

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



# WEBSITE—

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



The screenshot shows the header of the ESIC website. It features an orange navigation bar with the following menu items: Home, About Us, Benefits, Offices, Health Services, Tenders, Recruitments, Admissions, Dashboard, Locate Us, and Contact Us. The language is set to English. Below the navigation bar, there are three main sections: the ESIC logo and name in Hindi and English, the G20 India 2023 logo, and the Ministry of Labour & Employment logo.

Home About Us Benefits Offices Health Services Tenders Recruitments Admissions Dashboard Locate Us Contact Us English

 कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation  
(Ministry of Labour & Employment, Government of India)

   
भारत 2023 INDIA आज़ादी का अमृत महोत्सव

 श्रम एवं रोजगार मंत्रालय  
Ministry of Labour & Employment  
भारत सरकार (Government of India)

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



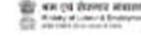
# STEP -1

## Login your ESIC Portal



कर्मचारी  
ESIC  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

बीमाकृत व्यक्ति / हितलाभार्थी पोर्टल



कर्मचारी राज्य बीमा अधिनियम, 1948.

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

Language/भाषा: हिन्दी

बीमाकृत व्यक्ति / हितलाभार्थी लॉगिन

बीमाकृत व्यक्ति  ईएसआई स्टाफ

उपयोगकर्ता लाग \*

पासवर्ड \*

कॅप्चा \*

e3640±

रिफ्रेश

साइन अप करें

पासवर्ड भूल गए

सुरक्षित आई.पी पोर्टल लॉगिन हेल्प फ़ाइल

लॉगिन

# STEP -2 Click on Update Particulars

परिजनों हेतु औषधालय	V.K.Nagar, DL (ESIC Disp.)	पंजीकरण तारीख	25/03/2022
एम्प्लॉयमेंट की पहली तारीख	16/03/2022	एम्प्लॉयमेंट की वर्तमान तारीख	16/03/2022
मोबाइल न.	*****9994	खाल संख्या	*****5586
Email :	*****@*****.com	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 व्यक्ति 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)



The screenshot shows the ESIC (Employees' State Insurance Corporation) website interface for updating employee details. The header includes the ESIC logo and the text "ESIC Employees' State Insurance Corporation". The page title is "Employee Details". Below the header, there is a "Login User" field with a redacted name. The main section is titled "Update Particulars" and contains several input fields: "Insured Person Number" (redacted), "Insured Person Name" (MANISH TOMAR), and "Employer Code" (redacted). Below these fields is a section titled "Edit Particulars" with six radio button options: "Personal Details", "Dispensary Details", "Address Details", "Nominee Details", "Family Details", and "Bank Details". At the bottom of the page, there is a disclaimer: "DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Maintained by CMS. IP : 47".



# STEP -4

## Update - Personal Details



**ESIC**  
Employees' State Insurance Corporation

**Employee Details**

Login User : ██████████

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**Edit Personal Details Of Insured Person**\* Required Fields

<b>1. IP Name: *</b>	<input type="text" value="MANISH TOMAR"/>	<b>2.(a) Is IP Disabled:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>2.(b) Type of Disability:</b>	<input type="text" value="--- Please Select ---"/>	<b>2.(c) Select Certificate:</b>	<input type="button" value="Choose File"/> <input type="button" value="No"/> <input type="button" value="Upload"/>
<b>3. Date of Birth :-</b>	██████████	<b>4. Name of*</b>	<input type="text" value="██████████"/>
<b>5. Marital Status:*</b>	<input type="text" value="Unmarried"/>	<input checked="" type="radio"/> Father <input type="radio"/> Husband	
<b>7. Date of Appointment:*</b>	██████████	<b>6. Gender:*</b>	<input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> TG
<b>Type of Proof:*</b>	<input type="text" value="---Please Select---"/>	<b>8. UAN Number:*</b>	<input type="text"/> <input type="button" value="Edit"/>
<b>9. Proof of Evidence :-</b>	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>	<b>10. Proof of Evidence2 :</b>	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/> <small>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</small>

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

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# STEP -5

## Update Dispensary Details

**ESIC**  
Employees' State Insurance Corporation

**Employee Details**

Login User : [Redacted]

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**Dispensary change Details** \* Required Fields

Insured Person's Number : [Redacted]

Dispensary Or IMP or mEUD for IP:-

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> <b>Dispensary</b> <input type="radio"/> <b>IMP</b> <input type="radio"/> <b>mEUD</b>		Address:	ESIC Dispensary, VK Nagar, 181, 184, 186, 191, Labour Colony, Vishwakarma Nagar, New Delhi, 110095, Phone:011-22152500
V.K.Nagar, DL (ESIC Disp.)			

Dispensary Or Imp or mEUD for Family:-

State:	Delhi	District:	New Delhi
<input checked="" type="radio"/> <b>Dispensary</b> <input type="radio"/> <b>IMP</b> <input type="radio"/> <b>mEUD</b>		Address:	ESIC Dispensary, VK Nagar, 181, 184, 186, 191, Labour Colony, Vishwakarma Nagar, New Delhi, 110095, Phone:011-22152500
V.K.Nagar, DL (ESIC Disp.)			

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. \* -

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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 : 10 [Redacted]

**1. Present Address**

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

Type of Proof: ---Please Select---

Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
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I Herby 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

 <b>ESIC</b> Employees' State Insurance Corporation		<b>Employee Details</b>	
Login User : [Redacted]			
Edit Nominee Details Of Insured Person. (u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death) <span style="float: right;">* Required Fields</span>			
Insured Person's Number : [Redacted]			
Name :-	[Redacted]	Relationship with I.P. :-	Dependant mother ▼
Address of Nominee			
Address :-	[Redacted]	State:-	Delhi ▼
	[Redacted]	District :-	New Delhi ▼
	[Redacted]	Pin Code:-	110095
Phone No.:	[Redacted]	Mobile No.:	91 - [Redacted]
Is Nominee a Family Member :	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Type of Proof:	---Please Select---		
6. Proof of Evidence:	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>	7. Proof of Evidence2 :	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
<b>Note:Document type allowed pdf, jpg &amp; jpeg. Note:Max size of the documents should be 200KB.</b>			
<input type="checkbox"/> I Herely Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*			
<input type="button" value="Update"/> <input type="button" value="Close"/>			
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# STEP -8

## Update Family Details



**ESIC**  
Employees' State Insurance Corporation

**Employee Details**

Login User : [Redacted]

**Add Family Particulars Of Insured Person** \*Required Fields

Insured Person's Number : 10 [Redacted]

**Active Family Details**

Edit	Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	State	District	Active
<a href="#">Edit</a>	[Redacted]	[Redacted]	Dependant mother	Yes	Delhi	New Delhi	Yes
<a href="#">Edit</a>	[Redacted]	[Redacted]	Brother	Yes	Delhi	New Delhi	Yes
<a href="#">Edit</a>	[Redacted]	[Redacted]	Dependant father	Yes	Delhi	New Delhi	Yes

**Add/Update Family Particulars**

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status
<input type="text"/>	<input type="text"/>	---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	Active

**Type of Proof:**

**Proof of Evidence1:**  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

**Type of Proof:**

**Proof of Evidence2 :**  No file chosen   
Note: Document type allowed pdf, jpg & jpeg.  
Note: Max size of the documents should be 200KB.

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

# STEP -9

## Update BANK Details



ESIC  
Employees' State Insurance Corporation

Employee Details

लॉगिन उपयोगकर्ता:

बीमित व्यक्ति का बैंक विवरण

\* जरूरी फ़ील्ड्स

बीमाकृत व्यक्ति का नाम :

बीमाकृत व्यक्ति का नाम :

आई.एफ.एस.सी कोड :-

खोजे

### बीमित व्यक्ति का बैंक विवरण

बैंक का नाम :-	CANARA BANK	शाखा का नाम :-	KASHMERE GATE DELHI
खाता संख्या :-		आई.एफ.एस.सी :-	
एम.आई.सी आर. कोड :		खाते का प्रकार :-	Savings
दस्तावेज़ :-	Choose File   No file chosen   फ़ाईल अपलोड करें		
	नोट : दस्तावेज़ का पीडीएफ , जेपीजी & जेपीईजी प्रकार मान्य है। दस्तावेज़ों को अपलोड करने हेतु अधिकतम साईज़ 200 केबी है।		

प्रस्तुत करें

रीसेट

निरस्त करें

**You have already Submitted your Bank Details. The same is under examination.**

प्रत्येक बीमाकृत व्यक्ति के पास अद्वितीय बैंक खाता संख्या होनी चाहिए।

बैंक द्वारा जारी चेक लीफलेट के फ्रंट पेज की एम्प्लॉयर कॉपी द्वारा हस्ताक्षरित और हस्ताक्षरित या खाता धारक के नाम को दर्शाने वाली पासबुक के प्रथम 2 पृष्ठ, खाता संख्या, बैंक का नाम, बैंक शाखा, आईएफएससी नंबर यहां अपलोड किया जाना चाहिए।

गलत या कपटपूर्ण प्रविष्टि के मामले में कानूनी और प्रशासनिक कार्रवाई से बचने के लिए कर्मचारी का सही बैंक विवरण प्रदान करना नियोक्ता की जिम्मेदारी होगी। यह अनुशंसा की जाती है कि प्रत्येक बीमित बीमाकृत व्यक्ति के पास अद्वितीय बैंक खाता संख्या होनी चाहिए।



*Thank you!*