनुस्तम्भ	Tetanus
15.	Ardit	अर्दित	Facial Paralysis
16.	Hanugrah	हनुग्रह	Dislocation of Lower Jaw
17.	Ghridhrashi	गृध्रसी	Sciatica
18.	Apatantrak	अपतन्त्रक	Hysteria
19.	Manya Sthambha	मन्यास्तंभ	Wry neck
20.	Pralap	प्रलाप	Delirium
21.	Vipathu	वेपथु	Paralysis agitans
22.	Moorchha	मूर्छा	Syncope

अस्थि संस्थान
ASTHI SAMASTHAN (Bonny System)

1.	Asthi Vakrata	अस्थि वक्रता	Rickets
2.	Asthya Varan Shoath	अस्थि वृण शोथ	Osteomyliis
3.	Teerva Sandhi Shoath	तीव्रसंधि शोथ	Acute Arthritis
4.	Jerna Sandhi Shoath	जीर्णसंधि शोथ	Chronic Arthritis
5.	Croastu Shirshak	क्रोष्टु शीर्षक	Synovitis of the knee joint
6.	Ansshoath	अंसशोथ	Acute arthritis of shoulder joint
7.	Apa bahuk	अपबाहुक	Stiffness of Shoulder Joint
8.	Nakh Bhed	नख भेद	Onychia
9.	Amavat	आमवात	Rheumatism
10.	Asti Bhang	अस्थि भंग	Fracture
11.	Sandhi Vishlesha	संधि विश्लेष	Dislocation of Joint
12.	Ashwa Karna	अश्व कर्ण	Spiral fracture
13.	Majjagat Bhagn	मज्जागत भग्न	Impacted fracture
14.	Asthi chhallika	अस्थि छल्लिका	Green stick fracture

त्वक संस्थान
TWAK SAMASTHAN (Cutaneous System)

1.	Kandu	कंडू	Scabies
2.	Dadru	दद्रु	Ring Worm
3.	Kustha	कुष्ठ	Leprosy

4.	Swet Kusth	श्वेत कुष्ठ	Leucoderma
5.	Uptwacha Shoath	उपत्वचा शोथ	Cellutitis
6.	Twak Shoath	त्वक शोथ	Dermatitis
7.	Daha	दाह	Burning of Body
8.	Oastha Bhed	ओष्ट भेद	Chopping of Lip
9.	Prameh Pidika	प्रमेह पिडिका	Carbuncle
10.	Pama	पामा	Eczema
11.	Vicharchika	विचार्चिका	Pemphigus
12.	Kitibh	किटिभ	Psoriasis
13.	Sitapitt	शीतपित्त	Urticaria
14.	Visarp	विसर्प	Esysipelas
15.	Sidhm	सिध्म	Psoriasis
16.	Shaturu	शतारु	Rupia
17.	Vicharchika	विचर्चिका	Pemphigus
18.	Vishoatak	विस्फोटक	Impetigo
19.	Atasak	अत्यसक	Lichen

ग्रन्थि संस्थान
GRANTHI SAMASTHAN (Glandular System)

1.	Grandi Kshaya	ग्रन्थि क्षय	Scrofula
2.	Pleehodara	प्लीहोदर	Enlargement of Spleen
3.	Yakrit Shoath	यकृत शोथ	Enlargement of Liver
4.	Awatuka Shoath	अवातक शोथ	Goitre

5.	Adhighva Granthi Shoath	अधिव ग्रन्थि शोथ	Tonsillitis
6.	Manya Granthi Soath	मान्य	Parotitis

संक्रामक रोग
SANKRAMAK ROAG (Infectious Diseases)

1.	Teevra Vishamajwar	तीव्र विषम ज्वर	Acute Malaria
2.	Jeerna Vishamajwar	जीर्ण विषम ज्वर	Chronic Malaria
3.	Vatikajwar	वातिक ज्वर	Beri-Beri
4.	Vat Paittik Jwar	वात पित्तिक ज्वर	Dengue Fever
5.	Mantharak Jwar	मन्थरक ज्वर	Typhoid
6.	Teevra Vishamajwar	वाताश्लेष्मिक ज्वर	Influenza
7.	Prasoota Jwar	प्रसूतिक ज्वर	Peurperal fever
8.	Sajwar Sandhi Shoath	सज्वर संधि शोथ	Rheumatic fever
9.	Shwashanaka Jwar	श्वसनक ज्वर	Pneumonia
10.	Sajwar Wanya Shoath	सज्वर मान्य शोथ	Mumps
11.	Sleepad	श्लीपद	Elephantiasis
12.	Rohini	रोहिनी	Diphtheria
13.	Romantika	रोमांतिका	Measals
14	Visarp	विसर्प	Erysipalas
15.	Mastishka Syushumna Jwar	मस्तिष्क सुषुम्ना ज्वर	Cerebro spinal fever
16.	Kustha	कुष्ठ	Leprosy
17.	Dhannurvat	धनुर्वात	Tetanus
18.	Firang	फिरंग	Syphilis
19.	Masoorika	मसूरिका	Small-Pox

20.	Jalasanatras	जलसन्त्रास	Hydrophobia
21.	Mooshik Dansha Jwar	मूषिक दंश ज्वर	Rat bite fever
22.	Rajyak Shama	राजयक्ष्मा	T.B. of lungs
23.	Tantu Krimi	तंतु कृमि	Thread worms
24.	Gandupad Krimi	गंडूपद कृमि	Round worm
25.	Ankush Amukh	अंकुश मुख	Hook worm
26.	Spheet Krimi	स्फीत कृमि	Taeniasis
27.	Pratoad	प्रतोद	Trichuriasis
28.	Snayuk	स्नायुक	Guineaworm
29.	Shleepad	श्लीपद	Filariasis

शलक्य रोग

SHALAKYA ROAG (Eye, Nose & Throat & Sensory Organs)

1.	Karnastrava	कर्ण स्राव	Otitis media
2.	Karana Shool	कर्ण शूल	Ear Ache
3.	Ghrana Nash	घ्राण नाश	Loss of smell
4.	Peenas	पीनस	Ozaena
5.	Pootikarna	पूतिकर्ण	Suppuration in the ear
6.	Savran Shukl	सव्रण शुक्ल	Corneal ulcer
7.	Arm	अर्म	Pterygium
8.	Ling Nasha	लिंगनाश	Cataract
9.	Netra Bhishyand	नेत्र अभिष्यंद	Conjunctivitis
10.	Danta Nad	दंतनद	Lines in the Gums
11.	Krimi dant	कृमिदंत	Caries tooth
12.	Dant Sharkara	दंतशर्करा	Tartar

13.	Dant vest	दंतवेष्ट	Pyorrhoea alveolitis
14.	Sitad	सिताद	Spongy gums
15.	Dant Puppata	दंतपुप्पट	Gum Boil
16.	Alas	अलस	Sublingual abcess
17.	Karnanad	कर्णनाद	Noise in the ear
18.	Kantha Shundhee	कंठ शूंडी	Elongated Uvula
19.	Upa Givhika	उपगिव्हका	Ranula
20.	Badhirya	बाधिर्य	Deafness
21.	Nasapak	नासपाक	Rhinitis
20.	Badhirya	बाधिर्य	Deafness
21.	Nasapak	नासपाक	Rhinitis
22.	Kshavathu	क्षवथु	Frontal Sinusitis
23.	Sirotpat	शिरोरुज	Sinusitis
24.	Sarvakeshi Shoath	सर्वकेशीशोथ	Pan Ophthalmitis
25.	Vatagat Vartm	वातगत वर्त्म	Ptosis
26.	Nimesh	निमेष	Blepharo spasm
27.	Pakhsm Kop	पक्ष्मकोप	Trichiasis
28.	Netra Nadi	नेत्रनाड़ी	Lacrymal fistulaa
29.	Pakshama Shat	पक्ष्मशात	Tinae Tarsi
30.	Tundi Keri	तुण्डिकेरि	Abscess in the palate
31.	Adhijivhika shoth	अधिजिव्हिक शोथ	Tonsillitis

शल्य रोग
SHALYA ROAG (Surgical Diseases)

1.	Arsha	अर्श	Piles
2.	Bhagandar	भगंदर	Fistula in Ano
3.	Guda Bhransha	गुदा भ्रंश	Prolapse rectum

4.	Nadi Vrna	नाडी व्रण	Sinus
5.	Vidhradi	विद्रधी	Abscess
6.	Chippal	चिप्पल	Whitlow
7.	Raktarbud	रक्तार्बुद	Blood Tumour
8.	Mansarbud	माँसर्बुद	Myoma
9.	Medorbud	मेदोगर्बुद	Fatty Tumour
10.	Asthi Bhgn	अस्थि भग्न	Fracture of Bones
11.	Sandhi Vishlesh	संधि विश्लेष	Dislocation of joint
12.	Vran Shoath	व्रण शोथ	Inflammation of wound
13.	Arbud	अर्बुद	Tumour
14.	Sadyoa Vran	सद्योः व्रण	Traumatic Wound
15.	Alas	अलस	Corn
16.	Masak	मसक	Warts
17.	Nirudha Prakasha	निरुद्ध प्रकाश	Phimosis
18.	Sannirudhagud	सन्निरुद्ध गुद	Stricture of Rectum
19.	Antra Vridhi	अंत्रवृद्धि	Herina
20.	Pravartika	परिवर्तिका	Paraphimosis
21.	Avapatika	अपरिवर्तिका	Tear in the prepuce
22.	Pittasmari	पित्तश्मारी	Gall stone
23.	Antra Puchha shoath	आन्त्रपुच्छ	Appendicitis
24.	Antantra Pravesha	आन्त्रांत्र प्रवेश	Intussuception

स्त्री रोग
STRI ROAG (Women Diseases)

1.	Rakta Pradar	रक्त प्रदर	Menorhhagia
2.	Madhyapradar	मध्य प्रदर	Metrorrhagia

3.	Swet pradar	श्वेत प्रदर	Leucorrhea
4.	Bandhyatva	बन्ध्यत्व	Sterility
5.	Yoanikand	योनिकांड	Vaginal Polypus
6.	Garbha Srawa	गर्भ स्राव	Abortion
7.	Garbha Pa'a	गर्भपात	Miscarriage
8.	Moodha Garbha	मूढ़ गर्भ	Malpresenation
9.	Kastartva	कष्टार्तवा	Dysmenorrhea
10.	Nastartawa	नष्टरर्तव	Menopause
11.	Makkalla Shool	मक्कल्ल शूल	After pains
12.	Sootika	सुतिका	Puerperal fever
13.	Gati	गति	Presentation
14.	Sankeelak	संकीलक	Vertex
15.	Partikhur	प्रतिखुर	Presentation of Head with two hand and two legs
16.	Bijak	बीजक	Breech presentation with one or two hands
17.	Parigh	परिथ	Transverse presentation
18.	Pratyastheela	प्रत्यष्ठीला	Ovaritis

बाल रोग
BALA ROAG (Children's Diseases)

1.	Kukoonak	कक्कूणक	Ophthalmia neonatorum
2.	Parigarbhik	परिगर्भिक	Pincing
3.	Talu kanka	तालकंटक	Polypus on hard palate
4.	Asthi akrata	अस्थि वक्रता	Bone deformity
5.	Ksheeralasak	क्षीरालसक	Diarrhoea in children
6.	Fakka Raog	फक्क रोग	Rickets

7.	Bal Shoadh	बलशोथ	Wasting disease
8.	Shwagrah	श्वग्रह	Whooping cough
9.	Shwashanalika Sawashanik Jawar	श्वास नलिका श्वासनिक ज्वर	Broncho pneumonia
10.	Fusffus Khand Shwashanik Jawar	फुफ्फुस खंड श्वासनिक ज्वर	Lobar Pneumonia
11.	Fuffs Khad Khandiya Shwashanik Jawar	फुफ्फुस खाद खंडिया श्वासनिक ज्वर	Lobular Pneumonia
12.	Roaman tika	रोमांतिका	Measles
13.	Poathaki	पोथंकी	Trachoma
14.	Vamathu	वमथु	Vomiting
15.	Niloadha	निलोधा	Haemophilia
16.	Masoorika	मसूरिका	Small Pox
17.	Twanga Mascorika	त्वंग मसूरिका	Chicken Pox
18.	Karna Moolik shoth	कर्ण मूलिका शोथ	Mumps
19.	Mashishkha Vran Shoath	मस्तिष्क व्रण शोथ	Meningitis
20.	Shai Shaviya Paksha Ghat	शैशव्य पक्षाघात	Infantile Paralysis
21.	Udarawaran Shoath	उदरावरण शोथ	Peritonitis
22.	Roahini	रोहिणी	Diphtheria

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