



# Edit IP Particular Details through IP Portal

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# Agenda



Overview

Process of Update Particulars through IP Portal View Status of the submitted Requests on IP Portal



# Overview



# Edit IP Particulars through IP Portal - Overview

This document is prepared in order to explain the workflow for edit/update of IP particulars through IP Portal. Once the Insured Person updated the particulars, an online request will be generated and forwarded to Employer.

IP will update following Detail Type particulars of Insured Persons:--

- Personal Details
- Dispensary details
- Address Details
- Nominee Details
- Family Details
- Bank Details

Once the changes in IP particulars has been done through IP portal then a verification request will goes to the Employer Portal. Employer have a provision to Forward/Reject the request. Once the request verified by employer then forward to the Branch Office for final approval.

If any change request already raised by IP against the same detail type and its pending for approval, then the IP will not be allowed to raise the change request against that same details type.

On IP Portal, IP have a provision to view the status under notification section of the raised change request.



# Edit IP Particular Details through IP Portal – Process flow



# Open IP Portal through [www.esic.gov.in](http://www.esic.gov.in)

Seats allocated for Ward of IP is active from 04.05.2023 to 17.05.2023 at 23-59 hrs for Academic Session 2023-24.- [Click here to Apply](#)

Services ▾  
Information ▾  
Announcement ▾

New Update

Tender

Gem Bid of Biomedical Waste Management Service

Trending on ESIC

**Step 1**

Quick Finder Select Offices / Hospitals ▾ Select State ▾ Search

Employer Login Insured Person / Beneficiary Insurance Medical Practitioner mEUD ESIC Staff / Pensioner Lawyer

Sabka Saath Sabka Vikas Sabka Vishwas Sabka Prayas

75 Azadi Ka Amrit Mahotsav

Nation Celebrates - Azadi Ka Amrit Mahotsav

**Step 1:** Insured Person Login with URL: [www.esic.gov.in](http://www.esic.gov.in) and click on Insured Person/Beneficiary Icon.



# IP Portal Login Screen

Language/भाषा: English

**Step 1** →  Insured Person     ESI Staff

**Step 2** → Username\*

Password\*

Captcha\*  Refresh

**Step 3** →

Sign Up      Forgot Password

[IP Portal Secure Login Help File](#)

**Step 4** →

The Employees' State Insurance Act, 1948,  
 An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.

**Notes:** IP can set the Password using Sign Up link.

- On Clicking Insured Person Icon, User takes a login with their respective credential.
- Step 1:** User select Insured Person radio button as IP login.
- Step 2:** Enter the Username as 10-digits IP no. and a valid Password set for the Username.
- Step 3:** Enter above mentioned Captcha.
- Step 4:** After entering all required fields, Click on LOGIN button.



# IP Portal Home Screen

**ESIC**  
Employees' State Insurance Corporation

Insured Person Details

User ID: 1115103876 Change Password

Language/भाषा: English

Insured Person Details			
Insured Person Name	TESTEE	Insurance Number	1115103876
UHID Number	JK01.0000000291	Date of Birth	29/01/1960
Dispensary Name	Ramagundam, AP (ESIS Disp.)	Disability Type	-- N.A --
Dispensary For Family	Wilson Garden, KA (ESIS Disp.)	Registration Date	28/11/2019
First Date Of Appointment	20/11/2019	Current Date of Appointment	01/10/2021
Mobile Number	*****1363	Account Number	*****5335
Email :	-- N.A --	UAN :	987654321012

**Insured Person**

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)
- [Dhanwantri - Your e-Health Records](#)
- [Beneficiary Feedback Form](#)
- [Update Preferred Language of SMS](#)
- [View Med 11 Certificate](#)
- [Download Forms](#)
- [View/Print e-Pehchan Card](#)
- [Update Particulars](#)

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#)
- [Notifications - Status of Requests](#)

**Step 1** (circled) points to **Update Particulars** (boxed).

• After Login in Portal, He/She will get List of services available on IP Portal.

**Step 1: Click on Update Particulars link to add/update the details.**

**Notes:** Update Particulars detail request will be forwarded to the Employer.





# Update Particulars Screen – Personal Details



ESIC  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

## Update Particulars

\* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details


Bank Details

- On Clicking Update Particulars, user will get the tagged Employer Code.

**Step 1:** Select Personal Details radio button to edit Personal Details



# Personal Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User :

Edit Personal Details Of Insured Person \* Required Field

Insured Person's Number : 1115103876

1. IP Name: *	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="29/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:**	Widow	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
7. Date of Appointment:**	---Please Select---	6. Gender:**	<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG
Type of Proof:**	Unmarried	8. UAN Number:**	<input type="text" value="987654321012"/> <a href="#">Edit</a>
9. Proof of Evidence **	Married	Type of Proof:	---Please Select---
	Widow		<input type="button" value="Choose File"/> No file chosen
	Widower	10. Proof of Evidence2 :	<input type="button" value="Upload"/>
	<input type="button" value="Upload"/>		


Note:Document type allowed pdf, jpg & jpeg.  
Note:Max size of the documents should be 200KB.

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- On selection of Personal Details, User will get the screen to edit personal information.
- User can able to update all the Required Fields marked as \* sign.



# Personal Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : Home | Logout

**Edit Personal Details Of Insured Person** \* Required Fields

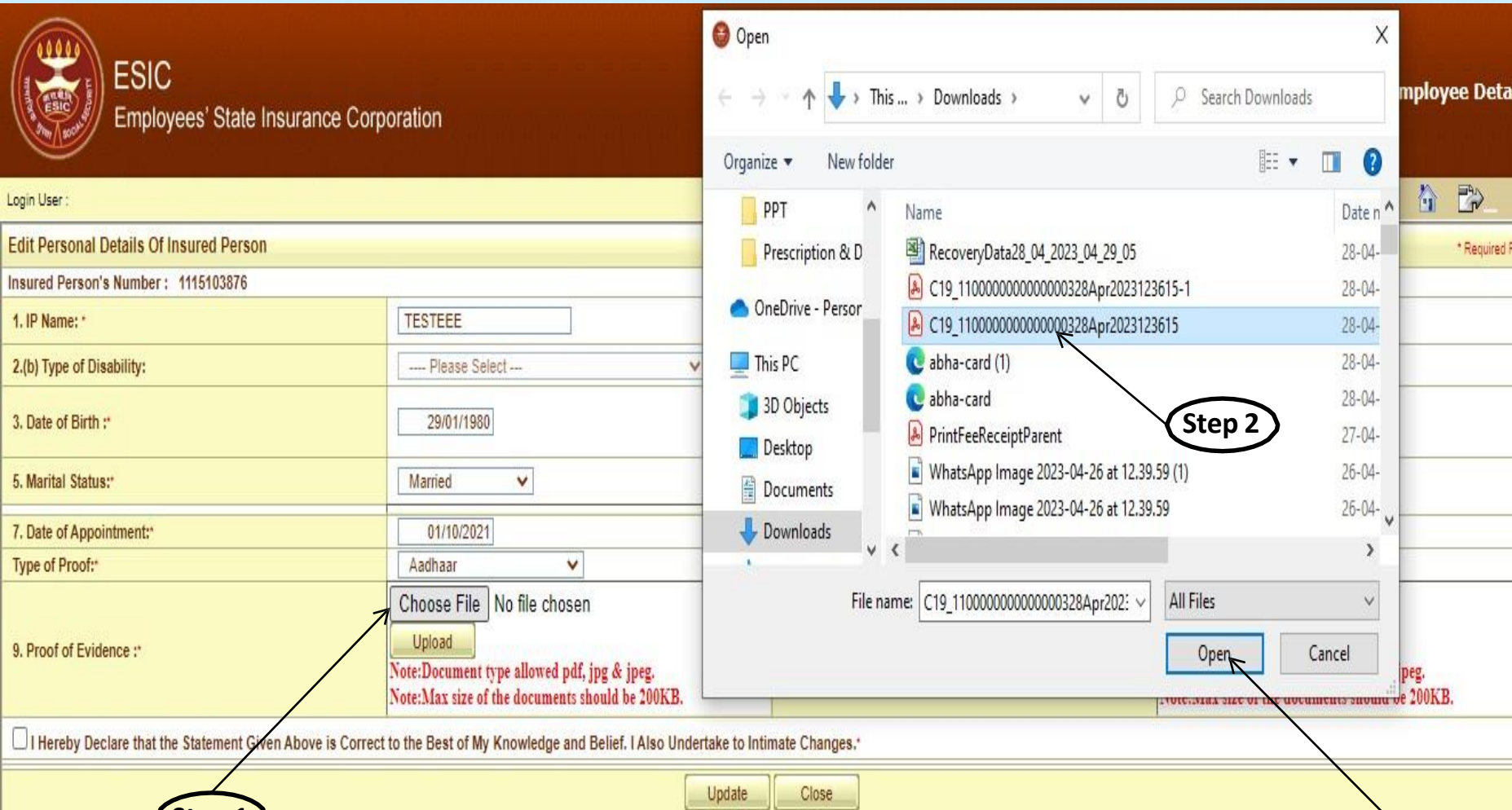
Insured Person's Number : 1115103876

1. IP Name :*	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="29/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:*	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
6. Gender:*		<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG	
7. Date of Appointment:*	<input type="text" value="01/10/2021"/>	8. UAN Number:*	<input type="text" value="987654321012"/> <a href="#">Edit</a>
Type of Proof:*	---Please Select---	Type of Proof:	---Please Select---
9. Proof of Evidence :*	<div style="border: 1px solid black; padding: 2px;"><p>---Please Select---</p><p>---Please Select---</p><p>Aadhaar</p><p>Driving License</p><p>PAN Card</p><p>Passport</p><p>Ration Card</p><p>Voter ID</p><p>BPL Certificate</p><p>Birth Certificate</p><p>Death Certificate</p><p>Passbook/Chequebook</p></div>	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>	

I Hereby Declare that the Statement Given Above is Correct to my Best Belief. I Also Undertake to Intimate Changes.\*

• After changing any kind of details, User will select the Type of Proof from drop down.

# Personal Details Update Screen



The screenshot displays the ESIC Employees' State Insurance Corporation interface. The main form is titled 'Edit Personal Details Of Insured Person' and includes fields for 'IP Name', 'Type of Disability', 'Date of Birth', 'Marital Status', 'Date of Appointment', and 'Type of Proof'. The 'Type of Proof' is set to 'Aadhaar'. A 'Choose File' button is visible next to the 'Type of Proof' field. A file explorer window is open over this button, showing a list of files in the 'Downloads' folder. The file 'C19\_11000000000000000328Apr2023123615' is selected. The 'Open' button in the file explorer is highlighted. A 'Note' at the bottom of the form states: 'Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.'

Step 1


Step 2

Step 3

- Once user select the type of proof, he/she will attach the required document.
  - Document allowed as pdf, jpg & jpeg format with size not more than 200KB.
- Step 1:** User click on choose button for attaching the document.
- Step 2:** User select the document already saved in mention format from system.
- Step 3:** Then click on Open button to finally attach it.



# Personal Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User :

Edit Personal Details Of Insured Person \* Required Field

Insured Person's Number : 1115103876

1. IP Name :*	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	<input type="text" value="--- Please Select ---"/>	2.(c) Select Certificate:	<input type="button" value="Choose File"/> <input type="button" value="N..."/> <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="29/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:**	<input type="text" value="Married"/>	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
6. Gender:**		<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG	
7. Date of Appointment:**	<input type="text" value="01/10/2021"/>	8. UAN Number:**	<input type="text" value="987654321012"/> <a href="#">Edit</a>
Type of Proof:**	<input type="text" value="Aadhaar"/>	Type of Proof:	<input type="text" value="---Please Select---"/>
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <a href="#">sign.jpeg</a> <a href="#">Remove</a> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- After attaching the document, user will upload the document.

**Step 1:** User click on Upload button for uploading the document.

**Step 2:** User select the declaration check box for his/her consent.


**Step 3:** Finally click on Update button to raise the request for change.

Step 2

Step 3



# Reference number generated successfully message

 **ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User : Home | Logout

**Edit Personal Details Of Insured Person** \* Required Field

Insured Person's Number : 1115103876

1. IP Name:*	<input type="text" value="TESTEEE"/>	2.(a) Is IP Disabled:	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.(b) Type of Disability:	--- Please Select ---	2.(c) Select Certificate:	<input type="button" value="Choose File"/> N... <input type="button" value="Upload"/>
3. Date of Birth :*	<input type="text" value="01/01/1980"/>	4. Name of*	<input type="text" value="testingnew"/>
5. Marital Status:*	Married	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
6. Gender:*		<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> TG	
7. Date of Appointment:*	<input type="text" value="01/10/2021"/>	8. UAN Number:*	<input type="text" value="987654321012"/> <a href="#">Edit</a>
Type of Proof:*	Aadhaar	Type of Proof:	---Please Select---
9. Proof of Evidence :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <a href="#">sign.jpeg</a> <a href="#">Remove</a> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>	10. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

Personal details updated successfully !

The reference number **112351000046** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

**Notes:** Request with Reference no. forwarded to the Employer for further process.





# Update Particulars Screen – Dispensary Details



Employee Details

Login User : 1115103876

## Update Particulars \* Required Field

Insured Person Number : 1115103876	Insured Person Name : TESTEE
Employer Code:	<input checked="" type="radio"/> 11001182990001018

Edit Particulars

Personal Details     Dispensary Details     Address Details     Nominee Details     Family Details     Bank Details

• On Clicking Update Particulars, user will select Dispensary Details radio button to edit the Dispensary for IP self & Family Dependent



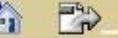
# Dispensary Details Update Screen



ESIC  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876



## Dispensary change Details

\* Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:\*

State:	Telangana	District:	Karimnagar
<input checked="" type="radio"/> <b>Dispensary</b> <input type="radio"/> <b>IMP</b> <input type="radio"/> <b>mEUD</b>		Address:	ESIC Dispensary, Near Dhoordharshan, Office Jyothi Nagar, Ramagundam, Distt:- Peddapalli, Telangana-505215

Dispensary Or Imp or mEUD for Family:\*

State:	Karnataka	District:	Bangalore
<input checked="" type="radio"/> <b>Dispensary</b> <input type="radio"/> <b>IMP</b> <input type="radio"/> <b>mEUD</b>		Address:	Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Dairy circle,Wilson Garden,Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. \* \*

Update Close

- On selection of Dispensary Details, User will get the screen to change the Dispensary for IP self and Family Dependent.





# Dispensary Details Update Screen

**ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

Dispensary change Details

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:\*

State: Delhi District: New Delhi

Address: ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary  IMP  mEUD

Dispensary Or Imp or mEUD for Family:\*\*

State: Karnataka District: Bangalore

Address: Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Diary circle,Wilson Garden,Bangalore - 560 030.

Dispensary  IMP  mEUD

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. \*\*

Update Close

- User can change the dispensary for IP self and Family dependent.

**Step 1:** User select the State from drop down.

**Step 2:** District name will reflect on the basis of state selection. Select the District.

**Step 3:** Dispensary drop down populate the List of Dispensaries as per the district selection. Select the Dispensary.



# Dispensary Details Update Screen

The screenshot shows the ESIC Employees' State Insurance Corporation interface. At the top left is the ESIC logo and name. The page title is "Employee Details". The user is logged in as "1115103876". The main section is titled "Dispensary change Details" and contains two forms. The first form is for the insured person, with fields for State (Delhi), District (New Delhi), and Address (ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791). The second form is for the family, with fields for State (Karnataka), District (Bangalore), and Address (Wilson Garden, Adugodi, Next to Mico Factory, Bangalore Diary circle, Wilson Garden, Bangalore - 560 030). Below the forms is a declaration checkbox, which is checked. At the bottom are "Update" and "Close" buttons.

ESIC  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Dispensary change Details \* Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:\*

State: Delhi District: New Delhi

Dispensary  IMP  mEUD

Azadpur, DL (ESIC Disp.) Address: ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary Or Imp or mEUD for Family:\*

State: Karnataka District: Bangalore

Dispensary  IMP  mEUD

Wilson Garden, KA (ESIS I Address: Wilson Garden, Adugodi, Next to Mico Factory, Bangalore Diary circle, Wilson Garden, Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. \*\*

Update Close

- Once IP change the Dispensary, user will select the declaration check box.

**Step 1:** User select the declaration check box for his/her consent.

**Step 2:** Finally click on Update button to raise the request for change.

Step 1

Step 2



# Reference number generated successfully message

 **ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

Dispensary change Details \* Required Field

Insured Person's Number : 1115103876

Dispensary Or IMP or mEUD for IP:\*

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Azadpur, DL (ESIC Disp.)	Address:	ESIC Dispensary, Azad Pur, C-2/35, Model Town III, New Delhi, 110033, Phone:011 27242791

Dispensary Or Imp or mEUD for Family:\*

State:	Karnataka	District:	Bangalore
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	Wilson Garden, KA (ESIC I	Address:	Wilson Garden,Adugodi, Next to Mico Factory, Bangalore Diary circle,Wilson Garden,Bangalore - 560 030.

This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. \*\*

The reference number **112351000051** has been generated and pending for approval.

Close

- The reference number generated successfully and is pending for approval.

**Notes:** Request with Reference no. forwarded to the Employer for further process.



# Update Particulars Screen – Address Details



Employee Details

Login User : 1115103876

## Update Particulars

\* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details


Family Details

Bank Details

- On Clicking Update Particulars, user will select Address Details radio button to edit Address of an IP



# Address Details Update Screen



**ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

**Edit Address Details Of Insured Person** \* Required Field

Insured Person's Number : 1115103876

**1. Present Address**

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Email:	<input type="text"/>
State:*	Andhra Pradesh ▼	Mobile No.:	91 - <input type="text" value="8143221353"/> <a href="#">Edit</a>
District:*	Ananthpuram ▼		

Copy Present Address to Permanent Address

**2. Permanent Address**

Address :*	<input type="text" value="testnew"/>	Pin Code:	<input type="text"/>
	<input type="text" value="new1"/>	Phone No.:	<input type="text"/> - <input type="text"/>
	<input type="text" value="new2"/>	Mobile No.:	91 - <input type="text" value="8143221350"/>
State:*	Andhra Pradesh ▼	Email:	<input type="text"/>
District:*	Ananthpuram ▼		

Type of Proof: <input type="text" value="---Please Select---"/>	Type of Proof: <input type="text" value="---Please Select---"/>
Proof of Evidence: <input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>	Proof of Evidence2 : <input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p style="font-size: small; color: red;">Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</p>

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

\* The OTP will remain valid for 20 minutes.  
 \* You are allowed to generate OTP maximum 3 times.  
 \* After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.  
 \* Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

- On selection of Address Details, User will get the screen to change the Present or Permanent Address and attach the Type of Proof/Evidence.



# Address Details Update Screen

**ESIC**  
Employees' State Insurance Corporation

Employee Detail

Login User : 1115103876

Edit Address Details Of Insured Person \* Required File

Insured Person's Number : 1115103876

**1. Present Address**

Address :\*  
 Address : testnew  
 new1  
 new2  
 State:\* Delhi  
 District:\* New Delhi  
 Pin Code:  
 Phone No.:  
 Email:  
 Mobile No. :\* 91 - 8143221353 [Edit](#)

Copy Present Address to Permanent Address

**2. Permanent Address**

Address :\*  
 Address : testnew  
 new1  
 new2  
 State:\* Delhi  
 District:\* New Delhi  
 Type of Proof: ---Please Select---  
 Type of Proof: ---Please Select---  
 Choose File No file chosen Upload  
 Choose File No file chosen Upload  
 Proof of Evidence: Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.  
 Proof of Evidence2 : Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.

I Herely Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

\* The OTP will remain valid for 20 minutes.  
 \* You are allowed to generate OTP maximum 3 times.  
 \* After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.  
 \* Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

Update Close

- User can change the Present Address and if Permanent Address is same as Present then select the checkbox to copy the same address mention in Present Address.
- If Permanent Address is different from Present then update the Permanent Address.
- User can attach the Proof/Evidence for Address change.

**Notes: User will now be able to edit the Mobile no.**



# Dispensary Details Update Screen

ESIC Employees' State Insurance Corporation

Employee Detail

Login User : 1115103878

Edit Address Details Of Insured Person

Insured Person's Number : 1115103876

1. Present Address

Address : testnew  
new1  
new2

Pin Code:

Phone No.:  -

Email:

State: Delhi

District: New Delhi

Mobile No.: 91 - 8143221353

Copy Present Address to Permanent Address

2. Permanent Address

Address : testnew  
new1  
new2

Pin Code:

Phone No.:  -

Mobile No.: 91 - 8143221353

Email:

State: Delhi

District: New Delhi

Type of Proof: --Please Select--

Type of Proof: --Please Select--

Proof of Evidence:  No file chosen

Proof of Evidence2 :  No file chosen

Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.

- Once IP change the Address, user will select the declaration check box.

**Step 1:** User select the declaration check box for his/her consent.


**Step 2:** Finally click on Update button to raise the request for change.

Step 1

Step 2



# Reference number generated successfully message

 **ESIC**  
Employees' State Insurance Corporation

**Employee Details**

Login User : 1115103876

**Edit Address Details Of Insured Person** \* Required Fields

Insured Person's Number : 1115103876

**1. Present Address**

Address :*	testnew	Pin Code:	
	new1	Phone No.:	
	new2	Email:	
State:*	Delhi	Mobile No.:	91 - 8143221353 <a href="#">Edit</a>
District:*	New Delhi		

Copy Present Address to Permanent Address

**2. Permanent Address**

Address :*	testnew	Pin Code:	
	new1	Phone No.:	
	new2	Mobile No.:	91 - 8143221353
State:*	Delhi	Email:	
District:*	New Delhi		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</i></p>	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note: Document type allowed pdf, jpg &amp; jpeg. Note: Max size of the documents should be 200KB.</i></p>

I hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

\* The OTP will remain valid for 20 minutes.  
\* You are allowed to generate OTP maximum 3 times.  
\* After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.  
\* Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

The reference number **112351000055** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

**Notes:** Request with Reference no. forwarded to the Employer for further process.





# Update Particulars Screen – Nominee Details



Employee Details

Login User : 1115103876

## Update Particulars

\* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details


Family Details

Bank Details

- On Clicking Update Particulars, user will select Nominee Details radio button to edit Nominee.



# Nominee Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) \* Required Field

Insured Person's Number : 1115103876

Name *	tesfnew	Relationship with I.P. *	Spouse
Address of Nominee			
Address **	sadsadzBengalBengalBengalB	State**	West Bengal
	XZCZXC	District **	Darjeeling
	ZCXZCX	Pin Code**	101010
Phone No.:		Mobile No.:	91 -
Is Nominee a Family Member :	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Type of Proof:	---Please Select---		
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note:Document type allowed pdf, jpg &amp; jpeg.</i> <i>Note:Max size of the documents should be 200KB.</i></p>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p><i>Note:Document type allowed pdf, jpg &amp; jpeg.</i> <i>Note:Max size of the documents should be 200KB.</i></p>

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- On selection of Nominee Details, User will get the screen to update the Nominee and attach the Type of Proof/Evidence.



# Nominee Details Update Screen

**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) \* Required Field

Insured Person's Number : 1115103876

Name :*	tesfnew	Relationship with I.P. :*	Spouse
Address of Nominee		State:*	West Bengal
Address :*	sadsadzBengalBengalBengalB	District :*	Darjeeling
	XZCZXC	Pin Code:*	110002
	ZCXZCX	Mobile No.:	91 -
Phone No.:			
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</i>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <i>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</i>
<input checked="" type="checkbox"/> I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			

- User can change the Details of Nominee.
- User can attach the Proof/Evidence for Nominee detail change.

**Step 1:** User select the declaration check box for his/her consent.


**Step 2:** Finally click on Update button to raise the request for change.

Step 1

Step 2



# Reference number generated successfully message

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) \* Required Field

Insured Person's Number : 1115103876

Name :*	tesfnew	Relationship with I.P. :*	Spouse
Address of Nominee		State :*	
Address :*	sadsadzBengalBengalBengalB	District :*	West Bengal
	XZCZXC		Darjeeling
	ZCXZCX	Pin Code :*	110002
Phone No.:	-	Mobile No.:	91 -
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</p>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <p>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</p>

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

The reference number **112351000059** has been generated successfully and pending for approval

- The reference number generated successfully and is pending for approval.

**Notes:** Request with Reference no. forwarded to the Employer for further process.



# Update Particulars Screen – Family Details



**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

## Update Particulars

\* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details


Family Details

Bank Details

- On Clicking Update Particulars, user will select Family Details radio button to add/edit family dependent.



# Family Details Update Screen



**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person \*Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
<a href="#">Edit</a>	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

**Step 1** →

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof:

Proof of Evidence1:  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2:  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.


I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- On selection of Family Details, User will get the screen to add/edit the Family dependent and attach the Type of Proof/Evidence.

**Step 1:** User click on Edit link for editing Family detail.



# Family Details Update Screen



**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

**Add Family Particulars Of Insured Person** \*Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
<a href="#">Edit</a>	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*		Whether Residing with Him / Her?	If No, State Place of Residence		Status
Test Son	29/01/2014	Minor dependant son	Male	<input checked="" type="radio"/> Yes <input type="radio"/> No	---Please Select---	---Please Select---	Active

**Type of Proof:**

**Proof of Evidence1:**  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.

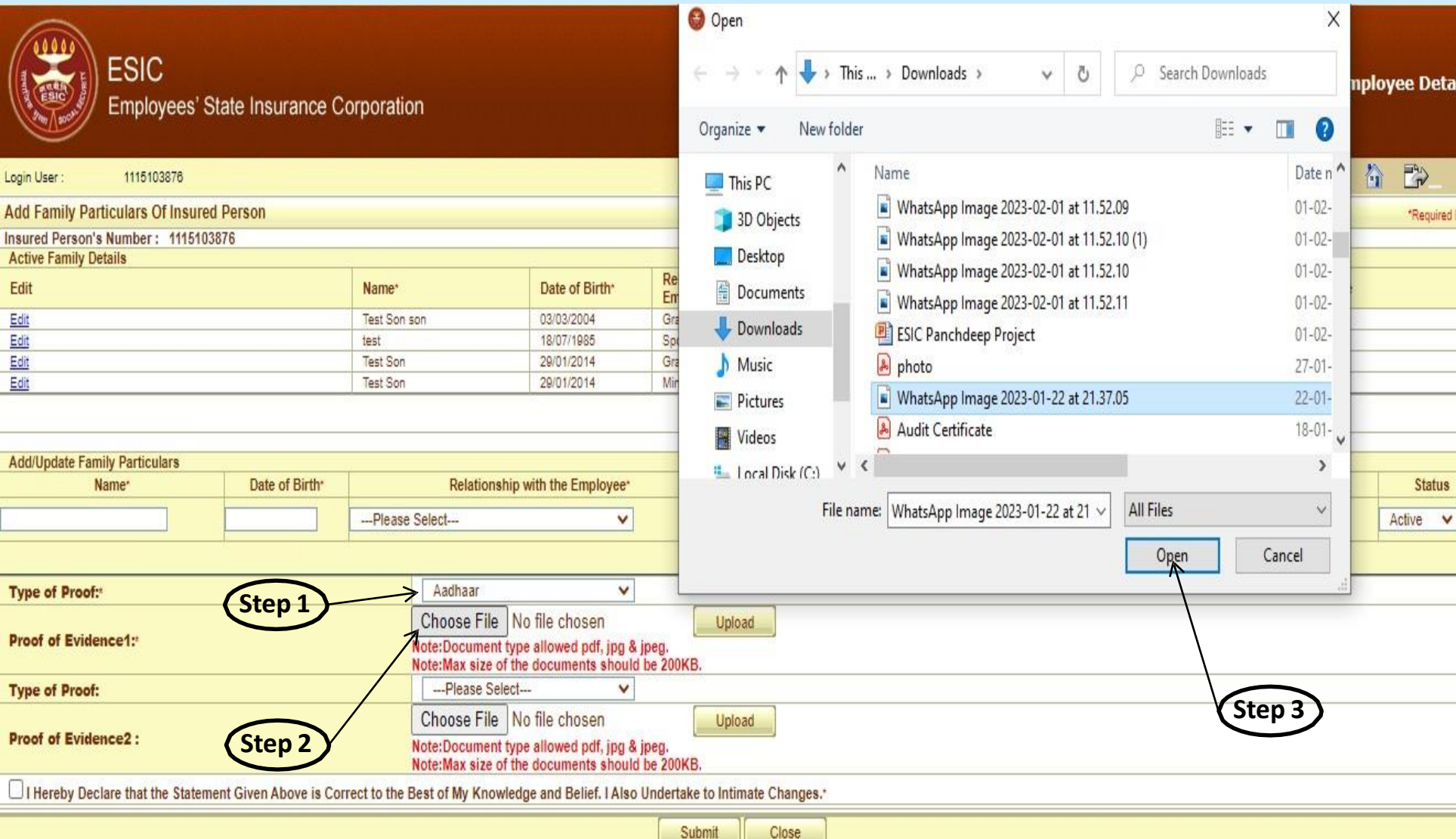
**Type of Proof:**

**Proof of Evidence2 :**  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
 Note: Max size of the documents should be 200KB.

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- User can change the Details of Family Dependent.
- After edit details user click on Add button.

# Family Details Update Screen



ESIC Employees' State Insurance Corporation

Login User : 1115103876

Add Family Particulars Of Insured Person

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Re Em
<a href="#">Edit</a>	Test Son son	03/03/2004	Gra
<a href="#">Edit</a>	test	18/07/1985	Sp
<a href="#">Edit</a>	Test Son	29/01/2014	Gra
<a href="#">Edit</a>	Test Son	29/01/2014	Mir

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*
<input type="text"/>	<input type="text"/>	---Please Select---

Type of Proof: Aadhaar

Proof of Evidence1: Choose File No file chosen Upload

Type of Proof: ---Please Select---

Proof of Evidence2: Choose File No file chosen Upload

I Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

Submit Close


File name: WhatsApp Image 2023-01-22 at 21:37:05

Open Cancel

- After adding the details.
- Step 1:** User select the Type of Proof for dependent
- Step 2:** User click on choose button for attaching the document.
- Step 3:** User select the document already saved in mention format from system.
- Step 4:** Then click on Open button to finally attach it.



# Family Details Update Screen



**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person \*Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
<a href="#">Edit</a>	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	Test Son	29/01/2014	Minor dependant son	Yes	-	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof\*:

Proof of Evidence1\*:  No file chosen  sign.jpeg [Remove](#)

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2 :  No file chosen

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

Hereby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

- After attaching the document, user will upload the document.
- Step 1:** User click on Upload button for uploading the document.
- Step 2:** User select the declaration check box for his/her consent.
- Step 3:** Finally click on Update button to raise the request for change.

Step 2

Step 3

Step 1



# Reference number generated successfully message

**ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103876

Add Family Particulars Of Insured Person \*Required Field

Insured Person's Number : 1115103876

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
<a href="#">Edit</a>	Test Son son	03/03/2004	Grand Son	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	test	18/07/1985	Spouse	Yes	Dummy State	-	Yes
<a href="#">Edit</a>	Test Son	29/01/2014	Grand Son	Yes	Dummy State	-	Yes

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active

Type of Proof:

Proof of Evidence1:  No file chosen  sign.jpeg [Remove](#)

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

Type of Proof:

Proof of Evidence2:  No file chosen

Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.\*

The reference number **112351000060** has been generated successfully and pending for approval.

- The reference number generated successfully and is pending for approval.

**Notes:** Request with Reference no. forwarded to the Employer for further process.



# Update Particulars Screen – Bank Details



Employee Details

Login User : 1115103876

## Update Particulars

\* Required Fields

Insured Person Number : 1115103876

Insured Person Name : TESTEE

Employer Code:

11001182990001018

Edit Particulars

Personal Details

Dispensary Details

Address Details

Nominee Details

Family Details

Bank Details

- On Clicking Update Particulars, user will select Bank Details radio button to add/update Bank detail.



# Bank Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User: 1115103876

**Bank Details of Insured Person** \* Required Fields

IP Number:  IP Name: TESTEEE

IFSC Code:

Bank Details of Insured Person			
Bank Name :*	<input type="text" value="ICICI BANK LIMITED"/>	Branch Name :*	<input type="text" value="BEMETARA"/>
Account Number :*	<input type="text" value="464656245335"/>	IFSC :*	<input type="text" value="ICIC0003724"/>
MICR Code :	<input type="text" value="5645645"/>	Account Type :*	<input type="text" value="Savings"/>
Document :*	<a href="#">Click here to view document</a> Note: Document type allowed is pdf, jpg & jpeg. Maximum Size is 200KB for uploading documents.		

**For this IP bank details are already verified.**

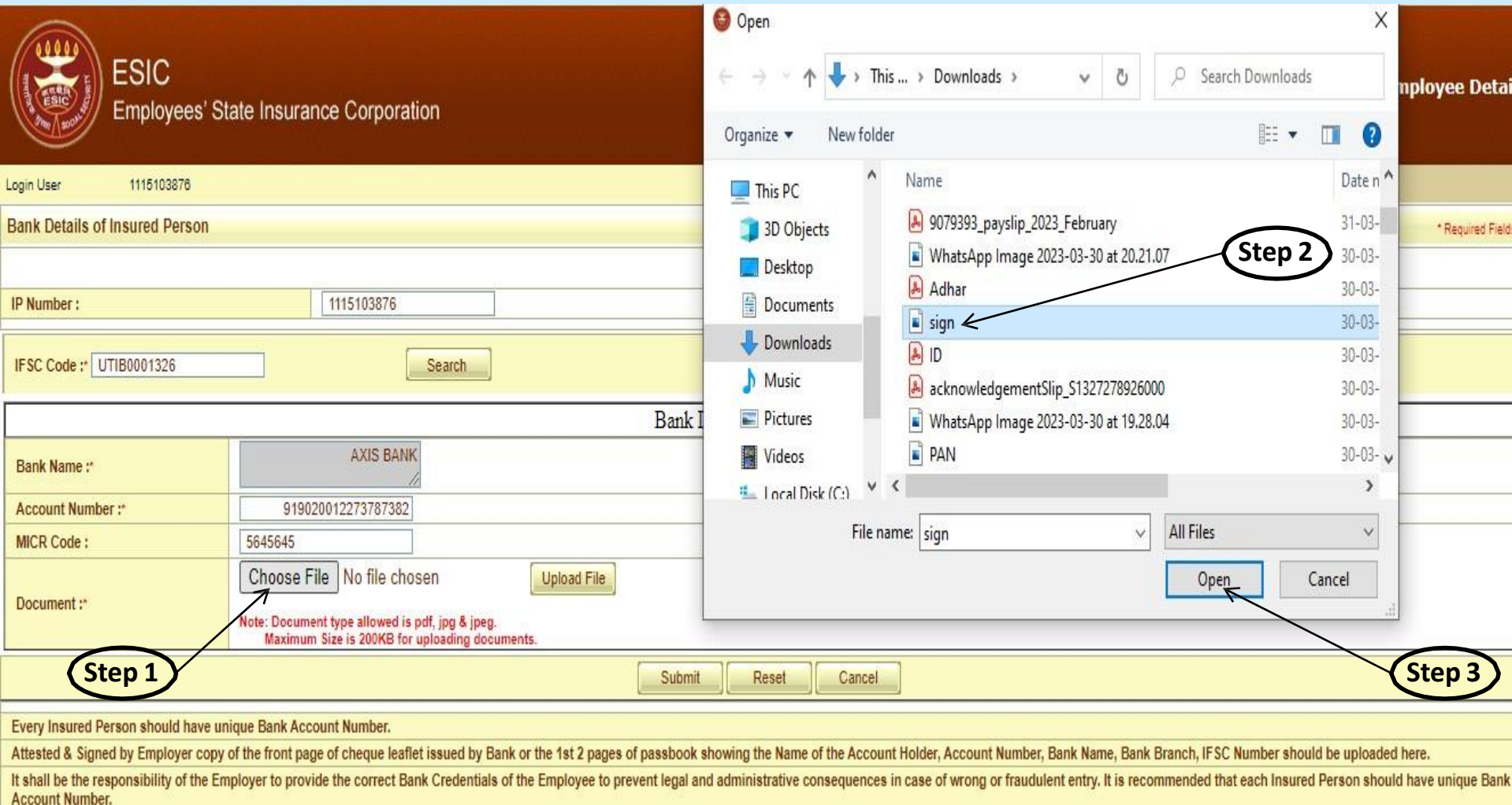
Every Insured Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder, Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.

It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each Insured Person should have unique Bank Account Number.

- On selection of Bank Details, User will get the screen to add/update the Bank details and attach the document.
- Step 1:** User enter the bank IFSC code.
- Step 2:** User click on Search button to search the Bank Name.

# Bank Details Update Screen




The screenshot shows the ESIC (Employees' State Insurance Corporation) web portal. The header includes the ESIC logo and name. The main content area is titled "Bank Details of Insured Person" and contains several input fields: "Login User" (1115103876), "IP Number" (1115103876), "IFSC Code" (UTIB0001326), "Bank Name" (AXIS BANK), "Account Number" (919020012273787382), and "MICR Code" (5645645). A "Choose File" button is highlighted with a red circle and labeled "Step 1". Below the input fields, there is a note: "Note: Document type allowed is pdf, jpg & jpeg. Maximum Size is 200KB for uploading documents." A "Submit" button is also visible. An "Open" file explorer window is overlaid on the screen, showing the "Downloads" folder. The file "sign" is selected, and the "Open" button is highlighted with a red circle and labeled "Step 3". The file explorer also shows other files like "9079393\_payslip\_2023\_February", "WhatsApp Image 2023-03-30 at 20.21.07", "Adhar", "ID", "acknowledgementSlip\_S1327278926000", "WhatsApp Image 2023-03-30 at 19.28.04", and "PAN". The "Open" button is highlighted with a red circle and labeled "Step 3".

- After adding/editing bank details.
- Step 1:** User click on choose button for attaching the document.
- Step 2:** User select the document already saved in mention format from system.
- Step 3:** Then click on Open button to finally attach it.



# Bank Details Update Screen

 **ESIC**  
Employees' State Insurance Corporation

Employee Details

Login User: 1115103876

Bank Details of Insured Person \* Required Fields

IP Number : 1115103876 IP Name : TESTEEE

IFSC Code : UTIB0001326

Bank Details of Insured Person			
Bank Name :*	AXIS BANK	Branch Name :*	NEW FRIENDS COLONY
Account Number :*	919020012273787382	IFSC :*	UTIB0001326
MICR Code :	5645645	Account Type :*	Savings
Document :*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload File"/> sign.jpeg <a href="#">Remove</a>		

Note: Document type allowed is pdf, jpg & jpeg.  
Maximum Size is 200KB for uploading documents.

Every Insured Person should have unique Bank Account Number.

Attested & Signed by Employer copy of the front page of cheque leaflet issued by Bank or the 1st 2 pages of passbook showing the Name of the Account Holder, Account Number, Bank Name, Bank Branch, IFSC Number should be uploaded here.

It shall be the responsibility of the Employer to provide the correct Bank Credentials of the Employee to prevent legal and administrative consequences in case of wrong or fraudulent entry. It is recommended that each Insured Person should have unique Bank Account Number.

- After attaching the document, user will upload the document.
- Step 1:** User click on Upload button for uploading the document.
- Step 2:** Finally click on Submit button to raise the request for change.


**Notes:** Request will be forwarded to the Employer for further process.



# Status of Requests under Notifications on IP Portal

# IP Portal Home Screen






 **ESIC**  
Employees' State Insurance Corporation

**Insured Person Details**

User ID: 1115103876 Change Password  

Insured Person Details		Language/भाषा: English	
<b>Details</b>			
Insured Person Name	TESTEE	Insurance Number	1115103876
UHID Number	JK01.0000000291	Date of Birth	01/01/1980
Dispensary Name	Azadpur, DL (ESIC Disp.)	Disability Type	-- N.A --
Dispensary For Family	Wilson Garden, KA (ESIS Disp.)	Registration Date	28/11/2019
First Date Of Appointment	20/11/2019	Current Date of Appointment	01/10/2021
Mobile Number	*****1353	Account Number	*****5335
Email :	-- N.A --	UAN :	987854321012

- Insured Person**
- [Insured Person Details](#)
  - [Entitlement to Benefits](#)
  - [Contribution Details](#)
  - [Dhanwantri - Your e-Health Records](#)
  - [Beneficiary Feedback Form](#)
  - [Update Preferred Language of SMS](#)
  - [View Med 11 Certificate](#)
  - [Download Forms](#)
  - [View/Print e-Pehchan Card](#) 
  - [Update Particulars](#)

- [ABVKY Claim creation](#)
  - [IP Claim Reimbursement](#)
  - [Cash Benefit Claim Request Submission](#) 
  - [Notifications - Status of Requests](#) 
-   
**Click here**

**Notes: IP will be able to view the Status of submitted various types of requests.**



# IP Portal - Notification Screen



The screenshot shows the ESIC portal interface. At the top left is the ESIC logo and the text 'ESIC Employees' State Insurance Corporation'. At the top right is the text 'Employee Details'. Below the header, the 'Login User:' field contains the ID '1115103876'. The main content area is a yellow box containing three menu items: 'IP Particulars Change Status' (highlighted with a black box and a yellow 'NEW' tag), 'Status of the Claim', and 'Claim Intimation Request Status' (also with a yellow 'NEW' tag). An arrow points from an oval labeled 'Click here' to the 'IP Particulars Change Status' link. At the bottom of the page, a disclaimer reads: 'DISCLAIMER: Content owned by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Site maintained by:ESIC.Designed and Developed by CMS Computers LTD. IP : 50'.

**Notes:** Under IP Particulars Change Requests Status, IP will be able to view the Status of submitted requests.



# IP Portal – Update Particulars Status Report



ESIC  
Employees' State Insurance Corporation

Employee Details

Login User : 1115103878

Update IP status Report \* Required Fields

Search By

Employee Insurance No. :  Status:

S. NO.	REFERENCE NUMBER	CREATED DATE	INSURANCE NUMBER	IP NAME	FATHER/HUSBAND NAME	STATUS	REMARKS
1	11235200006	5/2/2023 10:58:18 AM	1115103878	TESTEEE	TESTINGNEW	REJECTED	
2	11235200018	5/2/2023 3:48:48 PM	1115103878	TESTEEE	TESTINGNEW	REJECTED	
3	11235900060	5/9/2023 3:28:28 PM	1115103878	TESTEEE	TESTINGNEW	REJECTED	
4	11235900076	5/9/2023 4:28:49 PM	1115103878	TESTEEE	TESTINGNEW	REJECTED	
5	112351000048	5/10/2023 1:05:57 PM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST
6	112351000055	5/10/2023 3:05:07 PM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST
7	112351000059	5/10/2023 3:24:56 PM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST
8	112351000060	5/10/2023 3:57:17 PM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST
9	11235200005	5/2/2023 10:51:13 AM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST
10	112351000051	5/10/2023 2:50:04 PM	1115103878	TESTEEE	TESTINGNEW	APPROVED	TEST

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**Notes:** IP will be able to view the Status of submitted requests along with the Remarks.