



Update Family Details (Photo) (By Employer)

Update Family Details – Photo



This document is made to record the process to update the family details – Photo.

Services

Information

Announcement

New Update

Tender

Re E-Tender for "Empanelment of Local Laboratory"

Trending on ESIC



Employees' State Insurance Corporation

Home Delivery of drugs to ESI beneficiaries

Hassle-free Medicine Delivery for Senior Citizen's Well-Being

#MeraMeraKartavya

For more information visit www.esic.gov.in or call toll-free 1800 11 7500



Employees' State Insurance Corporation
Ministry of Labour & Employment, Government of India

ESI Scheme Benefits

- Medical Benefit
- Sickness Benefit
- Maternity Benefit
- Disability Benefit
- Dependant's Benefit
- Other Benefit
 - Funeral Expenses
 - Confinement Expenses

ESIC Scheme

ESIC

A Promise to Your Well-being

Social Media Icons: Facebook, X, Instagram, YouTube, LinkedIn

Quick Finder

Select Offices / Hospitals

Select State

Search

Employer Login

Insured Person / Beneficiary

Insurance Medical Practitioner

mEUD

ESIC Staff / Pensioner

Lawyer

Click on Employer Login



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



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

▶ [Hindi](#)

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the contrary, the same may be made on help-shramsuvidha@gov.in

We Are Migrating To One Unit One Identifier

Government of India plans to do away with all employer codes being issued by separate labour enforcement agencies such as ESIC, EPFO, O/O CIC(C) and DGMS etc by replacing them with new Labour Identification Number (LIN). Your unit has already been allotted a LIN and the same can be obtained online using <http://tinyurl.com/whatismylin> Please verify the information associated with your LIN before the current employer codes are rendered useless. The procedure to verify the information is given in <http://tinyurl.com/shramsuvidhahowto> For any support please contact help-shramsuvidha@gov.in

Enter the credentials and Captcha

Click on Login

Employer Login

Username/LIN

Password

Captcha *

[Sign Up](#) [Forgot password?](#)

LOGIN

[Common Registration Link For ESIC / EPFO](#)

[Unified ECR link for ESIC/EPFO](#)



Employer Login:

11001664850001018 (LIN No. 1-6796-8887-2)



Last Logged In Thursday, January 8, 2026 at 9:28 AM

**Validation of e-mail ID and Mobile number is mandatory in April and October month from 01-04-2025 | The provision for updation/validation of employ
ily suspended. A consultation note is being circulated for seeking comments.**

EMPLOYER

- [Update Employer Details](#)
- [Create Subunit Registration](#)
- [Accident Report \(Form 12\)](#)
- [Accident Report Print / PDF Form](#)
- [Employer's Details Validation](#)
- [Wage Contributory Record](#)
- [Reply For Abstention Verification](#)
- [View Subunit Details](#) 
- [Update NIC Code](#) 
- [Change Password](#)
- [Employer Help files](#) 

EMPLOYEE (INSURED PERSON)

- [Enroll Employee with previously allotted ESI Number](#)
- [Register/Enroll New Employee](#)
- [Update Particulars of Insured Person](#)
- [Update Mobile Number of Insured Person](#)
- [Bulk Upload of Mobile Number](#)
- [Bulk Upload of Account Number](#)
- [Bulk Aadhaar Seeding](#) 
- [Upload Bank Account related Document of Insured Person](#)
- [e-Pehchan Card](#)
- [List of Employees](#)
- [Health Passbook](#)
- [View Med11 Certificate](#) 
- [Notification](#) 
- [Employee UAN Seeding](#) 
- [Edit Employee Workflow](#) 

MONTHLY CONTRIBUTION

Click on Update particulars of Insured person

- [Monthly Contributions](#)
- [Challan](#)
- [Challan](#)
- [View Contribution History](#)
- [Omitted Wages Challan](#)
- [Contractor/Principal Employer Master](#)
- [IP Mapping with Contractor/Principal Employer](#)
- [Bulk IP Mapping with Contractor/Principal Employer](#)
- [View Contribution History\(Contractor/Principal Employer Wise\)](#)
- [Self Certification](#)
- [View RC](#)
- [Recovery/Defaulter Challan](#)
- [Update of Unrealized Challan Details](#)
- [Online Challan Double verification](#)
- [Interest For Delay Payment](#)
- [File Consolidated Monthly Contributions](#)
- [Consolidated Monthly Bulk Challan](#)

Enter IP No.



ESIC
Employees' State Insurance Corporation

Insurance

Employer Login: 11001664850001018

Wed 14 Jan 2026, 11:59:32 AM

View Registered Employee Details

* Required Fields

Search By

Employer Unit Type :	Main Unit <input type="button" value="▼"/>	Employer's Code No. :	11001664850001018
Employee Insurance No. :	<input type="text"/>	Employer's Name :	<input type="text"/>
Employee's Name :	<input type="text"/>	<input type="checkbox"/> Only Disabled Persons IP	
<input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Close"/>			

Enter IP No.



ESIC
Employees' State Insurance Corporation

Insurance

Employer Login: 11001664850001018

Wed 14 Jan 2026, 11:59:32 AM

* Required Fields

View Registered Employee Details

Search By

Employer Unit Type ::

Main Unit

Employer's Code No. :

11001664850001018

Employee Insurance No. :

1116526480

Employer's Name :

Employee's Name :

Only Disabled Persons IP

Search

Reset

Close

Enter IP No. then Click
on Search Button



Select IP No. then Click on Edit Button



ESIC
Employees' State Insurance Corporation

Insurance

Employer Login: 11001664850001018

Wed 14 Jan 2026, 12:02:37 PM

View Registered Employee Details

* Required Fields

Search By

Employer Unit Type ::	Main Unit <input type="button" value="▼"/>	Employer's Code No.:	11001664850001018			
Employee Insurance No.:	1116526480	Employer's Name :	<input type="text"/>			
Employee's Name :	<input type="text"/>	<input type="checkbox"/> Only Disabled Persons IP				
<input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Close"/>						
Details of Registered Employees						
Select	Employee's Insurance No.	Employee's Name	Employer's Code No.	Employer's Name	Date of Registration	Status Of IP
<input checked="" type="radio"/>	1116526480	Moola Sai Deekshit Reddy	11001664850001018	Live test employer	08/01/2024 11:50:35 AM	IP Alive
<input type="button" value="Prev"/>	<input type="text" value="1"/>	<input type="button" value="Next"/>	Total Number of Records:1			
				<input type="button" value="Edit"/>	<input type="button" value="Close"/>	

Select IP No. then Click
on Edit Button

Click on Family Details



Employees Edit Form

Insured Person Number: 1116526480

Please select details type to be edited

Dispensary Details

Personal Details

Address Details

Nominee Details

Family Details

Bank Details

Employee Name:

MOOLA SAI DEEKSHITH R

UHID Number :

DL01.0008306549

Date of Birth :

10/07/1997

Registration Date :

1/2024

Dispensary Name :

Live test IMP

Disability Type :

Current Date of Appointment :

08/01/2025

First Date Of Appointment :

1/2025

Employee Details

Click on Family Details

Current Employer

Previous Employer

Employer's Code No.:

11001664850001018

Employer's Code No.:

Date of Appointment:

08/01/2025

Previous Insurance No.:

Name of the Employer:

Live test employer

Name of the Employer:

Address :

345678

Address :

State:

Delhi

State:

---Please Select---

District:

New Delhi

District:

---Please Select---

SubDistrict:

SubDistrict:

Village:

Village:

Pin Code:

456789

Pin Code:

Email

ankit.kumar@presto.co.in

Email

Phone No.:

91 9958394456

Phone No.:

91 -

Mobile No.:

91 9958394456

Mobile No.:

91 -

Have Previous Employer:

Yes No



Edit the Family Details

Add Family Particulars Of Insured Person										*Required Fields
Insured Person's Number : 1116526480										
Active Family Details										
Edit		Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo	
Edit		test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View	
Edit		test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA	

Click on Edit Button

Add/Update Family P										
Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG			
		--Please Select--	<input type="radio"/> Yes <input checked="" type="radio"/> No	--Please Select--	--Please Select--	Active	Choose File	No file chosen	Upload Photo	
Type of Proof:										
Document Number1:										
Proof of Evidence1:										
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small>										
Type of Proof:										
Document Number2:										
Proof of Evidence2 :										
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small>										
<input type="button" value="Add"/>										
<input type="checkbox"/> I Hereby 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="Submit"/> <input type="button" value="Close"/>										



Upload Photo

Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh Anakapalli	Active	Choose File No file chosen Upload Photo 4ebb7d36-a24c-446d-8db5-5e276f704b79WhatsApp Image 2026-01-14 at 12.11.10 PM.jpg Remove

Type of Proof:

Document Number1:

Proof of Evidence1: Choose File No file chosen [Upload](#)
Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof:

Document Number2:

Proof of Evidence2: Choose File No file chosen [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.*

[Submit](#) [Close](#)

Choose File then Upload Photo

Enter Type of Proof, Document Number, Upload Evidence then Click on Update Button



Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh Anakapalli	Active	Choose File No file chosen Upload Photo 4ebb7d36-a24c-446d-8db5-5e276f704b79WhatsApp Image 2026-01-14 at 12.11.10 PM.jpg Remove

Type of Proof: Others

Document Number1: 12345

Proof of Evidence1: [Choose File](#) No file chosen [Upload](#) 290b3529-6096-4a79-9c83-801b9d239595BSES Yamuna Power Limited_rec.pdf [Remove](#)

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

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

Document Number2:

Proof of Evidence2 : [Choose File](#) No file chosen

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

[Update](#) Enter Details Click on Update Button

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](#)

Note:-

- User need of Upload the soft copy of proof, which he selected in "Type of Proof"
- And Size should be upto 200 KB in JPG, JPEG and PDF Format only.

Validate Photo then Click on Declaration Box and Submit



*Required Fields

Add Family Particulars Of Insured Person										
Insured Person's Number : 1116526480										
Active Family Details										
Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo	Document1	Document2
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View	NA	NA
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	View	View 12345	NA

Add/Update Family Particulars										
Name*		Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence					
			--Please Select--	<input type="radio"/> Yes <input checked="" type="radio"/> No	--Please Select--	--Please Select--	--Please Select--	Active	Choose File	Upload Photo
			--Please Select--						No file chosen	
Type of Proof: <input type="text"/> Document Number1: <input type="text"/> Proof of Evidence1: <input type="text"/> Choose File No file chosen Upload <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small> Type of Proof: <input type="text"/> Document Number2: <input type="text"/> Proof of Evidence2: <input type="text"/> Choose File No file chosen Upload <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small>										
Add										
<input checked="" type="checkbox"/> 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										

View Photo & Document

Upload Photo:
50-100 KB, Format JPG, JPEG

Click on Submit

Notes:

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof

Reference Number Generated Successfully



Add Family Particulars Of Insured Person

Required Fields

Insured Person's Number: 1116526480

Active Family Details

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active	Photo	Document1	Document2
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View	NA	NA
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA	NA	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence	Status	Upload Photo: Size 50-100 KB, Format JPG, JPEG
<input type="text"/>	<input type="text"/>	<input type="text"/> --Please Select--	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> --Please Select--	<input type="text"/> --Please Select--	<input type="text"/> Active Choose File <input type="text"/> No file chosen Upload Photo

Type of Proof: --Please Select--

Document Number1:

Proof of Evidence1: Choose File No file chosen [Upload](#)
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Type of Proof: --Please Select--

Document Number2:

Proof of Evidence2: Choose File No file chosen [Upload](#)
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

[Add](#)

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 reference number **112611402521** has been generated successfully and pending for approval.

[Close](#)

Click on Close Button



Verification By LDC/UDC

Version 1.0 Revised On : 14-01-2026

Login through myesic.esic.gov.in or gateway.esic.gov.in



कर्मचारी
राज्य बीमा निगम
Employees' State Insurance Corporation

"within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In

ESIC IT Service Desk Helpline



Web Portal- [ithelpdesk](#)

Land Line Helpline no. 011-27552239 (For ESIC Users)

Call to VoIP Helpline : 7001

Notes: User can able to reset the Password using Forget Password link

Enter the User
Credentials

Please Login with your credentials

User Name:

tesankk

Password:

Log In

Forgot Password

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Application → Insurance



क र बी नि
ESIC

कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation



Welcome, TEST KUMAR

English (United States) हिंदी (भारत)

Pragati

Home Applications ERP Applications Reports Analytics Change Password LOGOUT

Business Intelligence

ESIC News

- » Role of ESIC
- » Health Information System
- » Insurance
- » Pehchan Reports

Announcements

- » Annexure - IX.doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

Click on Insurance

Circulars

- » Circulars from HQRS. Office

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

Industry News

- » ESIC's PG institute from next year

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Select User Location & Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : LDC/UDC at Branch Office ▾

Submit

Select the User Location and Role from dropdown

Click on Submit



ESIC
Employees' State Insurance Corporation

Insurance

User Login: ANKIT GUPTA 0

My Work Registration Benefits Revenue Recovery Others

REGISTRATION
This section has the Navigation through all Different Phases of Employee

Edit Employee Details
e-Pehchan Card
Raise a Request for Loss Of ID
Download Requested Card Status
Search IP by Account /Mobile/UAN Number
Edit Employee Details Workflow
Aadhaar Seeding for IP and Dependents
Track Edit IP Pending Request
Employer wise Aadhaar Report

BENEFITS
This section has the Navigations through all Medical and Cash Benefits

Click on Edit Employee Details Workflow

Click on Insured Person No.



ESIC
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two

Wednesday, January 14, 2026 12:20:13
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee Task Details > List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Search IP :	Tasks Assigned	Assigned Date	Status
	1 1116526480	14/01/2026	Pending
	2 111664450	14/01/2026	Pending
	3 1116669985	14/01/2026	Pending
	4 6936186902	14/01/2026	Pending
	5 201862	14/01/2026	Pending
	6 421712	14/01/2026	Pending
	7 201861	14/01/2026	Pending
	8 4109626579	14/01/2026	Pending
	9 1713987344	14/01/2026	Pending
	10 1116638001	14/01/2026	Pending
	11 1320313388	14/01/2026	Pending
	12 2810602639	14/01/2026	Pending
	13 1116478086	03/06/2025	Pending

Click on IP No.

Go to Family Details



ESIC
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two

Wednesday, January 14, 2026 12:21:17
0



My Work

Registration ▾

Benefits ▾

Revenue ▾

Recovery

Others ▾

Employee > Employee IP Approval

* Required Fields

Employees Edit IP Approval

Insurance Number: 1116526480

Insured Person Name:	MOOLA SAI DEEKSHIT REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

Existing Particulars

New Particulars

Personal Details: Reference ID

Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHIT REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	View Photo	Photo:	View Photo
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2:	
		Document 1:	
		Document 2:	

Address Details: Reference ID

Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	

Dispensary Details : Reference ID

Notes:

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof

Click on View Photo and Validate with Proof Document



<input type="checkbox"/> Dispensary Details : Reference ID												
For IP:		Live test IMP			Live test IMP			Live test IMP				
<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD					<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD							
For Family: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP			<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD							
<input type="checkbox"/> Nominee Details : Reference ID												
Name :		sam			Name :							
Relationship with I.P :		Dependant father			Relationship with I.P :							
Address of Nominee :		345678,demo,,Delhi,New Delhi,,			Address of Nominee :							
Is Nominee a Family Member :		Yes			Is Nominee a Family Member :							
Proof Type :					Proof Type :							
					Document 1:							
					Document 2:							
<input checked="" type="checkbox"/> Family Details : Reference ID 112611402521												
Existing:												
Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type			
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	View	Old Record			
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	NA	Modified Record			
New:												
Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type	
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	View	View 12345	NA	Modified Record	
Employer Remarks: *												
LDC/UDC Remarks: *												
BM Remarks:												
<input type="checkbox"/> I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.												
Forward to BM Cancel												

Notes:

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof

Enter Remarks then Click on Declaration Box and Forward to BM



<input type="checkbox"/> Dispensary Details : Reference ID														
For IP: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			Live test IMP			<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD								
For Family: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			Live test IMP			<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD								
<input type="checkbox"/> Nominee Details : Reference ID														
Name :		sam			Name :									
Relationship with I.P :		Dependant father			Relationship with I.P :									
Address of Nominee :		345678,demo,,Delhi,New Delhi,,			Address of Nominee :									
Is Nominee a Family Member :		Yes			Is Nominee a Family Member :									
Proof Type :					Proof Type :									
					Document 1:									
					Document 2:									
<input checked="" type="checkbox"/> Family Details : Reference ID 112611402521														
Existing:														
Name		Date of Birth		Relationship with IP		Gender	Residing With IP	State	District		Download	Print	Record Type	
test son new updated		08/09/2025		Minor dependant son		M	Yes	Delhi	East Delhi		Active	View	Old Record	
test son new updated		01/11/2025		Minor dependant son		M	No	Andhra Pradesh	Anakapalli		Active	NA	Modified Record	
New:														
Name		Date of Birth		Relationship with IP		Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated		01/11/2025		Minor dependant son		M	No	Andhra Pradesh	Anakapalli	Active	View	View 12345	NA	Modified Record
Employer Remarks: *														
LDC/UDC Remarks: *		test												
BM Remarks:														
<input checked="" type="checkbox"/> I have examined the uploaded document. ** No document is required to be uploaded.														
Enter Remarks														
change request.														
Forward to BM Cancel														

Click on Checkbox and Forward to BM



Approval By BM

Version 1.0 Revised On : 14-01-2026



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

"within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In

ESIC IT Service Desk Helpline



Web Portal- ithelpdesk

Land Line Helpline no. 011-27552239 (For ESIC Users)

Call to VoIP Helpline : 7001

"For any IT related Issues Please contact IT Servi

Enter the User
Credentials

Please Login with your credentials

User Name:

tesankk

Password:

Log In

Forgot Password

Property Management Department

ContractManager

Primaveraweb

DSRPRO

Application → Insurance



कर्मचारी
राज्य बीमा निगम
Employees' State Insurance Corporation

Welcome, TEST KUMAR

English (United States) हिंदी (भारत)

Pragati

Home Applications ERP Applications Reports Analytics Change Password LOGOUT

Business Intelligence

ESIC News

- » Role of ESIC
- » Health Information System
- » Insurance
- » Pehchan Reports

Announcements

- » Annexure - IX.doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

Click on Insurance

Circulars

- » Circulars from HQRS. Office

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

Industry News

- » ESIC's PG institute from next year

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Select User Location & Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▾

User Role : Branch Manager at Branch 01 ▾

Submit

Select User Location and Role from dropdown

Click on Submit



ESIC

Employees' State Insurance Corporation

Insurance

User Login:

ANKIT GUPTA

0



My Work

Registration

Benefits

Revenue

Recovery

Others

REGISTRATION

This section has the Navigations through all the Phases of Employee / Employee



- e-Pehchan Card
- Health Passbook
- Update Mobile Number of the Insured Person
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details Workflow**
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

Click on Edit Employee Details Workflow

BENEFITS

This section has the Navigations through all the Medical and Cash Benefits



Click on Insured Person No.



ESIC
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two

Wednesday, January 14, 2026 12:25:47
0

My Work Registration Benefits Revenue Recovery Others

Employee Task Details > List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1116526480	14/01/2026	Pending
2	11166699	14/01/2026	Pending
3	1116555554	14/01/2026	Pending
4	1116572583	28/12/2025	Pending

Click on IP No.

Go to Family Details then Click on View Photo and Validate with Proof Document



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Insurance

User Login: Wipro L Two

Wednesday, January 14, 2026 12:26:16
0

My Work Registration Benefits Revenue Recovery Others

Employee > Employee IP Approval

Employees Edit IP Approval

Please select appropriate check box for approving the change

Insurance Number: 1116526480

Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

Existing Particulars		New Particulars	
<input type="checkbox"/> Personal Details: Reference ID			
Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	View Photo	Photo:	View Photo
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	
<input type="checkbox"/> Address Details : Reference ID			
Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	
Notes:	<ul style="list-style-type: none"> - User can view the Photo by clicking on View Photo - User need to validate the photo with attached document as Proof 		
	View Photo	View Photo	View Photo

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Click on View Photo and Validate with Proof Document then Click on Declaration Checkbox and Approve



<input type="checkbox"/> Dispensary Details : Reference ID							
For IP: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			
For Family: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			
<input type="checkbox"/> Nominee Details : Reference ID							
Name : sam				Name :			
Relationship with I.P. : Dependant father				Relationship with I.P. :			
Address of Nominee : 345678,demo,,Delhi,New Delhi,,				Address of Nominee :			
Is Nominee a Family Member : Yes				Is Nominee a Family Member :			
Proof Type :				Proof Type :			
				Document 1:			
				Document 2:			
<input type="checkbox"/> Family Details : Reference ID 112611402521							
Existing:							
Name		Date of Birth		Relationship with IP		Gender	
test son new updated		08/09/2025		Minor dependant son		M	
test son new updated		01/11/2025		Minor dependant son		M	
						Yes	
						Delhi	
						East Delhi	
						Active	
						View	
						Old Record	
New:							
Name		Date of Birth		Relationship with IP		Gender	
test son new updated		01/11/2025		Minor dependant son		M	
						No	
						Andhra Pradesh	
						Anakapalli	
						Active	
						View	
						View 12345	
						NA	
						Modified Record	
Enter Remarks							
Employer Remarks: *							
LDC/UDC Remarks:							
BM Remarks: *							
<input checked="" type="checkbox"/> I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.							
Note: 1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate. 2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.							

[Approve](#) [Reject](#) [Cancel](#)

Click on Checkbox and Approve



Thank You