



EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : **Satpal**
Insurance No. : **2214136458**
Date of Registration : **15/05/2016**

YOUR REGISTRATION DETAILS

Employee Name:	Satpal	Type of Disability :	None
Name of Father / Husband:	LT.SH.OMPRAKASH	Date of Birth :	01/01/1984
Marital Status :	Married	Gender :	Male
Present Address :	House No- 139 Singal Pur Village Shalimar Bagh.,Dist:New Delhi,Delhi, 110088	Permanent Address :	House No- 139 Singal Pur Village Shalimar Bagh.,Dist:New Delhi,Delhi, 110088
Dispensary / IMP for IP :	Azadpur, DL (ESIC Disp.)	Dispensary / IMP for Family:	Azadpur, DL (ESIC Disp.)
UHID	Wazi.0000027533		
Current Employer Details		First Employer Details	
Employer's Code No. :	22001221510000999	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/07/2020	First Insurance No. :	None
Name of Employer :	SNOWHILL RAINBOW PRIVATE LIMITED	Name of Employer :	None
Address of Employer :	N-304, MANGOLPURI,Dist:North West DelhiDelhi110083	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
LEELA WATI	Dependant mother	01/07/1951	Wazi.0000032218	Yes	Delhi	New Delhi
DEEPA	Spouse	01/07/1995	Wazi.0000026424	Yes	Delhi	New Delhi
HIMANSHU	Minor dependant son	14/08/2015	Wazi.0000026770	Yes	Delhi	New Delhi
HARSHIT	Minor dependant son	06/06/2019	Azad.0000059034	No	Delhi	New Delhi

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
DEEPA	Spouse	100	House No- 139 Singal Pur Village Shalimar Bagh. S.O Shalimar Bagh . North Delhi -110088,DelhiDist:New Delhi110088

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

Mobile Number : **8447431866**

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

NOTE:

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

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