



EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : **Subramaniyan V**
Insurance No. : **5608383155**
Date of Registration : **11/06/2020**

YOUR REGISTRATION DETAILS

| | | | |
|---------------------------|--|------------------------------|---|
| Employee Name: | Subramaniyan V | Type of Disability : | None |
| Name of Father / Husband: | vellingiri | Date of Birth : | 14/01/1974 |
| Marital Status : | Married | Gender : | Male |
| Present Address : | 2/284F, CHINNA THOTTI PALAYAM,,KARAMADAI,Dist:Coimbatore, Tamilnadu,641104 | Permanent Address : | 2/284F, CHINNA THOTTI PALAYAM,,KARAMADAI,Dist:Coimbatore ,Tamilnadu,641104 |
| Dispensary / IMP for IP : | Karamadai, TN (ESIS Disp.) | Dispensary / IMP for Family: | Karamadai, TN (ESIS Disp.) |
| UHID | TN01.0010505621 | | |
| Current Employer Details | | First Employer Details | |
| Employer's Code No. : | 56000603580000101 | Employer's Code No. : | None |
| Sub Unit's Code No. : | None | Sub Unit's Code No. : | None |
| Date of Appointment : | 02/06/2020 | First Insurance No. : | None |
| Name of Employer : | SRI SARADHAMBIKA SPINTEX P LTD. | Name of Employer : | None |
| Address of Employer : | SF NO 526/2B, BILICHI POST,MADAMPALAYAM,,COIMBATORE,Dis t:Coimbatore Tamilnadu641019 | Address of Employer : | None |

Family Details:

| Name | Relationship with the Employee | Date of Birth | UHID | Whether Residing with Insured Person | State | District |
|------|--------------------------------|---------------|------|--------------------------------------|-------|----------|
| --- | --- | --- | --- | --- | --- | --- |

Nominee Details:

| Name of Nominee | Relationship with IP | Percentage | Address of Nominee |
|-----------------|----------------------|------------|--|
| KAVITHA | Spouse | 100 | 2/284,F,GANESH NAGAR,,CHINNATHOTTIPALAYAM,KA RAMADAI.,TamilnaduDist:Coimbatore64 1104 |

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

Mobile Number : **9865496374**

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

NOTE:

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

| Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury. | | | | |
|--|---|--|--|--|
| Sl.No | Benefits | Entitlement | Duration | Rate of Benefit |
| 1 | Medical Benefit | One should be an insured person | From day one of entering into insurable employment to till date in insurable employment and during the corresponding benefit period. | Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility |
| 2(a) | Sickness Benefit | 78 days in relevant Contribution Period | Up to 91 days in two consecutive Benefit Period | 70% of average Daily wages |
| 2(b) | Enhanced Sickness Benefit | 78 days in one Contribution Period | 7 days/ 14 days for male/female insured person respectively for undergoing sterilization operation | 100% of average Daily wages |
| 3 | Extended Sickness Benefit | 156 days in 4 consecutive Contribution Period | 124 to 309 days may be extended to 730 days in case of specified long term diseases | 80% of average Daily wages |
| 4(a) | Temporary Disablement Benefit | From day one of entering Insurable employment | As long as temporary disablement lasts | 90% of average Daily wages |
| 4(b) | Permanent Disablement Benefit | From day one of entering Insurable employment | For whole life | Depending upon loss of earning capacity of Insured |
| 5 | Dependents Benefit | From day one of entering Insurable employment | Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58 | 90% of average Daily wages. Shareable in fixed proportion. |
| 6 | Maternity Benefit | 70 days in immediately preceding 1 or 2 consecutive Contribution Periods | 26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother. | 100% of average Daily wages |
| 7 | Rajiv Gandhi Shramik Kalyana Yojana | Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury>40% | For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance. | I. Unemployment allowance at the rates of <ol style="list-style-type: none"> 50% of last avg. daily wages - 0 to 12 Months. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance. |
| 8 | Funeral Expenses | From day one of entering Insurable employment | For defraying expenses on funeral of an Insured Person | With the enhancement of Funeral Expenses to Rs.15,000/-. |
| 9 | Confinement expenses | No condition other than insurable employment. | Up to two confinements | Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions. |
| 10 | Medical Care to retired Insured Persons | Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased Insured Persons/spouses receiving Dependent Benefit. | On yearly basis. | Medical facility within ESIC on payment of Rs. 120/- for self |

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526