HOW TO MODIFY EMPLOYEE'S BASIC DETAILS ON ESIC THROUGH EMPLOYEE PORTAL

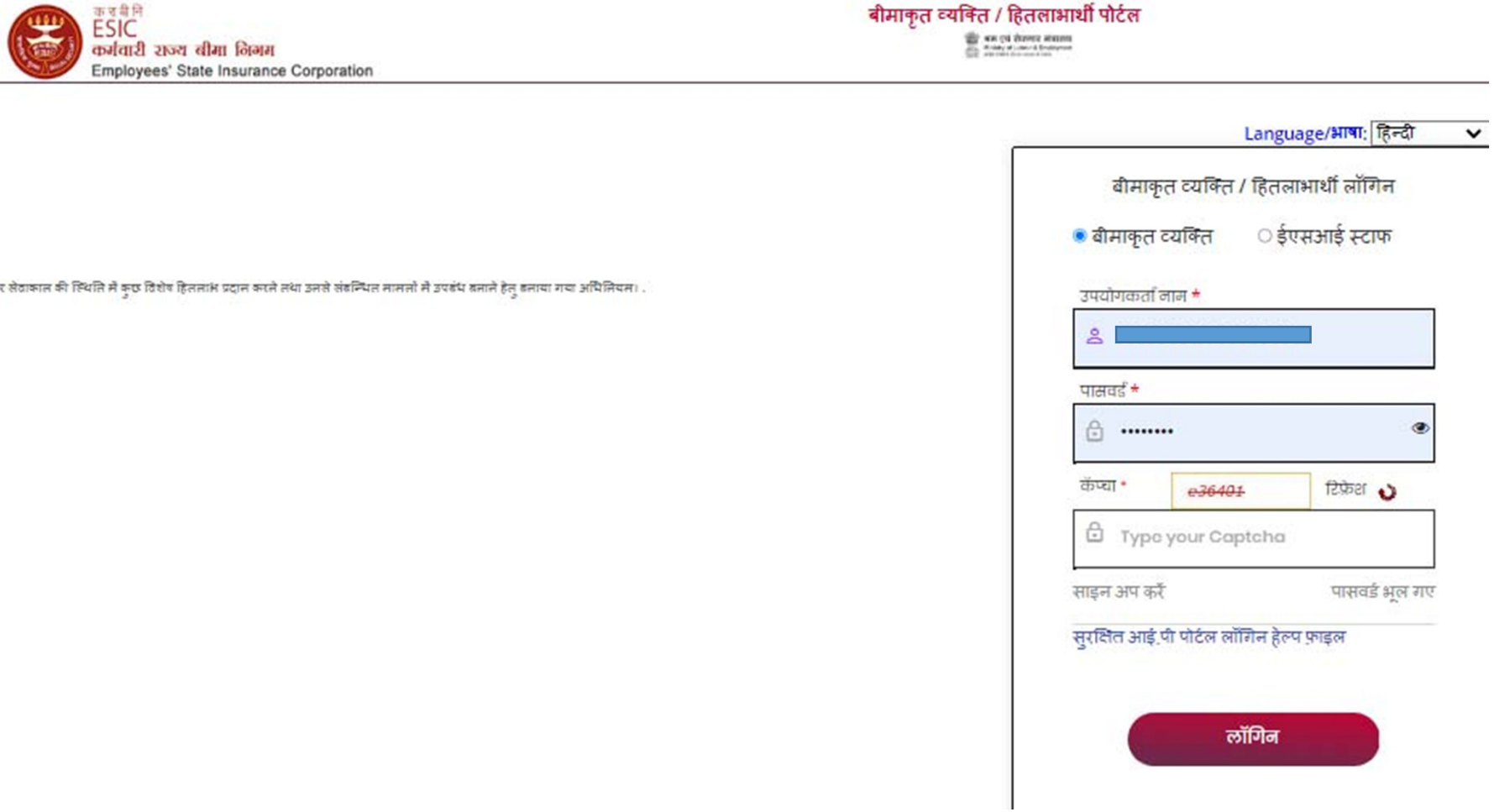
WEBSITE–

https://www.esic.in/EmployeePortal/login.aspx

Make sure your mobile number is updated on your ESIC Portal .

STEP -1

Login your ESIC Portal



कर्मचारी राज्य बीमा अधिनियम,१९४८.

कर्मचारियों के लिए बीमारी, प्रसवकालीन और सेवाकाल की स्थिति में कुछ विशेष हितलाभ प्रदान करने तथा उनसे संबन्धित मामलों में उपबंध बनाने हेतु बनाया गया अधिनियम। .

STEP -2 Click on Update Particulars

परिजनों हेतु औषधालय	V.K.Nagar, DL (ESIC Disp.)	पंजीकरण तारीख	25/03/2022
एप्पोइंटमेंट की पहली तारीख	16/03/2022	एप्पोइंटमेंट की वर्तमान तारीख	16/03/2022
मोबाइल न.	******9994	खाता संख्या	********5586
Email :	[redacted]	UAN :	-- N.A --
Aadhaar Status :	-- N.A --	ABHA No :	-- N.A --
ABHA Address :	-- N.A --		

बीमाकृत व्यक्ति

- बीमाकृत व्यक्ति का विवरण
- लाभ की पात्रता
- अंशदान विवरण
- धन्वन्तरी – आपका ई-स्वास्थ्य रिकॉर्ड
- लाभार्थी फीडबैक फॉर्म
- एसएमएस (संदेश) की पसंदीदा भाषा
- चिकित्सा 11 प्रमाण-पत्र देखें
- फॉर्म डाउनलोड करें
- View/Print e-Pehchan Card
- Update Particulars
- Aadhaar Seeding for IP and Dependents

Value Added Services

- एबीवीकेवाई दावा तैयार करना
- बीमाकृत व्याक्ति के दावे की प्रतिपूर्ति
- नकद हितलाभ दावा अनुरोध प्रस्तुतीकरण/जमा करना
- Notifications - Status of Requests
- User Manuals

STEP -3

Clicking Update Details, the request will be submitted to the ESIC approval. Please ensure Provide the correct details as per Adhaar (System will verify the details entered with UIDAI- Adhaar Data)

STEP -4

Update - Personal Details

ESIC
Employees' State Insurance Corporation

Employee Details

Login User : [redacted]

Edit Personal Details Of Insured Person * Required Fields

Insured Person's Number : [redacted]

1. IP Name: *	MANISH TOMAR	2.(a) Is IP Disabled:	○ Yes ◉ No
2.(b) Type of Disability:	---- Please Select ---	2.(c) Select Certificate:	Choose File No Upload
3. Date of Birth :*	[redacted]	4. Name of* ◉ Father ○ Husband	[redacted]
5. Marital Status:*	Unmarried	6. Gender:*	◉ M ○ F ○ TG
7. Date of Appointment:*	[redacted]	8. UAN Number:*	Edit
Type of Proof:*	---Please Select---	Type of Proof:	---Please Select---
9. Proof of Evidence :*	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	10. 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.*

Update Close

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STEP -5

Update **Dispensary Details**

ESIC
Employees' State Insurance Corporation

Employee Details

Login User : [redacted]

Dispensary change Details * Required Fields

Insured Person's Number : [redacted]

Dispensary Or IMP or mEUD for IP:*

State:	Delhi	District:	New Delhi
◉ Dispensary ○ IMP ○ mEUD	V.K.Nagar, DL (ESIC Disp.)	Address:	ESIC Dispensary, VK Nagar, 181, 184, 186, 191, Labour Colony, Vishwakarma Nagar, New Delhi, 110095, Phone:011-[redacted]

Dispensary Or Imp or mEUD for Family:*

State:	Delhi	District:	New Delhi
◉ Dispensary ○ IMP ○ mEUD	V.K.Nagar, DL (ESIC Disp.)	Address:	ESIC Dispensary, VK Nagar, 181, 184, 186, 191, Labour Colony, Vishwakarma Nagar, New Delhi, 110095, Phone:011-[redacted]

☐ This is to certify that I have meticulously examined the request made by the beneficiary and the supported documents / evidences for changing the assigned Primary Care Centre (Dispensary /IMP Clinic/ EUD /DCBO, etc). I am satisfied with the justifications given and the reasons explained by the beneficiary for the above request. I understand that the explanations provided by the beneficiary are reasonable and are within the specified criteria. I strongly recommend the above change note with standing that I shall be liable for actions for submission of false or incorrect information. * *

Update Close

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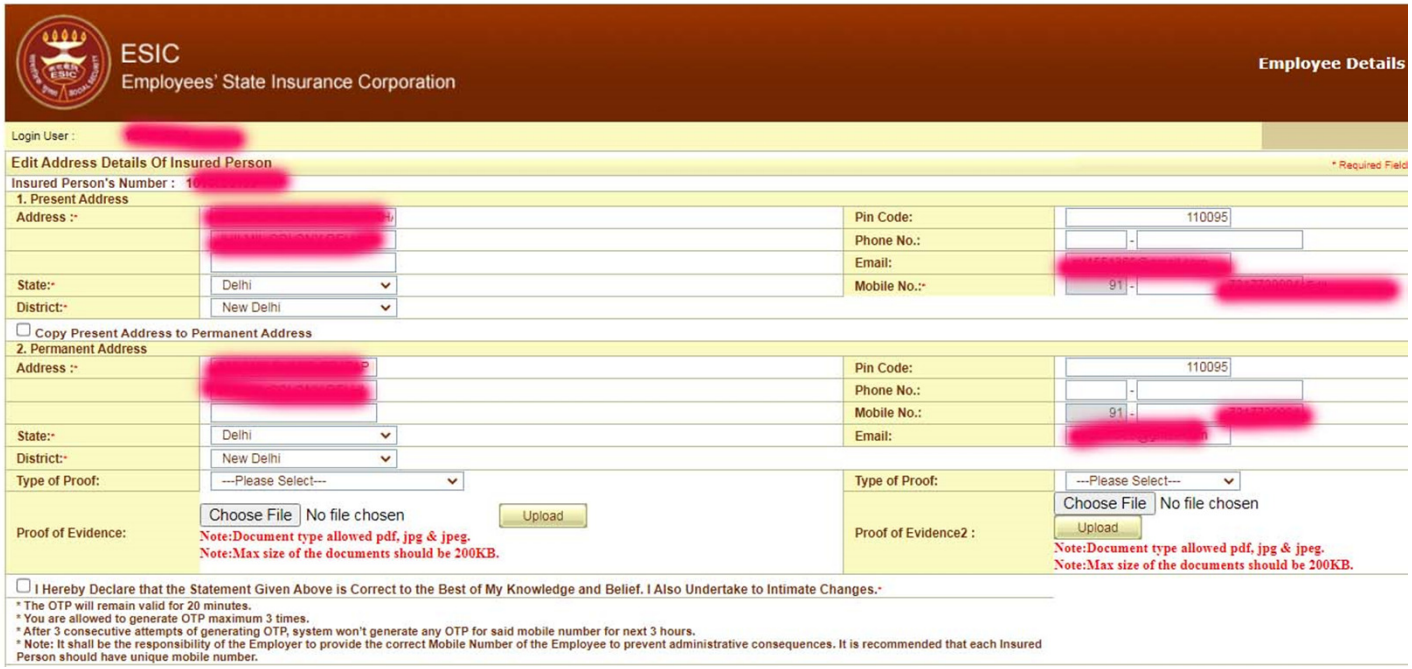
STEP -6

Update **Address Details**



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : [redacted]

Edit Address Details Of Insured Person * Required Field

Insured Person's Number : [redacted]

1. Present Address

Address :*	[redacted]	Pin Code:	110095
	[redacted]	Phone No.:	-
		Email:	[redacted]
State:*	Delhi	Mobile No.:*	91 - [redacted]
District:*	New Delhi		

☐ Copy Present Address to Permanent Address

2. Permanent Address

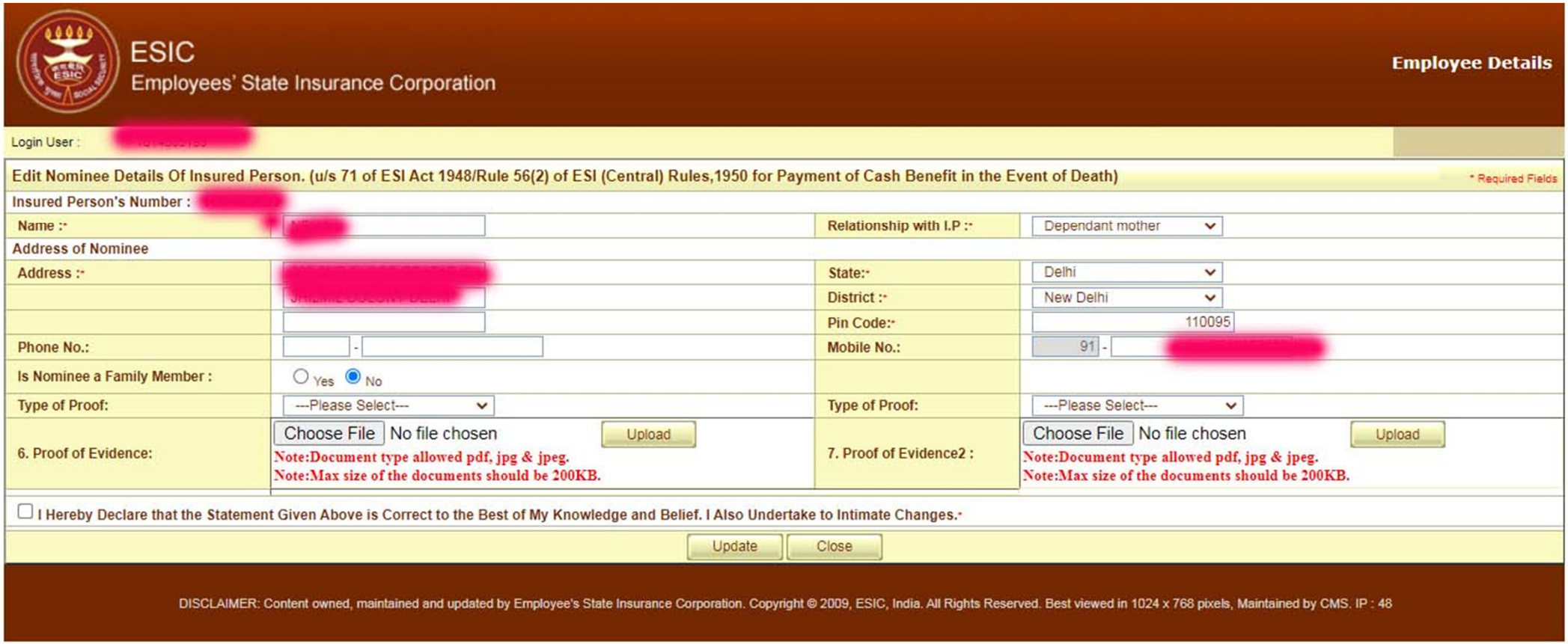
Address :*	[redacted]	Pin Code:	110095
	[redacted]	Phone No.:	-
		Mobile No.:	91 - [redacted]
State:*	Delhi	Email:	[redacted]
District:*	New Delhi		
Type of Proof:	---Please Select---	Type of Proof:	---Please Select---
Proof of Evidence:	Choose File No file chosen Upload Note:Document type allowed pdf, jpg & jpeg. Note:Max size of the documents should be 200KB.	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.*

* The OTP will remain valid for 20 minutes.
* You are allowed to generate OTP maximum 3 times.
* After 3 consecutive attempts of generating OTP, system won't generate any OTP for said mobile number for next 3 hours.
* Note: It shall be the responsibility of the Employer to provide the correct Mobile Number of the Employee to prevent administrative consequences. It is recommended that each Insured Person should have unique mobile number.

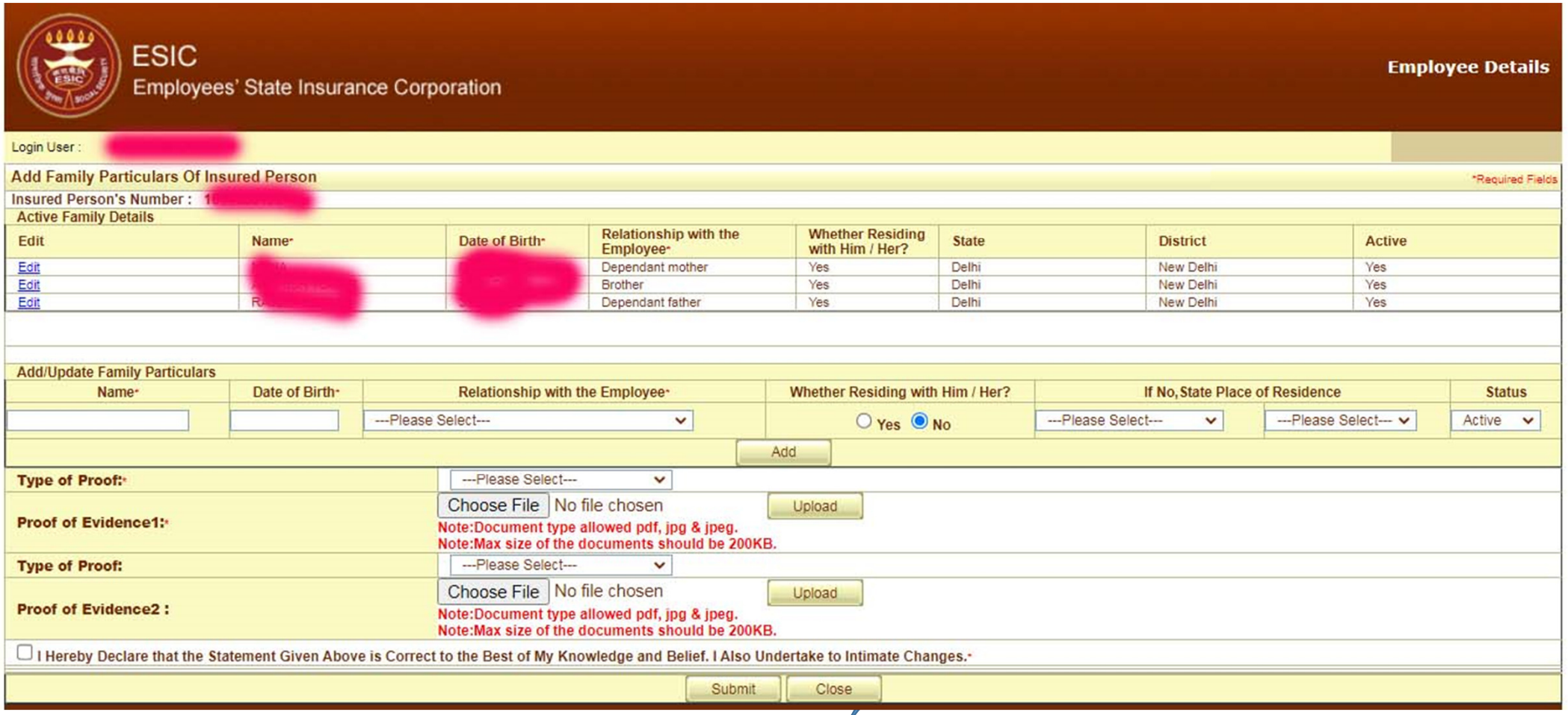
STEP -7

Update **Nominee Details**



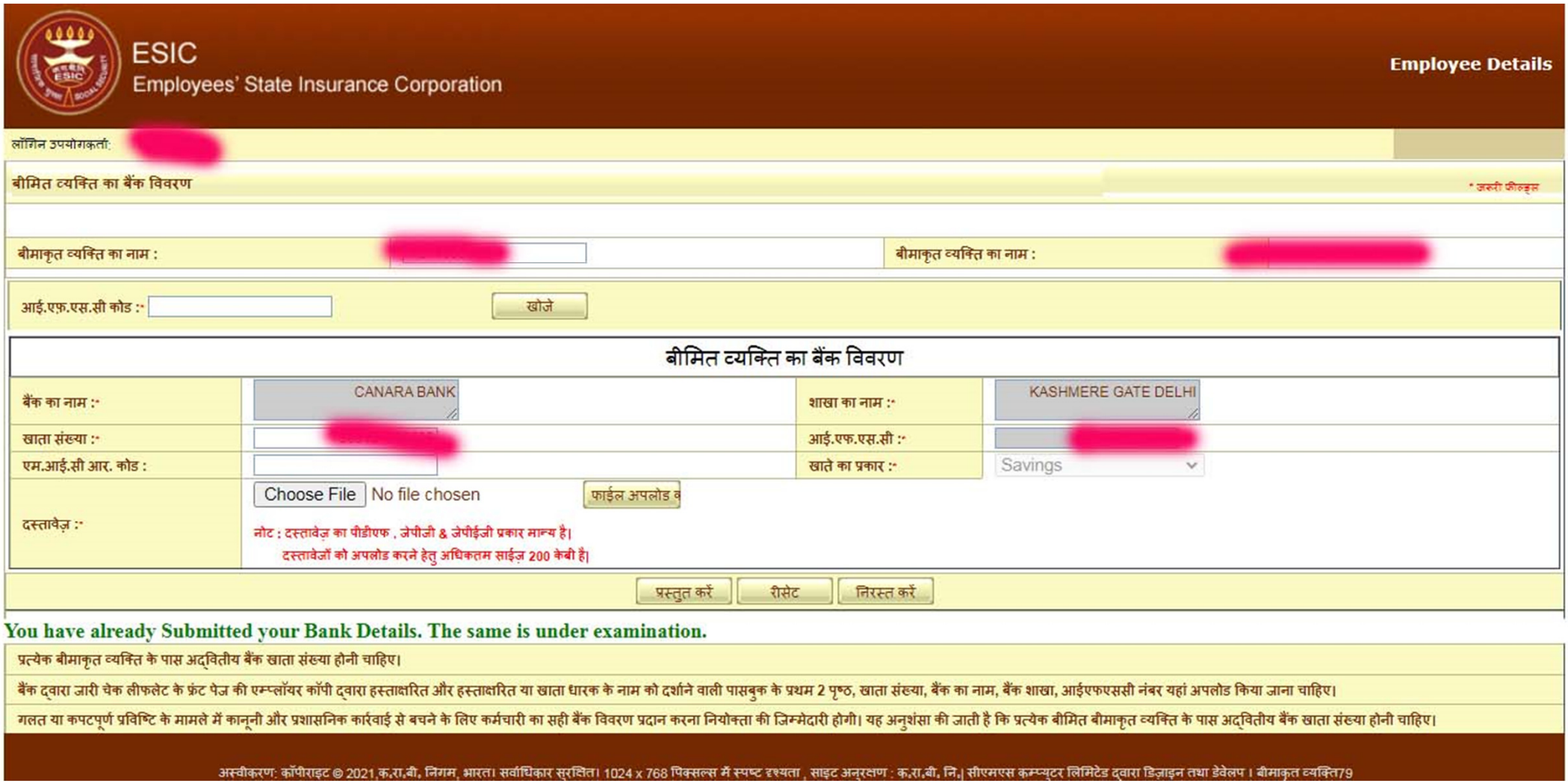
STEP -8

Update **Family Details**



STEP -9

Update **BANK Details**



Thank you!