

New Delhi, the 30th March 2011

No. N-11/13/2/2010-P&D: Whereas certain draft regulations further to amend the Employees' State Insurance (General) Regulations, 1950, were published as required under sub-section (1) of section 97 of the Employees' State Insurance Act, 1948 (34 of 1948), in the Gazette of India, Part III, Section 4, dated the 26th February, 2011 for inviting objections and suggestions from all persons likely to be affected thereby till the expiry of the period of thirty days from the date on which the copies of the Gazette of India in which the said notification was published, were made available to the public;

And whereas, the copies of the said Gazette were made available to the public on the 26th February, 2011;

And whereas no objection or suggestion has been received from any person in this regard;

Now, therefore, in exercise of the powers conferred by section 97 of the Employees' State Insurance Act, 1948, the Employees' State Insurance Corporation, hereby makes the following regulations further to amend the Employees' State Insurance (General) Regulations, 1950, namely: -

- 1) These Regulations may be called the Employees' State Insurance (General) (Amendment) Regulations, 2011.
 - 2) They shall come into force from 1st May, 2011.
 - 3) In the Employees' State Insurance (General) Regulations, 1950;
1. The existing regulation 10(C) shall be substituted with the following.-

"10(C).-- Intimation regarding change in particulars submitted at the time of registration of factory/establishment:-- The employer in respect of a

factory/establishment to which this Act applies and to whom a code number has already been allotted, shall intimate to the appropriate Regional Office, Sub-Regional Office, Divisional Office or Branch Office, any change in the particulars furnished in Form 01 at the time of registration of the factory/establishment within two weeks of such change."

2. The existing form-01 shall be substituted with the following form.-

"FORM – 01

1. Name of the Unit (Factory / Establishment):

Full address along with Pin Code No., Municipality Ward No. (if in a Rev. Village, Name of the Village, Hobli and all other details of demarcation)	Phone Nos./Mobile No & e-mail address Fax No	Jurisdictional	
		Police Station	

2. Exact nature of activity (work / business carried on) :
3. Date of commencement of the Unit: :
4. a) Whether the i) building/premises of the unit are hired / owned/ leased. :
ii) Machinery & Fixtures of the unit are hired / owned/ leased. :
- b) Date of purchase / lease. :
5. Please indicate a): Reg No Issued by concerned regulatory authority (Factory/Establishment /Shop/Educational & Medical Institutions)
b) PF Registration No. :
c) Income Tax/Service Tax/PAN/GIR No. :
d) Bank Account No / Name & Branch of the Bank :
6. First date on which 10/20 or more persons were employed (including persons employed through immediate employers) :
7. Nature of management (Proprietorship/Partnership/ Public Limited Co., / Pvt. Ltd. Co/Co-opp. Society etc.) :
- 8.

Names & addresses of the present Principal employers (i.e., Proprietor/Partners/ Managing Executive Directors / Chairman/ Secretary and the manager of the Unit.)	Names & Designations	Permanent Address	Telephone Nos. including mobile numbers & e-mail address
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9. Addresses of Registered offices/Head Office/ Branch Office/Sales Offices/Administrative offices and No. of employees employed therein:

Full Addresses	No. of employees employed	Tel. Nos.
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10. Total No. of persons employed and No. of Employees whose wages does not exceed Rs.15000/- P.M.

- i) By Principal employer
- ii) Through Immediate Employer (Without ESI Code No)
- iii) Through Immediate Employer (Having ESI Code No)

As on

Signature of the Principal Employer
(along with date)

DECLARATION

I have read the instructions and hereby declare that all the particulars given above are true and correct to the best of my knowledge and belief. In case of any change at any time in the information given above, I undertake to intimate those changes, to the RO/SRO/Branch Office within 15 days.

Place:

Date:

Signature of the Principal Employer
(Along with date)

INSTRUCTIONS

1. The Regional Office and the concerned Branch Office of the Corporation shall be informed within 7 days with valid copies of the related documents in cases of any change in

- i. The address of the location of work, administration office, Branch Office, Sales Office etc.
 - b. The change of management like Proprietorship to Partnership etc.
 - i. Any change in the existing incumbents along with list of new incumbents and their permanent addresses and phone numbers.
 - ii. Transfer of the unit by sale/gift/lease etc., along with the copies of connected documents.
 - c. Any change in/ addition to the existing activities, closure of / creation of new Sales offices/ Branch office etc.
2. In case of permanent closure, the same shall be duly intimated along with copies of the connected documents to the Regional Office and the concerned Branch office immediately and the returns shall be submitted in accordance with Regulation 26 (b) of ESI (General) Regulations 1950."
3. The existing form-1 shall be substituted with the following form.

"FORM - 1
DECLARATION FORM

(To be submitted in respect of employee who is not already registered under ESI Act)

1.

NAME OF THE EMPLOYEE (IN BLOCK LETTERS)	DATE OF BIRTH/AGE	SEX	MARITAL STATUS			
		M F	M	U	W	

2.

	Present	Permanent	Bank Details
Full Residential Address including Pin code No. Phone / Mobile No. & Email Address			Name of Bank, Branch and A/C No

3. **Father / Husband's Name :**

4. **Date of appointment :** **ESI Dispensary Chosen for Treatment**

5. **Name & Address of the Employer & the Branch Office to which attached (Affix the Seal) :**

6. **Details of the Nominee for payment of Cash Benefits after death:**

Name	Relationship & age of the nominee	Permanent Address

7. **Family Particulars:**

Sl.No.	Name & Relationship with the I.P.	Date of Birth & Age as on date	Whether Residing with the I.P.	If Residing elsewhere, Address along with Name of the State

(In case the Insured Person is unmarried and his / her parents are not alive, details of Minor Brother or Sister of the Insured Person wholly dependent on him may be given)

8. **Please indicate total monthly income of dependent parents, if any, from all sources :**

9. In case of person with disability, please specify the nature of Disability and its percentage (Please enclose relevant documents).

DECLARATION

1. I undertake to intimate any change in the membership of my family within 15 days of such change.
2. I hereby certify that particulars furnished above are true to the best of my knowledge.

Signature of the I.P.

Countersignature of Principal Employer
Or Authorised Signatory (along with Name & Date) "

4. The existing form-12 shall be substituted with the following form.-

"Form-12

ACCIDENT REPORT FROM EMPLOYER UNDER REGULATION 68

DATE OF ACCIDENT:

1. NAME, INSURANCE NO. OF INJURED PERSON
2. DEPARTMENT AND SHIFT HOURS
3. WAS HE / SHE AN EMPLOYEE UNDER THE ACT ON THE DAY OF ACCIDENT
4. EXACT TIME AND PLACE OF ACCIDENT
5. NATURE AND LOCATION OF INJURY(GIVE ACCURATE DETAILS)
6. EXTENT OF INJURY (SIMPLE, GRIEVOUS INVOLVING FRACTURE(S).
LIKELY TO RESULT IN PERMANENT DISABILITY, FATAL)

HOSPITALISED /NOT HOSPITALISED AS IN-PATIENT

- 7) WHETHER THE ACCIDENT REPORTED TO THE INSPECTOR OF FACTORIES (YES / NO)

- 8) IF ACCIDENT OCCURRED OUTSIDE THE PREMISES OF THE FACTORY OR ESTABLISHMENT
- A) EXACT SPOT OF THE ACCIDENT
 - B) WHERE HE WAS TRAVELLING TO AT THAT TIME
 - C) THE DETAILS OF THE VEHICLE HE WAS TRAVELLING AT THE TIME OF ACCIDENT, REGISTRATION NO., MAKE, WHETHER IT IS HIS OWN, ETC)
 - D) WHETHER HE WAS ON OFFICIAL DUTY OR COMING TO WORK PLACE OR RETURNING HOME
 - E) IS FIR LODGED AND ANY POSTMORTEM CONDUCTED

DATE OF ACCIDENT REPORT

NAME, CODE NO. AND ADDRESS
OF THE FACTORY / ESTABLISHMENT (SEAL)

SIGNATURE OF THE EMPLOYER / AUTHORISED SIGNATORY*

(B.K.SAHU)
Insurance Commissioner.