

## EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

| Insured Person :<br>Insurance No. :<br>Date of Registration : | Kesaba Singku<br>5608365822<br>21/05/2020 |             |                      |      |
|---|---|-------------|----------------------|------|
|   |   | YOUR REGIST | RATION DETAILS       |      |
| Employee Name:  | Kesaba Singku                             |             | Type of Disability : | None |
|   |   |             |                      |      |

| Employee Name:                               | Kesaba Singku  | Type of Disability :                        | None   |  |
|--|--|---|--|--|
| Employee Name.                               | Nosaba olligiku  | Type of Disubility .                        | None   |  |
| Name of Father / Husband:                    | SADHU SINGKU   | Date of Birth :                             | 12/03/1998   |  |
| Marital Status :                             | Unmarried  | Gender:                                     | Male   |  |
| Present Address :                            | 526/2B,BILICHI,,MADDAM PALAYAM,COIMBATORE,Dist:Coimbatore,Ta milnadu,641019              | Permanent Address :                         | KARANJIA,GHODAGHAGURI,KARANJIA<br>,MAYURBHANJ,ODISHA,Dist:Mayurbhanj<br>,Odisha,757037 |  |
| Dispensary / IMP for IP :                    | Mettupalayam, TN (ESIS Disp.)  | Dispensary / IMP for Family:                | Baripada, OR (ESIS Disp.)  |  |
| UHID   | TN01.0010426072  |   |  |  |
| (  | urrent Employer Details  | First Employer Details                      |  |  |
| Employer's Code No. :                        | 56000603580000101  | Employer's Code No. : None                  |  |  |
| Sub Unit's Code No. :  Date of Appointment : | None<br>12/05/2020   | Sub Unit's Code No. : First Insurance No. : | None<br>None   |  |
| Name of Employer                             | SRI SARADHAMBIKA SPINTEX P LTD.  | Name of Employer                            | None   |  |
| Name of Employer : Address of Employer :     | SRI SARADHAMBIKA SPINTEX P LTD.  SF NO 526/2B, BILICHI POST,MADAMPALAYAM,,COIMBATORE,Dis | Name of Employer : Address of Employer :    | None   |  |

t:CoimbatoreTamilnadu641019

## Family Details:

| - uniny Dotano. |                                      | 1             | 1    | 1                                       |       |          |
|-----------------|--------------------------------------|---------------|------|---|-------|----------|
| Name            | Relationship<br>with the<br>Employee | Date of Birth | UHID | Whether Residing<br>with Insured Person | State | District |
|                 |                                      | -             |      |   |       |          |

## Nominee Details:

| Name of Nominee | Relationship with IP | Percentage | Address of Nominee  |
|-----------------|----------------------|------------|---|
| SADHU SINGKU    | Dependant father     | 100        | KARANJIA,GHODAGHAGURI,KARANJI<br>A,MAYURBHANJ,ODISHA,TamilnaduDis<br>t:Coimbatore757037 |

| Signature / LTI of Registered Employee / IP : |  |
|---|--|
|   | Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official) |
| Mobile Number :                               |  |

## NOTE:

none

**Documents Uploaded:** 

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

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.

| SI.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<br>Speciality treatment, comprehensive<br>medical care & clinical investigation<br>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<br>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<br>Sickness Benefit              | 156 days in 4 consecutive<br>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<br>Disablement<br>Benefit       | From day one of entering<br>Insurable employment   | As long as temporary disablement lasts   | 90% of average Daily wages  |
| 4(b)  | Permanent<br>Disablement<br>Benefit       | From day one of entering<br>Insurable employment   | For whole life   | Depending upon loss of earning capacity of Insured  |
| 5     | Dependents<br>Benefit                     | From day one of entering<br>Insurable employment   | Paid to the dependents of the<br>Insured Person. Who dies as a<br>result of employment injury, in<br>manner as detailed in Rule 58                               | 90% of average Daily wages.<br>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<br>Shramik Kalyana<br>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 i. 50% of last avg. daily wages - 0 to 12 Months. ii. 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<br>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   |

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