



# Employer Registration

## Help File



## **ONLINE REGISTRATION OF THE EMPLOYERS OVERVIEW:**

- ❖ Registration of employers under ESI Act is fully online, without requirement of submission of any physical application documents either before the registration or after it.
- ❖ The employer registration is totally online and on real time basis. No manual intervention / approval is required for registration.
- ❖ The employer is required to submit the information in the online screens (SCREEN SHOTS ENCLOSED) and on successful submission of the information; the code number is generated automatically and displayed to the employer. A copy of the Registration letter (C-11) can be printed from the link provided. A copy of registration letter (C-11) along with the user credentials (user ID and password) are also sent automatically to the email of the employer.
- ❖ The Registration (C-11) is a computer generated letter and is not required to be physically signed by issuing authority and can be used by the employer as a valid proof of registration.
- ❖ Once the code number is generated and C-11 is sent to the email address of the employer, the employer can log on to the website of the ESIC ( [www.esic.in](http://www.esic.in)) and can perform all the online activities.
- ❖ The mandatory fields in the online registration form are marked with Asterisk (\*).
- ❖ The mandatory / non mandatory information required to be filled in the screens can be seen from the snapshot of the screens given in the help file which should be kept ready for avoiding the delay in filling up of the information.

- ❖ The total number of employees required for registration under ESI Act for factories is 10 for Pan India. For Establishment, the number of employees required for each station under ESI Act is 10/20. Please check the applicability of the establishment depending upon the number of employees from the table (enclosed).
- ❖ In the Drop Box for selection of the Branch Office, the employers are free to choose any Branch Offices nearest to their unit. In the Drop Box for selection of Inspection Division employers can choose any Inspection Division.
- ❖ In case of manpower suppliers, security agencies / contractors and Govt. contractors, after the generation of Code Number the registering employers are required to pay the advance contribution for six months, which is worked out as follows:

**The number of employees ( getting upto Rs.21000 per month)x minimum wagesx6x6.5%**

- ❖ The advance contribution is to be paid online and the registration letter along with user ID and password is sent to their email on receiving confirmation from State Bank which may take one day in case of account with SBI and 2 days in case of account with other banks.
- ❖ In case, employer face any problem, in registering their units online, they can send an email giving the details of the problem encountered to the IT help desk of ESIC and at the email address [itcare@esic.in](mailto:itcare@esic.in).
- ❖ In case any official of the ESIC requires any physical documentation after registration, please write to the following mail id:- [ac-revenue.hq@esic.in/web-support.mol@nic.in](mailto:ac-revenue.hq@esic.in/web-support.mol@nic.in)
- ❖ **Minimum Number of Employee required for registration of Establishment.**

Minimum Number of Employees required for registration of Establishment

S.No	State_Name	Minimum Employees to be registered	S.No	State_Name	Minimum Employees to be registered
1	Himachal Pradesh	20	19	Delhi	10
2	Jammu & Kashmir	20	20	Karnataka	10
3	Jharkhand	10	21	West Bengal	10
4	Kerala	10	22	Andhra Pradesh	10
5	Madhya Pradesh	10	23	Arunachal Pradesh	20
6	Maharashtra	20	24	Assam	20
7	Manipur	20	25	Bihar	10
8	Meghalaya	20	26	Chattishgarh	10
9	Mizoram	20	27	Goa	20
10	Nagaland	20	28	Gujrat	10
11	Orissa	10	29	Haryana	10
12	Pondicherry	10	30	Uttarakhand	10
13	Punjab	10	31	Chandigarh	20
14	Rajasthan	10	32	Daman and Diu	20
15	Sikkim	20	33	Dadra and Nagar Haveli	20
16	Tamilnadu	20	34	Andaman and Nicobar	20
17	Tripura	10	35	Lakshadweep	20
18	Uttar Pradesh	20	36	Outside India	20



# **Sign up to Register New Unit**

# Login to [www.esic.in](http://www.esic.in)



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

English / हिंदी

HOME | ABOUT US | WRITE TO US | ACTS | ESI SCHEMES | RECRUITMENT | PUBLIC GRIEVANCE | TENDERS

ALL EMPLOYERS ARE REQUESTED TO UPDATE BANK DETAILS AND MOBILE NUMBERS OF THEIR EMPLOYEES.  
NO PHYSICAL DOCUMENTS ARE REQUIRED FOR ONLINE REGISTRATION OF EMPLOYERS UNDER ESI



**Click here**

[Click Here To Login](#)

[Instructions to Deploy Security Certificate](#)

**About ESIC**

Employees' state Insurance Corporation of India, is a multidimensional social system tailored to provide socio-economic protection to worker population and immediate dependent or family covered under the scheme. Besides full medical care for self and dependents, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of case benefits in times of physical distress due to sickness, temporary or permanent disablement etc. resulting in loss of earning capacity, the confinement in respect.....[know more](#)

For any IT related issues please Email to [ITCare@esic.in](mailto:ITCare@esic.in)

If you have any queries, please send to the below mentioned E-mail id [esic-hqrs@esic.in](mailto:esic-hqrs@esic.in)

<http://www.esic.in/webpace/web/advocate>

**ESIC Links**  
[Lawyer Login](#)  
[Property Management Department](#)  
[IP Portal](#)  
[Shram Suvidha Portal](#)  
[Pay e-challan](#)  
[Unable to make Online Payment?](#)

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[Samachar](#)  
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**Useful Information**  
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[Circulars related with Project Panc...](#)  
[Citizen's Charter](#)

**Related Links**  
<http://esic.nic.in>  
<http://india.gov.in>  
<http://mohfw.nic.in>  
<http://whoindia.org>  
<http://esicdelhi.org.in>  
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**News & Events**  
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# Click on 'Sign up'



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

[English](#) / [हिंदी](#)

**ALL EMPLOYERS REGISTERED IN NEWLY IMPLEMENTED AREAS ONLY MAY APPLY FOR REDUCED RATE OF CONTR**

## User Login

UserName:

Password:

Captcha: \*  e2848780 

[Sign Up](#)

Login

[Forgot  
Password](#)

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[Registration through Portal](#)

[Digital Signature User  
Manual](#)

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the opposite, the same may be made on [websupport-mol@nic.in](mailto:websupport-mol@nic.in)

Enter

- Company Name
- Principal Employer Name
- State & region
- Email Address



Employees' State Insurance Corporation

Insurance

Mon 19 Oct 2015, 1:11:53 PM

SignUp \* Required Fields

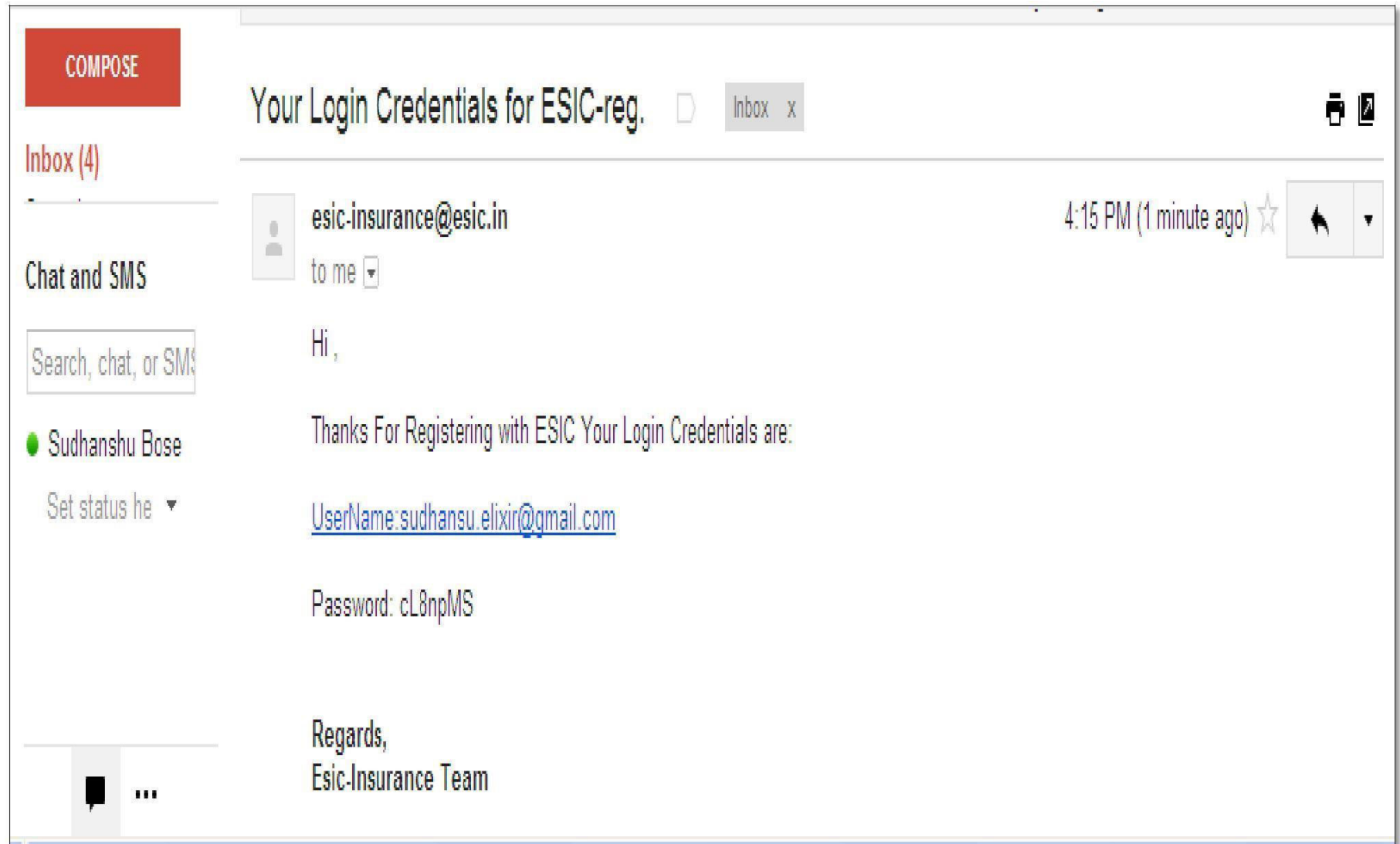
Company Name *:	<input type="text" value="employer"/>
Principal Employer Name *:	<input type="text" value="employer"/>
State *:	<input type="text" value="Delhi"/>
Regions *:	<input type="text" value="RO - Rajendra Place"/>
Email(Username) *:	<input type="text" value="evvrggrgn@gmail.com"/>
Phone No.:	<input type="text"/>

Username created successfully

[Login](#)



An email is sent to the user after successful sign-up along with login credential.



Again login to [www.esic.in](http://www.esic.in) with the login credential received through email



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ESIC

कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

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### User Login

UserName: naveen.jha.esics@relind

Password: ••••••

Captcha: \* bdb30808

*bdb30808*



[Sign Up](#)

Login

[Forgot](#)

[Password](#)

[Check Password Policy](#)

[Manual for Employer and Employee](#)

[Registration through Portal](#)

[Digital Signature User](#)

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No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the opposite, the same may be made on [websupport-mol@nic.in](mailto:websupport-mol@nic.in)

Click on 'New Employer Registration'



ESIC  
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Insurance

User Login:


Last Logged In Monday, October 19, 2015 at 1:10 PM

Logout

EMPLOYER

- New Employer Registration

Select Type of unit & click on submit



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: evnggrgn@gmail.comMonday, October 19, 2015 1:10:32 PM  
0

Registration > Employer Registration

Employer Registration

\* Required Fields

Type of Unit :\*

Factory

Select

Factory

Shop/Establishment

Submit

Please fill up the Information in the screen below. Mandatory fields are marked with asterisk (\*)

User Login: evvgggn@gmail.com

Monday, October 19, 2015 1:10:48 PM  
0

Registration > Employer Registration

Unit Details Employer Details Fact/Estt Details Employee Details

Employer Registration - Form 01

\* Required Fields

1. Name of the unit: <input checked="" type="radio"/> Factory <input type="radio"/> Establishment			
2. Complete Postal Address of the Factory / Establishment			
Address :*		Pin Code:*	
		Phone No.:	
		Mobile No.:	91
State:*	---Please Select---	Fax No.:	
District:*	---Please Select---	Email:*	
3. Police Station:*			
4. Name of			
<input checked="" type="radio"/> Town <input type="radio"/> Revenue Village		<input checked="" type="radio"/> Taluk <input type="radio"/> Tehsil	
<input checked="" type="radio"/> Hudbast No		Municipality:	
<input type="radio"/> Revenue Demarcation			
5.(a) Whether the Building / Premises of Fact / Estt. is Owned or Hired:*		---Please Select---	
5.(b) If Hired or There is a Change in the Name of Unit / Ownership, Please Indicate Below			
5.(b)(i) ESI Code No. If Covered Earlier:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
5.(b)(ii) Date from Which Earlier Fact/Estt. Closed Down:			
5.(c) Terms and Conditions Under Which Property Acquired/Taken on Lease (Enclose Copy of Agreement/Relevant Deed):		<input type="text"/> Browse Upload	

Save

Reset

Cancel


Next

Please fill up the Information in the screen below. Mandatory fields are marked with asterisk (\*)

<input checked="" type="radio"/> Hubbast No	<input type="text"/>	Municipality:	<input type="text"/>
<input type="radio"/> Revenue Demarcation			
5.(a) Whether the Building / Premises of Fact / Estt. is Owned or Hired:*		Owned <input type="button" value="v"/>	
5.(b) If Hired or There is a Change in the Name of Unit / Ownership, Please Indicate Below*			
5.(b)(i) ESI Code No. If Covered Earlier:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
5.(b)(iii) Date from Which Earlier Fact/Estt. Closed Down:		<input type="text"/> <input type="button" value="Calendar"/>	
5.(c) Terms and Conditions Under Which Property Acquired/Taken on Lease (Enclose Copy of Agreement Relevant Deed):		<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Upload"/>
<div>Save Reset Cancel <b>Next</b></div>			

Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)

Bank details are not mandatory



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Insurance

User Login: evvgggn@gmail.com
Monday, October 19, 2015 1:11:14 PM

Registration > Employer Registration

Unit Details
Employer Details
Fact/Estt Details
Employee Details

**Employer Registration - Form 01** \* Required Fields

**6. All Operational Bank Accounts Need to be Listed Below**

Select	Account No*	Name of Bank*	Name of the Branch*	MICR Code of the Bank/Branch*	IFSC Code of the Bank/Branch*
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>7.(a)</b> <input checked="" type="radio"/> Income Tax PAN No. <input type="radio"/> GIR No <input type="text"/>	<b>7.(b).Income Tax</b> <input checked="" type="radio"/> Ward <input type="radio"/> Circle <input type="radio"/> Area <input type="text"/>
--	--

**8. Is Multinational\*** ☐ Yes ☒ No

**8.(a) Exact Nature of Work / Business Carried On:\***

**8.(b) Category:\***

**8(c). Whether the process or activity being carried out in your factory has been declared as "hazardous process as per sec. 2 (c) or sec. 2 (b) of the Factories Act, 1948, read with Schedule I of the said Act?\*** ☐ Yes ☒ No

**9. Date of Commencement of Factory / Estt:\***

**10.(a) Whether Registered Under Any Of Following Act?**  
☒ Factories Act ☐ Shop & Estt Act ☐ Other ☐ None

**10.(b) Select the Licence and Enter the Details Below\***

License No:*	<input type="text"/>	Date:*	<input type="text"/>
Licensing Authority:*	<input type="text"/>		

**10.(c) Please Give Which Ever Applicable**







Tax No.	Date	Issuing Authority
Commercial	<input type="text"/>	<input type="text"/>
State Sales:	<input type="text"/>	<input type="text"/>
Central Sales:	<input type="text"/>	<input type="text"/>
Any Other:	<input type="text"/>	<input type="text"/>

**16 (d) Maximum No. of Persons That Can be Employed on Any One Day, as per Licence\***



## View 2

Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)

9. Date of Commencement of Factory / Estt:*		02/01/2012 	
10.(a) Whether Registered Under Any Of Following Act?			
<input type="radio"/> Factories Act <input type="radio"/> Shop & Estt Act <input type="radio"/> Other <input checked="" type="radio"/> None			
10.(b) Select the Licence and Enter the Details Below*		Factory license No 	
10.(c) Please Give Which Ever Applicable			
Tax No.		Date	Issuing Authority
Commercial	<input type="text"/>	<input type="text"/> 	<input type="text"/>
State Sales:	<input type="text"/>	<input type="text"/> 	<input type="text"/>
Central Sales:	<input type="text"/>	<input type="text"/> 	<input type="text"/>
Any Other:	<input type="text"/>	<input type="text"/> 	<input type="text"/>
10.(d) Maximum No. of Persons That Can be Employed on Any One Day, as per License:			<input type="text"/>



Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)



ESIC

Employees' State Insurance Corporation

Insurance

User Login: evvgggn@gmail.com

Monday, October 19, 2015 1:11:14 PM  
0

Registration > Employer Registration

Unit Details Employer Details **Fact/Estt Details** Employee Details

Employer Registration - Form 01

\* Required Fields

11.(a) If Power is Used for Manufacturing Process as per Section-2(k) of the Factory Act, Enter the Date Since When:

11.(b) In Case of Factory Whether Licensed Issued Under Section 2(m)(i) or 2(m)(ii) of the Factories Act.1948:

☒ 2(m)(i) ☐ 2(m)(ii) ☐ No

11.(c) Power Connection No.:

Sanctioned Power Load:

Issuing Authority:

12.(a) Constitution of Ownership:\*

Public Ltd Company

12.(b) Give Name/Father's Name/Age and Present & Permanent residential address of:\*

[Click Here to Enter Details](#)

12.(c) Name, Fathers Name, Age, Present and Permanent Address of the Manager Declared Under the Factories Act:

[Click Here to Enter Details](#)

13. Address, No of Employees and Person Responsible for Day to Day Functioning of Head Office/Registered Office/Branch Office/Sales Office/Administrative Office/Others:

[Click Here to Enter Details](#)

Previous


Save

Reset

Cancel

Next

Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: evvgggn@gmail.com

Monday, October 19, 2015 1:11:14 PM  
0

Registration > Employer Registration

Unit DetailsEmployer DetailsFact/Estt DetailsEmployee Details

Employer Registration - Form 01

\* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service): *		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20" or More Coverable Employees under ESI Act were employed for wages:*		<input type="text"/>	
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19.Employee Declaration Form:*		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :*	<input type="text" value="--Please Select--"/>	20.(b) Inspection Division :*	<input type="text" value="--Please Select--"/>

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

☐ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.\*

Previous

Save

Reset

Cancel

Submit

Total Number of employees employed for wages directly and through immediate employer/contractor Request

\* Required Fields


Details are saved successfully

As on date	Total No of Employees				No of employees drawing wages Rs 21000/- or less			
	Male	Female	Transgender	Total	Male	Female	Transgender	Total
Employed directly by the principal employer	10	1	0	11	0	0	0	0
Through immediate employer/contractor	0	0	0	0	0	0	0	0
Total	10	1	0	11	0	0	0	0

Save

Close

Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)

**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: evvrggrn@gmail.comMonday, October 19, 2015 1:11:14 PM  
0

Registration > Employer Registration

Unit DetailsEmployer DetailsFact/Estt DetailsEmployee Details

Employer Registration - Form 01

\* Required Fields


14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service): *		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20 <sup>th</sup> or More Coverable Employees under ESI Act were employed for wages:*		<input type="text"/>	
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19. Employee Declaration Form:*		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :*	<input type="text" value="--Please Select--"/>	20.(b) Inspection Division :*	<input type="text" value="--Please Select--"/>

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

☐ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.\*

PreviousSaveResetCancelSubmit

Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)

**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: rajiv.westernclothes@gmail.comWed 18 Apr 2012, 4:20:49 PM  
0

**Track Registered Employees**

**Is IP Already Registered:** ☒ Yes ☐ No

**Enter Details**


**Employee's Insurance No:\*** 3708765098

**Date of Appointment:\*** 17/01/2012

**No of Employee Details Submitted:0, No of Employee Details Saved and Pending For Submission: 0**

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Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)



**ESIC**  
 Employees' State Insurance Corporation

Insurance

User Login: namrata.s@esicnassara-8.com
Tuesday, October 24, 2018 1:17:18 PM

**Employee Registration Form - I** \* Required Fields

**Insured Person's Particulars**

1.(a) Is IP Disabled? *	<input type="radio"/> Yes <input checked="" type="radio"/> No	1.(b) Type of Disability:	<input type="text" value="---Please Select---"/>
1.(c) Select Certificate:	<input type="button" value="Browse..."/> <input type="text" value="No file selected"/> <input type="button" value="Upload"/>		
2. Name / Name as per Aadhaar Records *	<input type="text"/>		
3. Name of:	<input type="text"/>		
	<input checked="" type="radio"/> Father <input type="radio"/> Husband		
4. Date of Birth:	<input type="text"/>		
5.	<input type="text"/>		
	<input checked="" type="radio"/> Enrolment Id <input type="radio"/> Aadhaar		
6. Marital Status: *	<input type="text" value="---Please Select---"/>		
7. Gender:	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> NA		

**8. Present Address**

Address 1:	Pin Code:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Phone No.:
<input type="text"/>	<input type="text"/>
State:	Mobile No.:
<input type="text" value="---Please Select---"/>	<input type="text" value="91"/>
District:	Email:
<input type="text" value="---Please Select---"/>	<input type="text"/>

☐ Copy Present Address to Permanent Address

**9. Permanent Address**

Address 1:	Pin Code:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Phone No.:
<input type="text"/>	<input type="text"/>
State:	Mobile No.:
<input type="text" value="---Please Select---"/>	<input type="text" value="91"/>
District:	Email:
<input type="text" value="---Please Select---"/>	<input type="text"/>

10. Dispensary Or HOP:



Please fill up the information in the screen below . Mandatory fields are Marked with asterisk (\*)

☐ Copy Present Address to Permanent Address

#### 8. Permanent Address

Address :*	Ring road	Pin Code:	
	Gangamarg street	Phone No.:	
		Mobile No.:	91 -
State:*	Gujrat	Email:	
District:*	Ahmedabad		

#### 9. Dispensary Or IMP:

State:	---Please Select---	District:	---Please Select---
<input checked="" type="radio"/> Dispensary <input type="radio"/> IMP	---Please Select---	Address:	

#### 10. Current Employer's Particulars

Employer's Code No.:		11.(b) In case of any Previous employment please fill up the details below:	
Date of Appointment:*	03/04/2012	Employer's Code No.:	37001016880000602
Name of the Employer:*		Previous Insurance No.:	
Address of the Employer		Name of the Employer:*	Elixir Ltd
Address :*		Address of the Employer	
		Address :*	ttt
State:*	---Please Select---	State:*	Gujrat
District:*	---Please Select---	District:*	Ahmedabad
Pin Code:*		Pin Code:*	908706
Email		Email	suchansu.elixir@gmail.com
Phone No.:		Phone No.:	
Mobile No.:	91 -	Mobile No.:	91 -

#### 11.(a) Have Previous Employer:

☒ Yes ☐ No

#### 12. Details of Nominee :\*

[Enter Details Here](#)

#### 13. Family Particulars of Insured Person:

[Enter Details Here](#)

#### 14. Details of Bank Accounts of Insured Person:

[Enter Details Here](#)

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

Submit

Cancel



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: rajiv.westernclothes@gmail.com

Wed 18 Apr 2012, 4:36:32 PM  
0

### Track Registered Employees

Is LP Already Registered:

☐ Yes ☒ No

Continue


Close

No of Employee Details Submitted:10, No of Employee Details Saved and Pending For Submission: 0

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Please fill up the information in the screen below. Mandatory fields are marked with asterisk (\*)



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: ebb6ebvwwgm@gmail.com

Tuesday, October 27, 2015 3:10:22 PM

Registration > Employer Registration

Unit DetailsEmployer DetailsFact/Estt DetailsEmployee Details

**Employer Registration - Form 01** \* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distrubution or sale of product/service): *		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20**or More Coverable Employees under ESI Act were employed for wages:-		<input type="text" value="01/09/2016"/>	
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19.Employee Declaration Form:-		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :-	<input type="text" value="BO - Ajmeri Gate"/>	20.(b) Inspection Division :-	<input type="text" value="ID - Inspection Area No:1"/>

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

☒ I hereby declare that the statement given above is correct to the best of my knowledge and belief, I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.\*

☐ [CLICK HERE FOR DIGITAL SIGNATURE REGISTRATION](#)

Previous

Save

Reset

Cancel

Submit



ESIC  
Employees' State Insurance Corporation

Insurance

User Login: ebbbebvvvgrm@gmail.com

Tuesday, October 27, 2015 3:10:22 PM

Registration > Employer Registration > Success

Confirmed Registration with ESIC	
You have been <b>Successfully Registered</b> with ESIC with <b>Code Number</b> 11-00-123059-000-0002	
Form C11 will be Send to your Email Id n@gmail.com shortly.	
 <b>Print</b>	 <b>View</b>
	

You can view/Print the Registration Letter (C-11) from the above button, also sent to your registered email id. The C-11 is a computer generated letter and does not require any signature and can be used as a valid proof of registration of the unit under ESI Act.

If Employer Nature of works comes under below category then, Employer need to file Advance contribution while registration.

- Security Agencies
- Contractor
- Men Power Suppliers

After submitting registration form system will show success screen.

ESIC  
Employees' State Insurance Corporation

Insurance

User Login: test2578@gmail.com Friday, January 27, 2017 12:05:05 PM

Registration > Employer Registration > Success


Payment Of Advance Contribution

Please Pay Advance Contribution For 6 Months Through The Link Below To Complete Your Registration Procedure.

[Pay Initial Contribution](#)

OK

Click on Initial contribution then system will redirect to Advance challan creation screen.



ESIC  
Employees' State Insurance Corporation


Insurance

User Login: test5678@gmail.com Friday, January 27, 2017 12:06:19 PM

Employer Contribution Paid at Registration

Advance Contribution Payment \* Required Fields

Amount To Be Paid (In Rs.):*	<input type="text" value="33361"/>
Payment Mode:*	<input checked="" type="radio"/> Online <input type="radio"/> Offline
<input type="button" value="Submit"/>	



ESIC  
Employees' State Insurance Corporation

Insurance

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Please note down the ChallanNumber : 01117106607442 for future reference

Do not close or refresh the browser. please click on continue to proceed for the payment

Employer will receive the System generated Registration Letter (C-11) on registered email id once challan get realized from the bank, The C-11 is a computer generated letter and does not require any signature and can be used as a valid proof of registration of the unit under ESI Act.

**Thank You**