



କର୍ମଚାରୀ ରାଜ୍ୟ ବୀମା ନିଗମ
(ଶ୍ରମ ଏବଂ ଚାକିରୀ ମନ୍ତ୍ରାଳୟ, ଭାରତ ସରକାର)
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(ଶ୍ରମ ଏବଂ ଚାକିରୀ ମନ୍ତ୍ରାଳୟ, ଭାରତ ସରକାର)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



ଓଡ଼ିଶା କାର୍ଯ୍ୟାଳୟ/ ଲୋକାଳୟ/ REGIONAL OFFICE, ODISHA
ପଞ୍ଚଦୀପ ଭବନ, ଜନପଥ, ୟୁନିଟ୍- IX, ଭୁବନେଶ୍ୱର -22
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No : 44-U-17/13/2019/Med/mIMP

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Notice inviting Expression of Interest (EOI) for Engagement/Empanelment of service providers/Private Practitioners (Diagnostic Centres) under modified Insurance Medical Practitioner (mIMP) Scheme in the State of Odisha for beneficiaries of ESI Corporation.

The Regional Director I/C. ESIC, Regional Office, Odisha invites Expression of Interest (EOI) through an on-line application from Private Practitioners (Diagnostic Centres) located in the state of Odisha for providing medical treatment against defined remuneration services under ESI Scheme, to Insured Persons (IP) and their eligible family members in the **centre of Nuapada(Dist Hqrs of Nuapada)** in the state of Odisha.

The request for empanelment from Service Providers/Private Practitioners(Diagnostic Centres) under mIMP scheme may be made through an on-line application. **The applicant shall apply online through the 'Apply under mIMP Scheme' link in www.esic.nic.in** and upload relevant legible scanned copies of the original documents as mentioned in the Application Form as per the schedule given below:

Application Submission Start Date	21.05.2025
Application Submission End Date and Time (Closing Date and Time)	06.06.2025(02.00 PM)
Technical form Opening Date and Time	06.06.2025(03.00 PM)

The Regional Director I/C., ESIC, Odisha reserves all rights to reject one or all the applications without assigning any reason thereof.

Further Details may be seen on the website www.esic.nic.in.

Sd/-
Regional Director I/c.

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A) ABOUT MODIFIED INSURANCE MEDICAL PRACTITIONER SCHEME:

Medical Practitioner (IMP). An IMP is a private Medical Practitioner who is registered with ESI to provide medical treatment to the Insured Person & their Family members against defined remuneration. The selected Private Medical Practitioner shall be henceforth known as the registered 'Insurance Medical Practitioner' for ESIC. He shall be free to continue with his private practice but shall have to offer cashless priority services to the attached IP or his family members. The IMP shall be selected based on the rebate he should offer on the upper ceiling limit is Rs.500/per IP Family / Year. He shall only provide consultation services and not required to carry out any lab test or distribute medicine against this remuneration. Non-attached IP or his family member may be treated as a non-IP or private patient. Also, the new concept of empaneled Chemist and empaneled Diagnostic Centre, hitherto not available in the old IMP Scheme shall be part of the mIMP scheme for cashless services.

Empanelled Chemist (eC). A private or public local chemist shop/pharmacy of a defined service area registered by ESIC for serving Insured Persons (IPs) is called an empanelled Chemist (eC). The chemist shop/pharmacy should be complying with the statutory rules, regulations and licenses.

Empanelled Diagnostic Center (eDC). A private or public local Diagnostic Center of a defined service area registered by ESIC for serving Insured Persons (IPs) is called an empanelled Diagnostic Center (eDC). The Diagnostic Center should be complying with the statutory rules, regulations and licenses. The Diagnostic Center having facility for Lab., X-ray, ECG, etc. are preferred.

(B) GENERAL INFORMATION/TERMS AND CONDITIONS:

- (a) The applicant shall apply online through the '**Apply under mIMP Scheme**' link in www.esic.nic.in and upload relevant legible scanned copies with signature of the appropriate authority in each page of the original document as mentioned in the Application form.
- (b) This online application is a legal document. The applicant will acknowledge by clicking a checkbox at the end of the application certifying that the document is complete and all entries contained within this application are true to the best knowledge of the applicant.
- (c) Certificates and other documents are to be uploaded along with recent passport sized colour photograph. The copies of the document must be self attested. Following documents are mandatorily required to be submitted: Proof of Date of Birth, Identity, Residential Address, Essential Qualification, Registration Certificate from respective agencies, Compliance Certificates from respective authorities, PAN, GST No. (where applicable), Bank Credentials.
- (d) One can apply for rendering one type of service category only at a given time, e.g. If someone is applying for IMP, then he/ she can not apply for Chemist and Diagnostic Centre and vice versa.
- (e) Once the online form is successfully submitted then it can't be edited further.

- (f) This process is not linked to “Panchdeep Modules”.
- (g) Selection of the appropriate candidate on the basis of application received and as per the terms and conditions defined in the agreement/FAQ, the selection of the required category will be processed offline after obtaining technical and financial information of the qualified candidates.
- (h) The process of filling online form and scrutinization is defined in two stages in the annexed Power Point Presentations (PPT). Once the application have been received online, there will be two step processes of opening the applications for technical and general evaluation based on the amount of rebate offered by the applicants such as private doctor as IMP, Private chemist as Empanelled Chemist and private Diagnostic Centre as Empanelled Diagnostic Centre And on the basis of different factors including monetary components.
- (i) The rebate to be quoted by the applicants shall be in percentage factor on the ceiling limit/ rate prescribed per family for the IMP/MRP of drugs for the chemist/ CGHS rates for the tests of Diagnostic Centre.
- (j) The EOI is liable to be rejected if any technical condition is not met with.

C) SELECTION OF IMP/CHEMIST/DIAGNOSTIC CENTRE UNDER THE mIMP SCHEME:

- (a) The selection shall be done off-line on the basis of information downloaded from the module and on the basis of various factors such as qualifications, availability of resources, experiences and distance from the location of the beneficiaries etc.
- (b) The selection of resources under mIMP Scheme will be carried out by following GFR Rules.
- (c) Once selected and registered successfully, the IMP shall be provided with user credentials through valid e-mail ID and/or working Mobile number to access Dhanwantri App and work for ESIC. IMP has to download ESIC Dhanwantri Mobile App in his/ her Android smart phone from Google Play store & log-in into it.
- (d) The finally selected candidate(s) for each category needs to be enrolled and registered in the Insurance Module of ‘Panchdeep’ under empanelment of IMP/Chemist/Diagnostic Centre(Resource), as applicable, on the date of signing of agreement between ESIC and the resource.
- (e) The beginning date and the date of the tenure of the engagement for each enrolment shall be captured for each category of resource in the Insurance Module to activate the visibility of the IMP for selection by the employers and Chemist/Diagnostic Centre for cashless services/ reimbursement.
- (f) Selection of suitable Chemist shall be based on various factors such as suitability, service availability, proximity to a registered IMP or desired location, discount offered, conformity to statutory licenses, laws and authorizations, quality of drugs, etc.
- (g) Selection of suitable Diagnostic centre shall be based on various factors such as suitability, service availability, proximity to a registered IMP or desired location, discount offered, conformity to statutory licenses, laws and authorizations, quality of diagnostic services, etc.

D) TERMS/DURATION/TERMINATION

IMP:

- (a) The IMP must not be serving in any organization. A declaration to this effect must be made and furnished. He must be holding a Degree in Modern System of Medicine (MBBS-Allopathy) from recognized Medical Colleges of India. Additional qualifications such as MCh/DM/MS/MD/DNB/PhD/Diploma, etc., shall be desirable but not mandatory.
- (b) The engagement of IMP as registered Insurance Medical Practitioner will be purely contractual during the period of the contract. If either party seeks to terminate the Agreement, the terminating party must provide 30 days' notice to the other party or payment @ Rs. 50,000 (Rupees Fifty Thousand only) in lieu of the notice period. However, the ESIC, Regional Office, Odisha reserves the right to terminate the Contract by giving notice of Seven days, if the empanelled IMP is in breach of contract. Also, the ESIC, Regional Office, Odisha is entitled to rescind the contract by reason of empanelled IMPs misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
- (c) The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of the agreement by both parties.

DIAGNOSTIC CENTRE:

- (a) The engagement of Diagnostic Centre as empaneled Diagnostic Centre will be purely contractual during the period of the contract and shall be valid for a period of one year. If either party seeks to terminate the Agreement, the terminating party must provide 30 days' notice to the other party or payment @ Rs. 10,000 (Rupees Ten Thousand only) in lieu of the notice period.
- (b) However, the ESIC, Regional Office, Odisha reserves the right to terminate the Contract by giving notice of Seven days, if the empanelled Diagnostic Centre is in breach of contract. Also, the ESIC, Regional Office is entitled to rescind the contract by reason of empanelled Diagnostic Centre's misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
- (c) The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of the agreement by both parties.
- (d) The Regional Office/DCBO, at the time of empanelment of an eDC shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eDC. More than one eDC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition. There shall be no capping on number of IP Family units that can be tagged to any eDC.

CHEMIST:

- (a) The engagement of Chemist as empanelled Chemist will be purely contractual during the period of the contract and shall be valid for a period of one year. If either party seeks to

- terminate the Agreement, the terminating party must provide 30 days' notice to the other party or payment @ Rs. 10,000 (Rupees Ten Thousand only) in lieu of the notice period.
- (b) However, the ESIC, Regional Office, Odisha reserves the right to terminate the Contract by giving notice of Seven days, if the empanelled Chemist is in breach of contract. Also, the ESIC, Regional Office, Odisha is entitled to rescind the contract by reason of empanelled Chemist's misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
 - (c) The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of the agreement by both parties.
 - (d) The Regional Office/DCBO, at the time of empanelment of an eC shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eC. More than one eC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition. There shall be no capping on number of IP-Family units that can be tagged to any eC.

E) REMUNERATION:

IMP:

- (a) Irrespective of the number of consultations / treatments provided to / or count of episodes of sickness attended, the Second Party shall be entitled to receive from the First Party a remuneration at a rate not exceeding Rs.500 /- (Rupees Five Hundred only) per Year per eligible IP-Family attached to the IMP, as per the terms and conditions of engagement under this contract. Attachment of IP to an IMP shall be done either by the Employer or ESIC.
- (b) At the end of the calendar month in which services rendered, and within 7 days of the next calendar month IMP shall submit claim in the prescribed format as per 'Annexure X' to Branch office/ DCBO/Regional Office for processing of payment.
- (c) Upon submission of monthly claims, payment of eligible amount will be made online through ECS by BO/ Dispensary cum Branch Office (DCBO) in the district/ nearest Branch office/ESIC Office. Hence Bank account and PAN details of IMP are required to be submitted mandatorily (Annexure 2).
- (d) The empanelled IMP shall get remuneration only for such of the above period when he/she actually performed his/her assigned work. No additional amount shall be admissible to him/her irrespective of the work actually rendered by him/her. Aforesaid payments would be subject to applicable TDS as per Income Tax Act and other statutory taxes.
- (e) The empanelled IMP would receive monthly remuneration from the ESIC, Regional Office, Odisha based on average number of attached eligible IPs with the empanelled IMP as shown in 'Dhanwantri' app/ as per system derived information. Calculation of monthly average number of attached eligible IPs would be equal to half of the sum total of eligible IPs attached to the IMP on 1st day of that month and that of the subsequent month. For example, to arrive at the eligible attached IP Count for the month of February, the average of count on 1st day of February and that of March is to be accounted. The count on 1st day of a month shall show information as on 24.00 hours on the last day of the previous month. However, in case, a contract starts or ends on a date other than 1st or last date of the month, the count on that date shall be taken into account as one of the parameters for calculating the average.

The final payable amount per month shall be calculated as “the average number of eligible ‘attached IP-Family units’ multiplied by (‘X’ / 12), where ‘X’ being the remuneration as per point b(i) above”, subject to prorata deductions of number of days of unavailability of services [to be multiplied by {(No. of days in the month – No. of days of absence of services) / No. of days in the month} and taxes as applicable. The final calculation to arrive at payable amount per month is:

$$\{(A) * (X/12) * (B) - (Y)\}$$

Where A = Average No of attached eligible IP

X = The agreed upon remuneration per IP Family per Year

B = {(No. of days in the month – No. of days of absence of services) / No. of days in the month} Y = Taxes, if any

Example 1: At most, One IMP shall be eligible for upto 2000 x Rs.500 = Rs. 10 Lakh per year, if on an average 2000 or more IP-Family Units are tagged to him. This shall be irrespective of whether these IP-Family Units shall fall sick and seek medical help or not. Moreover, this shall be an added income to the already practicing doctor without requiring to invest in kind or cash, extra.

Example 2: Similarly, If on an average 200 IP-Family Units are tagged, the IMP shall be eligible for upto 200 x Rs.500 = Rs. 1 Lakh per year.

- (f) At no point of time the empanelled IMP would be entitled for remuneration in excess of 2000 eligible IP family-units as attached to the ESIC Regional Office, Odisha as defined by System/Application.
- (g) Non-attached IP or his family member may be treated as a private patient by the Second Party for which the ESIC, Regional Office, Odisha will neither object nor be responsible for payment or any other purpose. However, this should not come in way of quality of service being rendered to the attached IPs or their families.
- (h) IMP shall submit the claim monthly or quarterly for reimbursement/remuneration as per agreed terms on a specified format (annexed with agreement document) or as issued by Regional Office / DCBO/ designated BO.

CHEMIST/DIAGNOSTIC CENTRE:

There shall not be any remuneration. Once enrolled, the eCs and eDCs shall have additional business with no extra investment. There shall be no capping on number of IP-Family units that can be tagged to each; hence business potential shall increase many folds.

(F) TAGGING OF IP-FAMILY UNIT TO ANIMP:

- (a) Tagging of IP to an IMP or Dispensary shall be done by the Employer/ESI Office/Dispensary or by IP through IP portal, subject to a limitation of number of times the same can be tagged/ de-tagged. An IP can be attached to an IMP and his family members can also be attached to the same IMP. However, if an IP is attached to an IMP, his family

members cannot be attached to other IMP, but to a ESI dispensary or DCBO only. Irrespective of attachment of an IP or his Family to an IMP Clinic or dispensary, as the case may be, the IP/ Family shall also be eligible to visit a DCBO of the same district for availing certain specified services.

- (b) The Regional Office/DCBO, at the time of registering an eC or eDC, shall be tagging an IMP Clinic so as to help beneficiaries avail services from designated centres. More than one eC and/or eDC can be attached to each IMP Clinic or vice versa to bring in fairness and competitiveness.

(G) SCOPE OF SERVICES:

- (a) The empanelled IMP shall provide services to the Beneficiaries and abide by instructions as specified in “Annexure A” (the “Services”). Any modification in the instructions shall be conveyed on the registered e-mail address of the registered IMP.
- (b) The eDC shall provide services to the Beneficiaries and abide by instructions as specified in “Annexure E” (the “Services”). However, the instructions are liable for modifications without prior notice.
- (c) The eC shall provide services to the Beneficiaries and abide by instructions as specified in “Annexure D” (the “Services”). However, the instructions are liable for modifications without prior notice.

(H) LISTED MEDICINES AND INVESTIGATIONS:

- (a) Normally, the empanelled IMP is expected to prescribe from the ESIC specified Medicine List (“Annexure B”) and Investigations List (“Annexure C”). However, in exceptional circumstances and clinically demanding cases the IMP may prescribe judiciously outside the “Lists” with precautions as specified in the “Scope of Services”.
- (b) If an unlisted drug/diagnostic test is prescribed by IMP, in this case, the patient has to visit DCBO for availing medicines /services or he has an option to procure from the empanelled chemist/diagnostic centre paying outright from his pocket.
- (c) Cosmetic items, food supplements and unnecessary vitamin supplementations are not to be prescribed as these shall not be reimbursed. However, it is advisable to prescribe from the listed items to facilitate cashless services to IP
- (d) The eDC shall provide services for ‘Listed Investigations’ as per “Annexure C” to the ESI beneficiaries free of cost and get reimbursed from ESIC as per the agreed upon rate (Discount on MRP/CGHS Rate) on the rate specified against the test names as mentioned in “Annexure C”. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year. Prescribed test facilities provided to the ESIC beneficiaries outside the Specified List (‘Unlisted Tests’) shall be charged from the beneficiaries as per the agreed upon rate (Discount on MRP/CGHS Rate) on the CGHS specified rates for the CGHS listed investigation as per (Annexure F), as agreed upon by him and on the basis of quote approved by ESIC. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year.

- (e) The eC shall supply 'Listed Drugs' as per "Annexure B" to the ESI beneficiaries free of cost and charge ESIC as per the agreed upon rate (Discount on MRP/CGHS Rate) printed on the Drug/medicine package. Prescribed Drugs and Dressings issued to the beneficiaries outside the Specified List ('Unlisted Drugs') shall be charged from the beneficiaries as per the agreed upon rate (Discount on MRP/CGHS Rate) printed on the Drug/medicine package, as agreed upon by him and on the basis of quote approved by ESIC.
- (f) The eC/eDC shall charge the cost from the patient as per the agreed upon rate (Discount on MRP/CGHS Rate) upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.
- (g) The list of drugs/diagnostic tests and procedures prescribed by ESIC is to be referred as modified by ESIC from time to time.

(I) SETTLEMENT PAYMENTS TO CHEMIST AND DIAGNOSTIC CENTRE:

- (a) The claim for the cashless services provided during previous month by the empaneled chemist/diagnostic centre will required to be submitted in Hard Copy (as per prescribed proforma) at DCBO/BO in the 1st week of every subsequent month.
- (b) The claim should be supported with summary statement (may also be generated through mobile app), medicines/laboratory test bill(s) and the proof of receipt of medicines /laboratory tests report by the patient on a monthly basis. Branch/DCBO of ESIC will verify claim bills and submit to RO for cashless online payment or through ECS, deducting any statutory requirements/taxes, as deemed fit. eC/eDC shall submit the claim monthly for reimbursement/remuneration as per agreed terms on a specified format issued by Regional Office / DCBO.

(J) OTHER TERMS & CONDITIONS

- (a) The eC shall supply Allopathic Drugs, Dressings and Consumables to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme. The eDC shall provide diagnostic services to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme.
- (b) The eC should understand that the MRP of items/drugs on which the rebate offered in percentage is inclusive of all taxes and duties payable during the contract period. The eDC should understand that the Price mentioned against a diagnostic test name on which the rebate offered in percentage is inclusive of all taxes and duties payable during the contract period.
- (c) The eC should be complying with the statutory rules, regulations and licenses pertaining to trade, including that of the Drugs and Cosmetics Act, 1940 and amendments made thereafter, and submit copies of relevant document to ESIC. The eDC should be complying with the statutory rules, regulations and licenses pertaining to trade, including that of the Clinical Establishments (Registration and Regulation) Act, 2010 and amendments made thereafter, and submit copies of relevant document to ESIC.
- (d) The eC shall provide cashless services to the ESI Beneficiaries only when the Drugs issued from the ESIC defined 'Listed' items ("Annexure B") prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.

The eDC shall provide cashless services to the ESI Beneficiaries only when the prescribed investigations are carried out from the ESIC defined 'Listed' items ("Annexure C") prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.

- (e) If 'Unlisted drugs' (Drugs outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: One: To pay from pocket at the agreed discounted price to avail the drugs from the eC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt and prescription written on the Health Passbook by the registered doctor; OR, Two: avail these from DCBO, free of cost. This implies that for unlisted drugs, the eC shall charge the cost from the patient as per the agreed upon rate (Discounted on MRP) upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.
- (f) If 'Unlisted investigations' (Tests outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: (1): To pay from pocket at the agreed discounted price to avail the diagnostic services from the eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt of report and prescription written on the Health Passbook by the registered doctor; OR, (2): avail these from ESI Hospital, free of cost. This implies that for unlisted Tests, the eDC shall charge the cost from the patient as per the agreed upon rate (Discounted on CGHS rate, "Annexure F") upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.
- (g) The eC/eDC shall submit claims to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries. Branch Office/DCBO/Regional Office shall reimburse claims through online method(s), deducting any statutory requirements/taxes, as deemed fit.
- (h) Non-eligible IP or his family member may be treated as a private patient.
- (i) The eC will maintain sufficient stock of the Medicines at all times during the contract period for uninterrupted supply to user and shall arrange supplies in accordance with the nomenclature, specifications. The eDC will maintain quality and provide the diagnostic services at all times during the contract period for uninterrupted provisioning to user and shall conduct the tests as per prescription and terms and conditions as and when applicable.
- (j) The eC shall ensure that supplies of Medicines as and when required, to be made in original packing of manufacturer. The eC must acknowledge that tampering on the packaging details or alteration in the batch number, expiry date or MRP or any such information is a criminal offence, and eC shall be held responsible and accountable for any or all legal consequences. The eDC shall ensure that reagents, kits, films, etc. are available and equipments are in working conditions. The eDC should acknowledge that tampering with prescribed tests names, test reports and any indulging in any unethical practices is a criminal offence, and eDC shall be held responsible and accountable for any or all legal consequences.
- (k) In case of failure or refusal by eC to supply the Medicines to the Beneficiaries during the contract period, the contract is liable to be cancelled at his risk and cost and any extra cost involved in arranging supplies from alternative source will be recovered from his subsequent/pending bills. In case of failure or refusal by eDC to conduct the tests or provide the services to the Beneficiaries during the contract period, the contract is liable to be cancelled at his risk and cost and any extra cost involved in arranging services from alternative source will be recovered from his subsequent/pending bills. Failure to fulfill the terms of contract may entail for closure of contract.

- (l) Irregular supplies/ failure to fulfill the terms of contract may entail for closure of contract.
- (m) Supply, storage and distribution of spurious or substandard drugs is a criminal offence and agrees not to indulge in any such criminal activities, for which he shall be liable for prosecution by Law.
- (n) Under any circumstances if his/her license for executing business is cancelled/ suspended by any authority / Govt., the contract shall be terminated automatically.
- (o) In the event of lapse on his/her part to comply with the terms and conditions and on the supplying/items of sub-standard quality or if proven to have followed unscrupulous practices apart from the liability of penal action for violating the law of the land the eC shall be liable for administrative action.
- (p) The firm of eC/eDC should not be blacklisted /deregistered currently and has not been Blacklisted /deregistered by any other Govt. institution/ Organization during the last three years for any reason including supplying sub- standard medicines.
- (q) The eC/eDC should not been convicted by any court of law in any matter related to supplying sub- standard Medicines/Other items or on any other grounds. The firm of eC is not convicted in an offence under the prevention of Corruption Act, 1988, or under the Indian Penal Code or any other law for the time being in force, for any cause of life or property or causing a threat to public health as part of execution of a public procurement contract/execution of diagnostic services.

REGIONAL DIRECTOR I/C

Remuneration Claim Form for empanelled IMP (mIMP Scheme)

To,
The In charge,
BO, _____,
Employees' State Insurance Corporation,

PIN _____

Sub: Claim for Remuneration for providing Medical Services for the Month/Quarter of _____.

Ref: Name of IMP Clinic: _____ IMP User ID / Reference No: _____

Sir/Madam,

I am enclosing the claims in prescribed proforma for providing cashless services of Insurance Medical Practitioner to the eligible ESI beneficiaries under mIMP Scheme for the month/quarter of _____ subject to applicable TDS/deductions. Kindly remit the net payable amount to my bank account.

Thanking you.

Enclosures:

1. Claim details (as per Annexure - 2)
2. Mandate Form (as per Annexure - 8)
3. _____

Yours Sincerely,

Date:

Place:

Signature:

Name: _____

MCI Registration No. _____

Mobile No.: _____

Email ID: _____

Annexure-2

Proforma for Claim submission for empanelled IMP for the Month/Quarter of _____

No. of days of absence from Service: _____

Date of Joining as IMP as per Contract: _____

End date of validity of Contract: _____

A	B	C	D	E	F
Count of eligible IP Family Units tagged on the 1 st day of the month of claim/ 1 st day of appointment	Count of eligible IP Family Units tagged on the 1 st day of the immediate subsequent month/Last day of Contract	Average of Count [(A+B) / 2]	Days of absence from service/non-availability of service	Claimed Amount (Rs.) [As per formula] **	Remarks

** Claimed amount is to be calculated as per following formula =

$$[\text{Rs.}500 / 12] * [(100 - \text{Rate of Discount})/100] * [\text{Average IP Count (C)}]$$

#Note: No of days absence of services of IMP = Days of leave during the month + days prior to joining date (or days after the contract validity date during the month)

Date _____

Signature: _____

STAMP

Return/Request Form: Sickness Certificate Booklet

To,
The In charge,
BO/DCBO/RO, _____
Employees' State Insurance Corporation,

PIN _____

Sub: Request for new / Return of (partially-used/fully used/unused) Sickness Certificate Booklet

Ref: Name of IMP Clinic: _____
IMP User ID/Reference No: _____

Sir/Madam,

I am returning herewith the partially-used/fully used/unused (Strikeout whichever is not applicable) Sickness Certificate Booklet bearing leaflet number from _____ to _____ on termination of my contract/ against request of issuance of new certificate booklet (Strikeout whichever is not applicable).

Date of Issuance/Receipt of new Certificate Booklet: _____

Date of Return of used/unused/partially used booklet: _____

No./Count of leaflets used: _____

Reason for returning: _____

OR

In case of new issuance requested

I may kindly be issued Sickness Certificate Booklet to discharge my clinical and administrative responsibilities.

Thanking you.

Enclosure(s): Used/unused Certificate Booklet

Date:

Place:

Reimbursement Claim Form for empanelled Diagnostic Centre (eDC)

To, The In charge, BO,

Employees' State Insurance Corporation,

PIN _____

Sub: Reimbursement of claim for rendering Diagnostic Services for the Month & Year of _____.

Ref: Name of Diagnostic Centre: _____ e-Diagnostic
Centre User ID / Reference No: _____

Sir/Madam,

Kindly find attached the claims in prescribed Proforma for providing cashless medical Diagnostic Test services to ESI beneficiaries under mIMP Scheme for the month & year of _____. The duly receipted original bill(s)/Cash memo(s) and photocopy of relevant prescription page(s) of the Health Passbook have also been appended for perusal. Thanking you.

Enclosures: 1. Claim details (as per Annexure - 5)

2. Mandate Form (as per Annexure - 8)

3. Original Bills / Cash memo of all claims

4. Photocopies of Prescriptions

5. _____

Yours Sincerely,

Date:

Place:

Signature:

Name: _____

Mobile No.: _____

Email ID: _____

Proforma for Claim submission for empanelled Diagnostic Centre (eDC) for the
Month/Quarter of _____

Name of Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No.	OPD Check-in No.	Check-in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed Value (Rs)	Remarks (if any)
Name of Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No.	OPD Check-in No.	Check-in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed Value (Rs)	Remarks (if any)

Date _____

Signature: _____

STAMP

Reimbursement Claim Form for empanelled Chemist (eC)

To,
The In charge, BO, _____,
Employees' State Insurance Corporation,

PIN _____

Sub: Reimbursement of claim for providing Medicines for the Month & Year of _____.

Ref:- Name of Chemist / Centre: _____ e-Chemist User ID /
Reference No: _____

Sir/Madam,

I am submitting the claims in prescribed Proforma for providing cashless services [supplying Medicine(s)] to the eligible ESI beneficiaries under mIMP Scheme for the month & year _____. The duly receipted original bill(s)/Cash memo(s) and photocopy of relevant prescription page(s) of the Health Passbook have been appended for perusal.

Thanking you.

- Enclosures: 1. Claim details (as per Annexure - 7)
2. Mandate Form (as per Annexure - 8)
3. Original Bills / Cash memo of all claims
4. Photocopies of Prescriptions
5. _____

Yours Sincerely,

Date:

Place:

Signature:

Name: _____

Mobile No.: _____

Email ID: _____

Proforma for Claim submission for empanelled Diagnostic Centre (eDC) for the
Month/Quarter of _____

Name of Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No.	OPD Check-in No.	Check-in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed Value (Rs)	Remarks (if any)
Name of . Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No.	OPD Check-in No.	Check-in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed Value (Rs)	Remarks (if any)

Date _____

Signature: _____


 STAMP

ECS Mandate form Second Party Details to receive payment through e-payment

1. Name of the IMP/Chemist/Diagnostic Centre:
2. Address of the IMP/Chemist/Diagnostic Centre:
3. Telephone no. of the IMP/Chemist/Diagnostic Centre:
4. Name of the Account Holder:
5. Bank Account No. :
6. Type of the account (S.B., Current or Cash Credit):
7. Name of the Bank :
8. Name of the branch :
9. Bank Address :
10. Bank Telephone No. :
11. MICR code number of the bank and branch:
12. IFSC code number of the Bank & branch

N. B. Please attach a blank cancelled cheque or photocopy of a cheque or front page of your bank passbook issued by your bank

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected for reason of incomplete or incorrect information given by me as above, I would not hold the ESIC responsible.

Dated _____

(_____)
Signature of the Second Party

(TO BE EXECUTED BY THE SUCCESSFUL PARTICIPANT AT TIME OF AWARD OF CONTRACT)

**AGREEMENT BETWEEN ESIC AND DIAGNOSTIC CENTRE
[UNDER MODIFIED INSURANCE MEDICAL PRACTITIONER (mIMP) SCHEME]
(To be executed in Rs 100 Non-Judicial Stamp paper)**

THIS AGREEMENT (the "Agreement") is made and entered on the _____ day of _____ in the year two thousand and _____, on the terms and conditions herein contained:

BY AND BETWEEN

Employees' State Insurance Corporation (ESIC), represented by Dr. / Mr. / Mrs. _____, Age _____, Gender _____, S/O,D/O,W/O _____, working as Regional Director/ SRO In-charge, at Employees' State Insurance Corporation (ESIC) _____ (place of office with full address), (hereinafter referred to as 'ESIC') which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the ONE PART (FIRST PARTY).

And

Dr. / Mr. / Mrs. _____, Age _____, Gender _____, S/O,D/O,W/O _____ Resident of _____, representing _____ (Name & address of Diagnostic Centre), designation / in the capacity of _____ [hereinafter referred to as the 'empaneled Diagnostic Centre' (eDC) under mIMP Scheme] which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the OTHER PART (SECOND PARTY).

WHEREAS, the Second Party (eDC) has read the terms and condition of this Agreement, and is willing to be engaged as **an empaneled Diagnostic Centre** on the terms and conditions, hereinafter appearing in this agreement and which he/she has signed in token of acceptance of terms and conditions mentioned therein.

WHEREAS, the empaneled Diagnostic Centre has agreed to provide Medical services to bonafide ESIC Beneficiaries as per stipulated terms and conditions for upto a **period of** _____.

WHEREAS, each Party is duly authorized and capable of entering into this Agreement.

NOW, THEREFORE, in consideration of the above recitals, the Parties hereby agree as follows:

a. TERMS / DURATION /TERMINATION:

- i. The engagement of Second Party as empaneled Diagnostic Centre will be purely contractual during the period of this contract and shall be valid for a **period of** _____. If either party seeks to terminate this Agreement, the terminating party must **provide 30 days'** notice to the other party or payment @ Rs. 10,000 (Rupees Ten Thousand only) in lieu of the notice period.

- ii. However, the FIRST PARTY reserves the right to terminate the Contract by giving notice of Seven days, if the SECOND PARTY is in breach of contract. Also, the FIRST PARTY is entitled to rescind the contract by reason of SECOND PARTY's misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
- iii. The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of this agreement by both parties.
- iv. The Regional Office/DCBO, at the time of empanelment of an eDC shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eDC. More than one eDC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition. There shall be no capping on number of IPFamily units that can be tagged to any eDC.

b. THE SCOPE OF SERVICES:

The eDC shall provide services to the Beneficiaries and abide by instructions as specified in **"Annexure E"** (the "Services"). However, the instructions are liable for modifications without prior notice.

c. LISTED INVESTIGATIONS:

The SECOND PARTY (eDC) shall provide services for '**Listed Investigations**' as per **"Annexure C"** to the ESI beneficiaries free of cost and get reimbursed from ESIC at flat ____ % discount on the rate specified against the test names as mentioned in **"Annexure C"**. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year. Prescribed test facilities provided to the ESIC beneficiaries **outside the Specified List ('Unlisted Tests')** shall be charged from the beneficiaries at flat ____ % discount on the CGHS specified rates for the CGHS listed investigation as per **(Annexure F)**, as agreed upon by him and on the basis of quote approved by ESIC. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year.

d. OTHER TERMS & CONDITIONS

1. The SECOND PARTY (eDC) agrees to provide diagnostic services to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme.
2. The eDC understands that the Price mentioned against a diagnostic test name on which the rebate offered in percentage is inclusive of all taxes and duties payable during the contract period.
3. The eDC should be complying with the statutory rules, regulations and licenses pertaining to trade, including that of the Clinical Establishments (Registration and Regulation) Act, 2010 and amendments made thereafter, and submit copies of relevant document to ESIC.
4. The eDC shall provide **cashless services** to the ESI Beneficiaries only when the prescribed investigations are carried out from the ESIC defined '**Listed**' items (**"Annexure C"**) prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.

5. If 'Unlisted investigations' (Tests outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: (1): To pay from pocket at the agreed discounted price to avail the diagnostic services from the eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt of report and prescription written on the Health Passbook by the registered doctor; OR, (2): avail these from ESI Hospital, free of cost. This implies that for unlisted Tests, the eDC shall charge the cost from the patient as per the agreed upon rate (Discounted on CGHS rate, "Annexure F") upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.
6. The eDC shall submit claims to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries. Branch Office/DCBO/Regional Office shall reimburse claims through online method(s), deducting any statutory requirements/taxes, as deemed fit.
7. Non-eligible IP or his family member may be treated as a private patient.
8. The eDC will maintain quality and provide the diagnostic services at all times during the contract period for uninterrupted provisioning to user and shall conduct the tests as per prescription and terms written herein.
9. The eDC shall ensure that reagents, kits, films, etc. are available and equipments are in working conditions. The eDC acknowledges that tampering with prescribed tests names, test reports and any indulging in any unethical practices is a criminal offence, and eDC shall be held responsible and accountable for any or all legal consequences.
10. The second party agrees that, in case of failure or refusal by second party to conduct the tests or provide the services to the Beneficiaries during the contract period, the contract is liable to be cancelled at his risk and cost and any extra cost involved in arranging services from alternative source will be recovered from his subsequent/pending bills. Failure to fulfill the terms of contract may entail for closure of contract.
11. The eDC undertakes that under any circumstances if his/her license for executing business is cancelled/ suspended by any authority / Govt., this contract shall stand terminated automatically.
12. The eDC undertakes that his/her firm is not blacklisted /deregistered currently and has not been Blacklisted /deregistered by any other Govt. institution/ Organization during the last three years for any reason including indulging in unethical practices or not complying with statutory laws.
13. The eDC undertakes that he/she has not been convicted by any court of law in any matter related to his diagnostic services or on any other grounds.
14. The eDC undertakes that his/her firm is not convicted in an offence under the prevention of Corruption Act, 1988, or under the Indian Penal Code or any other
15. law for the time being in force, for any cause of life or property or causing a threat to public health as part of execution of diagnostic services.

e. RESPONSIBILITY OF THE SECOND PARTY:

The First Party (ESIC), in all good faith shall pay remuneration, as defined and as agreed, to the Second Party, within 15 days of receipt of complete and correct reimbursement Claim from the Second Party.

f. INDEPENDENT CONTRACTOR STATUS

The Second Party shall be serving as an independent contractor in providing the Services. Under this Agreements, the Second Party is neither an employee nor a partner of ESIC.

g. GOVERNING LAW.

The laws of the State of India govern all matters arising out of or relating to this Agreement and the transactions it contemplates, including, without limitation, its interpretation, construction, validity, performance, and enforcement.

SIGNATURE OF FIRST PARTY

DATE:
PLACE:

WITNESS 1:
NAME:
DATE:
PLACE:

WITNESS 3:
NAME:
DATE:
PLACE:

SIGNATURE OF SECOND PARTY

DATE:
PLACE:

WITNESS 2:
NAME:
DATE:
PLACE:

WITNESS 4:
NAME:
DATE:
PLACE:

THE SCOPE OF SERVICES FOR EMPANELLED DIAGNOSTIC CENTRE (eDC)

A. SCOPE OF SERVICES:

1. Diagnostic Centre will download the ESIC “Dhanwantri” mobile app from Google Play store into an Android smartphone device to log-in with the ESIC issued user credentials (User ID & Password). The SIM Card of the mobile number registered with ESIC must be in the same smartphone device where the Mobile App has been downloaded to authenticate user through OTP.
2. The eDC shall ascertain that the Health Passbook (a small booklet containing about 100 pages with system generated beneficiary credentials affixed on it) and the ePehchan card is carried by the ESI Beneficiary every time he visits the Diagnostic Centre for availing diagnostic services.
3. At the time of visit by patient (ESI Beneficiary), the empaneled Diagnostic Centre (eDC) will check his/her ‘health passbook’ where the investigations are prescribed/written by hand by the empaneled IMP and shall ascertain bonafide status of the ESIC beneficiary. The authenticated Health Passbook booklet serves as a tool for identifying the credentials of the ESI beneficiary and meant for viewing consultation/investigation advice prescribed by the doctor. The credentials generated from the system contain the demographic details of a member of the IP-family and Unique Health Identification (UHID) Number. In addition, it contains mobile no., passport size colored photograph and QR Code. Each IP-Family unit shall have one common e-Pehchaan card but each member of the family including IP shall have separate Health Passbook containing Unique Health Id. Normally, the validity of the Health Passbook is till the last day of the current eligible Benefit Period corresponding to the previous Contribution Period and is recorded on the Health Passbook. In case of doubt, additional government issued photo-identity proof may be sought to verify identity and prevent unethical practices or impersonation.
4. Empaneled Diagnostic Centre will log-in to ESIC Dhanwantri App, feed in the beneficiary’s credential to ascertain the Check-in number (OPD Number) generated by the IMP Clinic as also mentioned on the prescription page of the Health Passbook, against which services are to be rendered.
5. Once the genuineness of ESIC Beneficiary has been ascertained, eDC shall carry out the investigations as prescribed in the Health Passbook. eDC shall prepare bill/invoice through its own system and obtain beneficiary’s signature on the cash memo as proof of carrying out the test and handing over the test reports.
6. Against the Check-in number of a patient in the ‘Dhanwantri Mobile App’, the eDC shall enter the cash memo (bill) number and date, amount/cost of the test taking account of the rebate/discount on the price as agreed upon. Thereafter, using mobile camera in the Dhanwantri App, eDC shall take and upload clear and visible photograph(s) (scan and upload function) of:
 - a. cash memo of listed drugs
 - b. cash memo of unlisted drugs, if any, and
 - c. IP/family member holding prescription page of Health Pass book and aforesaid cash memo(s) in hand.

7. This process shall be irrespective of whether eDC has carried out investigations from the 'specified List' (Annexure C) or outside the list (unlisted/CGHS investigations) (as available at CGHS website <https://cghs.gov.in/index1.php?lang=1&level=3&sublinkid=5948&lid=3881>). However, the "Listed" investigations are to be carried out cashless without charging anything to the beneficiary and original Bill / Cash memo needs to be retained by the eDC for submission to ESIC later to claim reimbursement.
8. Original Bill / Cash-memo shall be required to be handed over to the ESIC Beneficiary when the prescribed unlisted investigations are performed against the money received from the Beneficiary directly against the agreed upon discounted rate on the CGHS rate published (Annexure F).
9. Irrespective of whether purchased by the beneficiary or availed cashless, the original Bill / Cash-memo must contain beneficiaries' signature certifying receipt and uploaded these signed bill in the mobile app through scan function.
10. eDC will also keep the photo/ scanned copy of prescription page(s) of the booklet and Bill and get it signed by patient/ attendant for future claim for reimbursement in case of cashless services (Approved List of Investigations).
11. At the end of the calendar month in which services rendered, and within 7 days of the next calendar month the eDC shall submit claim in the prescribed format to Branch office/ DCBO/Regional Office for processing of payment.
12. The eDC shall submit a claim in Hard copy to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries during previous month. It is required to be submitted in prescribed proforma in the 1st week of every subsequent month. The claim should be supported with summary statement (may also be generated through mobile app), investigation bill(s) and the test reports along with proof of receipt of the reports by the patient, on a monthly basis. Branch/DCBO of ESIC will verify claim bills and submit to RO for cashless online payment or through ECS, deducting any statutory requirements/taxes, as deemed fit.
13. Upon submission of monthly or quarterly or annual claims, payment of eligible amount will be made on-line through ECS by Dispensary cum Branch Office (DCBO) in the district/ nearest Branch office/ESIC Office. Hence Bank account and PAN details of eDC are required to be submitted mandatorily.

SIGNATURE OF FIRST PARTY

DATE:

PLACE:

WITNESS 1:

NAME:

DATE:

PLACE:

WITNESS 3:

NAME:

DATE:

PLACE:

SIGNATURE OF SECOND PARTY

DATE:

PLACE:

WITNESS 2:

NAME:

DATE:

PLACE:

WITNESS 4:

NAME:

DATE:

PLACE:

ECS Mandate form

Second Party Details to receive payment through e-payment

1. Name of the IMP/Chemist/Diagnostic Centre:
2. Address of the IMP/Chemist/Diagnostic Centre:
3. Telephone no of the IMP/Chemist/Diagnostic Centre:
4. Name of the Account Holder:
5. Bank Account No.:
6. Type of the account (S.B., Current or Cash Credit):
7. Name of the Bank :
8. Name of the branch :
9. Bank Address :
10. Bank Telephone No. :
11. MICR code number of the bank and branch:
12. IFSC code number of the Bank & branch

N. B. Please attach a blank cancelled cheque or photocopy of a cheque or front page of your bank passbook issued by your bank

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected for reason of incomplete or incorrect information given by me as above, I would not hold the ESIC responsible.

Dated _____

(_____)
Signature of the Second Party

Reimbursement Claim Form for empanelled Diagnostic Centre
(mIMP Scheme)

To,
The In charge,
BO/DCBO, _____,
Employees' State Insurance Corporation,

PIN _____

Sub: Reimbursement of claim for rendering Diagnostic Services for the Month & Year of _____.

**Ref: Name of Diagnostic Centre: _____ e-Diagnostic
Centre User ID / Reference No: _____**

Sir/Madam,
Kindly find attached the claims in prescribed Proforma for providing cashless medical Diagnostic Test services to ESI beneficiaries under mIMP Scheme for the month & year of _____. The duly receipted original bill(s)/Cash memo(s) and photocopy of relevant prescription page(s) of the Health Passbook have also been appended for perusal.

Thanking you.

Enclosures:

1. Claim details (as per Prescribed Proforma – Z)
2. Mandate Form (as per Annexure 2)
3. Original Bills / Cash memo of all claims
4. Photocopies of Prescriptions
5. _____

Yours Sincerely,

Date:

Place:

Signature:

Name: _____

Mobile No.: _____

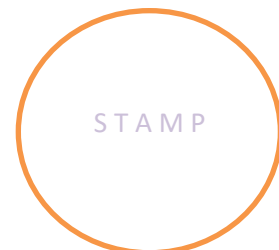
Email ID: _____

Claim Submission Form (for empaneled Diagnostic Centre)
for the Month & Year of _____

Name of Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No	OPD Check-in No.	Check- in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed value (Rs)	Remarks (if any)
Name of Beneficiary, Age, Gender				Insurance No.			UHID No.	
Sl. No	OPD Check-in No.	Check- in Date	Bill No.	Bill Date	Billed Value (MRP)	Rebate (if any)	Claimed value (Rs)	Remarks (if any)

Date _____

Signature _____



Listed Diagnostic Tests & Procedures prescribed by ESIC
(Subject to modification from time to time)

Detailed List	
ESIC SPECIFIED TEST LIST for modified IMP 15.01.2019	Rate in (Rs) per Unit
Procedure Name / Test name	
HAEMOGLOBIN	18
LEUCOCYTE COUNT, DIFFERENTIAL; DLC	31
LEUCOCYTE COUNT, TOTAL; TLC; WBC COUNT, TOTAL	31
ESR (WESTERGREN); ERYTHROCYTE SEDIMENTATION RATE	25
GLUCOSE, FASTING (F)	24
GLUCOSE, POST PRANDIAL (PP, 2 HOURS)	24
GLUCOSE, RANDOM(R)	24
GLUCOSE, FASTING (F) & POST PRANDIAL (PP, 2 HOURS)	47
PROTEIN, SODIUM, CREATININE IN 24-HOUR URINE	50
UREA, BLOOD	54
CREATININE, SERUM	55
BILIRUBIN, TOTAL	80
MALARIA PARASITE/ BLOOD PARASITE IDENTIFICATION	41
SMEAR EXAMINATION, ROUTINE, PERIPHERAL BLOOD	43
PREGNANCY TEST, URINE	65
URINE MICROSCOPIC EXAMINATION, URINE M/E	35
URINE ROUTINE EXAMINATION, URINE R/E	35
URINE EXAMINATION FOR RBCs	35
URINE EXAMINATION, ALBUMIN	70
URINE EXAMINATION, BILIRUBIN	25
URINE EXAMINATION, KETONE BODIES	30
PROTEIN, TOTAL, 24-HOUR URINE	50
BLOOD UREA NITROGEN	54
UROBILINOGEN, QUALITATIVE, EARLY MORNING SAMPLE, URINE	20
ELECTROCARDIOGRAPHY IN 12 LEADS, ECG IN 12 LEADS	50
ELECTROCARDIOGRAPHY WITH LONG II LEAD, ECG WITH LONG II	50
X RAY ABDOMEN, AXR AP VIEW	128
X RAY ABDOMEN, AXR LATERAL VIEW	128
X RAY ABDOMEN, AXR STRAIGHT, KUB VIEW	128
X RAY CHEST, CXR AP VIEW	60
X RAY CHEST, CXR LEFT OBLIQUE VIEW	60
X RAY CHEST, CXR RIGHT OBLIQUE VIEW	60
X RAY CHEST, CXR LATERAL VIEW	60
X RAY CHEST, CXR PA VIEW	60
X RAY SKULL AP VIEW	128
X RAY SKULL AP And LATERAL VIEWS	255
X RAY SKULL LATERAL VIEW	128
X RAY SKULL PA VIEW	128
X RAY SKULL PA And LATERAL VIEWS	255
X RAY CERVICAL SPINE AP AND LATERAL VIEWS	250
X RAY CERVICAL SPINE AP VIEW	125
X RAY CERVICAL SPINE LATERAL VIEW	125
X RAY CERVICAL SPINE LEFT OBLIQUE VIEW	125
X RAY CERVICAL SPINE PA AND LATERAL VIEWS	125
X RAY CERVICAL SPINE PA VIEW	125
X RAY CERVICAL SPINE RIGHT OBLIQUE VIEW	125
X RAY DORSAL SPINE PA VIEW	125
X RAY DORSAL SPINE AP VIEW	125

X RAY DORSAL SPINE LATERAL VIEW	125
X RAY DORSAL SPINE RIGHT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE AP VIEW	125
X RAY DORSO-LUMBAR SPINE LATERAL VIEW	125
X RAY DORSO-LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBAR SPINE AP AND LATERAL VIEWS	250
X RAY LUMBAR SPINE AP VIEW	125
X RAY LUMBAR SPINE LATERAL VIEW	125
X RAY LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE AP VIEW	125
X RAY LUMBO-SACRAL SPINE LATERAL VIEW	125
X RAY LUMBO-SACRAL SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE RIGHT OBLIQUE VIEW	125
X RAY SACRO-ILIAC JOINT AP VIEW	110
X RAY SACRO-ILIAC JOINT LATERAL VIEW	110
X RAY SACRO-ILIAC JOINT LEFT OBLIQUE VIEW	110
X RAY SACRO-ILIAC JOINT RIGHT OBLIQUE VIEW	110
X RAY SHOULDER AP And LATARAL VIEWS LEFT	255
X RAY SHOULDER AP And LATARAL VIEWS RIGHT	255
X RAY SHOULDER AP VIEW LEFT	128
X RAY SHOULDER AP VIEW RIGHT	128
X RAY SHOULDER AXILLARY VIEW LEFT	128
X RAY SHOULDER AXILLARY VIEW RIGHT	128
X RAY SHOULDER LATERAL VIEW LEFT	128
X RAY SHOULDER LATERAL VIEW RIGHT	128
X RAY HIP AP VIEW LEFT	128
X RAY HIP AP VIEW RIGHT	128
X RAY HIP LATERAL VIEW LEFT	128
X RAY HIP LATERAL VIEW RIGHT	128
X RAY KNEE AP And LATERAL VIEWS LEFT	255
X RAY KNEE AP And LATERAL VIEWS RIGHT	255
X RAY KNEE AP VIEW LEFT	128
X RAY KNEE AP VIEW RIGHT	128
X RAY KNEE AP VIEW, STANDING LEFT	128
X RAY KNEE AP VIEW, STANDING RIGHT	128
X RAY KNEE LATERAL VIEW LEFT	128
X RAY KNEE LATERAL VIEW RIGHT	128
X RAY ANKLE AP And LATERAL VIEWS LEFT	255
X RAY ANKLE AP And LATERAL VIEWS RIGHT	255
X RAY ANKLE AP VIEW LEFT	128
X RAY ANKLE AP VIEW RIGHT	128
X RAY ANKLE LATERAL VIEW LEFT	128
X RAY ANKLE LATERAL VIEW RIGHT	128
X RAY FOOT AP VIEW LEFT	128
X RAY FOOT AP VIEW RIGHT	128
X RAY FOOT LATERAL VIEW LEFT	128
X RAY FOOT LATERAL VIEW RIGHT	128
X RAY FOOT OBLIQUE VIEW LEFT	128
X RAY FOOT OBLIQUE VIEW RIGHT	128
X RAY HAND AP VIEW LEFT	128
X RAY HAND AP VIEW RIGHT	128
X RAY HAND OBLIQUE VIEW LEFT	128
X RAY HAND OBLIQUE VIEW RIGHT	128
X RAY ELBOW AP And LATERAL VIEWS LEFT	255

X RAY ELBOW AP And LATERAL VIEWS RIGHT	255
X RAY ELBOW AP VIEW LEFT	128
X RAY ELBOW AP VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW LEFT	128
X RAY PELVIS AP VIEW	110
X RAY PATELLA AP VIEW LEFT	128
X RAY PATELLA AP VIEW RIGHT	128
X RAY PATELLA LATERAL VIEW LEFT	128
X RAY PATELLA LATERAL VIEW RIGHT	128
X RAY PNS OM VIEW	110
X RAY RADIUS And ULNA AP VIEW LEFT	128
X RAY RADIUS And ULNA AP VIEW RIGHT	128
X RAY RADIUS And ULNA LATERAL VIEW LEFT	128
X RAY RADIUS And ULNA LATERAL VIEW RIGHT	128
X RAY FEMUR AP VIEW LEFT	128
X RAY FEMUR AP VIEW RIGHT	128
X RAY FEMUR AP, LATERAL VIEWS LEFT	255
X RAY FEMUR AP, LATERAL VIEWS RIGHT	255
X RAY FEMUR LATERAL VIEW LEFT	128
X RAY FEMUR LATERAL VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWS LEFT	255
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWSRIGHT	255
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW RIGHT	128
X RAY ARM AP AND LATERAL VIEWS LEFT	255
X RAY ARM AP AND LATERAL VIEWS RIGHT	255
X RAY ARM AP VIEW LEFT	128
X RAY ARM AP VIEW RIGHT	128
X RAY ARM LATERAL VIEW LEFT	128
X RAY ARM LATERAL VIEW RIGHT	128
X RAY WRIST AP VIEW LEFT	60
X RAY WRIST AP VIEW RIGHT	60
X RAY WRIST LATERAL VIEW LEFT	60
X RAY WRIST LATERAL VIEW RIGHT	60
X RAY WRIST OBLIQUE VIEW LEFT	60
X RAY WRIST OBLIQUE VIEW RIGHT	60
X RAY FINGER LATERAL VIEW LEFT	60
X RAY FINGER LATERAL VIEW RIGHT	60
X RAY FINGER OBLIQUE VIEW LEFT	60
X RAY FINGER OBLIQUE VIEW RIGHT	60
X RAY FINGER, AP VIEW, LEFT	60
X RAY FINGER, AP VIEW, RIGHT	60
X RAY THUMB AP VIEW LEFT	60
X RAY THUMB AP VIEW RIGHT	60
X RAY THUMB LATERAL VIEW LEFT	60
X RAY THUMB LATERAL VIEW RIGHT	60
X RAY THUMB OBLIQUE VIEW LEFT	60
X RAY THUMB OBLIQUE VIEW RIGHT	60
X RAY TOES AP VIEW LEFT	60
X RAY TOES AP VIEW RIGHT	60
X RAY TOES OBLIQUE VIEW LEFT	60
X RAY TOES OBLIQUE VIEW RIGHT	60



PATIENT'S OPD HEALTH PASSBOOK

Beneficiary Details

Name : TEST BLIEND
Age : 28
Gender : Male
UHID No : DL01.0000000058
IP Name : TEST BLIEND
Insurance Number : 1123797903
Aadhaar No.
Relationship with IP : Self
Mobile Number : 9898989898
Address : Hyd, Telangana, India
Dispensary/IMP/mEUD : Sarai Nagar-III, AP
(Esis Disp.)
Branch Office : BO - Karanpura
Serial No : 111000000000_14/1



Date of Issue/Re-issue:
25/11/2018

Seal / Signature of
the Issuing Authority

Validity: This Health Passbook is valid for Medical Benefit till: dd-mm-yyy

Printed by: Employer Name: Vr Universal Sales Corporation, Employer Code:
1100000000000002, Address : F-20a/12F-20a/12F-20a/12

Name of the IMP

Please bring this booklet at every visit to IMP/dispensary/ hospital

100

1

Check-in no. and date	Clinical notes	Check-in no. and date	Clinical notes
	Chief complaints/History /Examination/ Investigations/ Provionsal diagnosis Treatment:		Chief complaints/History /Examination/ Investigations/ Provionsal diagnosis Treatment:
	3		4

X RAY ELBOW AP And LATERAL VIEWS RIGHT	255
X RAY ELBOW AP VIEW LEFT	128
X RAY ELBOW AP VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW LEFT	128
X RAY PELVIS AP VIEW	128
X RAY PATELLA AP VIEW LEFT	110
X RAY PATELLA AP VIEW RIGHT	128
X RAY PATELLA LATERAL VIEW LEFT	128
X RAY PATELLA LATERAL VIEW RIGHT	128
X RAY PNS OM VIEW	128
X RAY RADIUS And ULNA AP VIEW LEFT	110
X RAY RADIUS And ULNA AP VIEW RIGHT	128
X RAY RADIUS And ULNA LATERAL VIEW LEFT	128
X RAY RADIUS And ULNA LATERAL VIEW RIGHT	128
X RAY FEMUR AP VIEW LEFT	128
X RAY FEMUR AP VIEW RIGHT	128
X RAY FEMUR AP, LATERAL VIEWS LEFT	128
X RAY FEMUR AP, LATERAL VIEWS RIGHT	255
X RAY FEMUR LATERAL VIEW LEFT	255
X RAY FEMUR LATERAL VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWS LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWS RIGHT	255
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW LEFT	255
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW RIGHT	128
X RAY ARM AP AND LATERAL VIEWS LEFT	128
X RAY ARM AP AND LATERAL VIEWS RIGHT	255
X RAY ARM AP VIEW LEFT	255
X RAY ARM AP VIEW RIGHT	128
X RAY ARM LATERAL VIEW LEFT	128
X RAY ARM LATERAL VIEW RIGHT	128
X RAY WRIST AP VIEW LEFT	128
X RAY WRIST AP VIEW RIGHT	60
X RAY WRIST LATERAL VIEW LEFT	60
X RAY WRIST LATERAL VIEW RIGHT	60
X RAY WRIST OBLIQUE VIEW LEFT	60
X RAY WRIST OBLIQUE VIEW RIGHT	60
X RAY FINGER LATERAL VIEW LEFT	60
X RAY FINGER LATERAL VIEW RIGHT	60
X RAY FINGER OBLIQUE VIEW LEFT	60
X RAY FINGER OBLIQUE VIEW RIGHT	60
X RAY FINGER, AP VIEW, LEFT	60
X RAY FINGER, AP VIEW, RIGHT	60
X RAY THUMB AP VIEW LEFT	60
X RAY THUMB AP VIEW RIGHT	60
X RAY THUMB LATERAL VIEW LEFT	60
X RAY THUMB LATERAL VIEW RIGHT	60
X RAY THUMB OBLIQUE VIEW LEFT	60
X RAY THUMB OBLIQUE VIEW RIGHT	60
X RAY TOES AP VIEW LEFT	60

Listed Diagnostic Tests & Procedures prescribed by ESIC

(Subject to modification from time to time)

Detailed List	
ESIC SPECIFIED TEST LIST for modified IMP 15.01.2019	Rate in (Rs) per Unit
Procedure Name / Test name	
HAEMOGLOBIN	18
LEUCOCYTE COUNT, DIFFERENTIAL; DLC	31
LEUCOCYTE COUNT, TOTAL; TLC; WBC COUNT, TOTAL	31
ESR (WESTERGREN); ERYTHROCYTE SEDIMENTATION RATE	25
GLUCOSE, FASTING (F)	24
GLUCOSE, POST PRANDIAL (PP, 2 HOURS)	24
GLUCOSE, RANDOM(R)	24
GLUCOSE, FASTING (F) & POST PRANDIAL (PP, 2 HOURS)	47
PROTEIN, SODIUM, CREATININE IN 24-HOUR URINE	50
UREA, BLOOD	54
CREATININE, SERUM	55
BILIRUBIN, TOTAL	80
MALARIA PARASITE/ BLOOD PARASITE IDENTIFICATION	41
SMEAR EXAMINATION, ROUTINE, PERIPHERAL BLOOD	43
PREGNANCY TEST, URINE	65
URINE MICROSCOPIC EXAMINATION, URINE M/E	35
URINE ROUTINE EXAMINATION, URINE R/E	35
URINE EXAMINATION FOR RBCs	35
URINE EXAMINATION, ALBUMIN	70
URINE EXAMINATION, BILIRUBIN	25
URINE EXAMINATION, KETONE BODIES	30
PROTEIN, TOTAL, 24-HOUR URINE	50
BLOOD UREA NITROGEN	54
UROBILINOGEN, QUALITATIVE, EARLY MORNING SAMPLE, URINE	20
ELECTROCARDIOGRAPHY IN 12 LEADS, ECG IN 12 LEADS	50
ELECTROCARDIOGRAPHY WITH LONG II LEAD, ECG WITH LONG II	50
X RAY ABDOMEN, AXR AP VIEW	128
X RAY ABDOMEN, AXR LATERAL VIEW	128
X RAY ABDOMEN, AXR STRAIGHT, KUB VIEW	128
X RAY CHEST, CXR AP VIEW	60
X RAY CHEST, CXR LEFT OBLIQUE VIEW	60
X RAY CHEST, CXR RIGHT OBLIQUE VIEW	60
X RAY CHEST, CXR LATERAL VIEW	60
X RAY CHEST, CXR PA VIEW	60
X RAY SKULL AP VIEW	128
X RAY SKULL AP And LATERAL VIEWS	255
X RAY SKULL LATERAL VIEW	128
X RAY SKULL PA VIEW	128
X RAY SKULL PA And LATERAL VIEWS	255
X RAY CERVICAL SPINE AP AND LATERAL VIEWS	250
X RAY CERVICAL SPINE AP VIEW	125
X RAY CERVICAL SPINE LATERAL VIEW	125
X RAY CERVICAL SPINE LEFT OBLIQUE VIEW	125
X RAY CERVICAL SPINE PA AND LATERAL VIEWS	125
X RAY CERVICAL SPINE PA VIEW	125

X RAY DORSAL SPINE LATERAL VIEW	125
X RAY DORSAL SPINE RIGHT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE AP VIEW	125
X RAY DORSO-LUMBAR SPINE LATERAL VIEW	125
X RAY DORSO-LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBAR SPINE AP AND LATERAL VIEWS	250
X RAY LUMBAR SPINE AP VIEW	125
X RAY LUMBAR SPINE LATERAL VIEW	125
X RAY LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE AP VIEW	125
X RAY LUMBO-SACRAL SPINE LATERAL VIEW	125
X RAY LUMBO-SACRAL SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE RIGHT OBLIQUE VIEW	125
X RAY SACRO-ILIAC JOINT AP VIEW	110
X RAY SACRO-ILIAC JOINT LATERAL VIEW	110
X RAY SACRO-ILIAC JOINT LEFT OBLIQUE VIEW	110
X RAY SACRO-ILIAC JOINT RIGHT OBLIQUE VIEW	110
X RAY SHOULDER AP And LATARAL VIEWS LEFT	255
X RAY SHOULDER AP And LATARAL VIEWS RIGHT	255
X RAY SHOULDER AP VIEW LEFT	128
X RAY SHOULDER AP VIEW RIGHT	128
X RAY SHOULDER AXILLARY VIEW LEFT	128
X RAY SHOULDER AXILLARY VIEW RIGHT	128
X RAY SHOULDER LATERAL VIEW LEFT	128
X RAY SHOULDER LATERAL VIEW RIGHT	128
X RAY HIP AP VIEW LEFT	128
X RAY HIP AP VIEW RIGHT	128
X RAY HIP LATERAL VIEW LEFT	128
X RAY HIP LATERAL VIEW RIGHT	128
X RAY KNEE AP And LATERAL VIEWS LEFT	255
X RAY KNEE AP And LATERAL VIEWS RIGHT	255
X RAY KNEE AP VIEW LEFT	128
X RAY KNEE AP VIEW RIGHT	128
X RAY KNEE AP VIEW, STANDING LEFT	128
X RAY KNEE AP VIEW, STANDING RIGHT	128
X RAY KNEE LATERAL VIEW LEFT	128
X RAY KNEE LATERAL VIEW RIGHT	128
X RAY ANKLE AP And LATERAL VIEWS LEFT	255
X RAY ANKLE AP And LATERAL VIEWS RIGHT	255
X RAY ANKLE AP VIEW LEFT	128
X RAY ANKLE AP VIEW RIGHT	128
X RAY ANKLE LATERAL VIEW LEFT	128
X RAY ANKLE LATERAL VIEW RIGHT	128
X RAY FOOT AP VIEW LEFT	128
X RAY FOOT AP VIEW RIGHT	128
X RAY FOOT LATERAL VIEW LEFT	128
X RAY FOOT LATERAL VIEW RIGHT	128
X RAY FOOT OBLIQUE VIEW LEFT	128
X RAY FOOT OBLIQUE VIEW RIGHT	128
X RAY HAND AP VIEW LEFT	128
X RAY HAND AP VIEW RIGHT	128
X RAY HAND OBLIQUE VIEW LEFT	128
X RAY HAND OBLIQUE VIEW RIGHT	128

Helpfile for Modified IMP scheme online application process

Applicant's Help File

Slide 3-16



Application for Empanelment of Insurance Medical Practitioner (IMP) / Chemist (eC) /
Diagnostic Centre (eDC) Under modified IMP (mIMP) Scheme

Role

Select Form Type ▼

Select Form Type

Insurance Medical Practitioner

Chemist

Diagnostic Centre

State

Select State ▼

District

Choose District..... ▼

Next

Please read the following instructions carefully prior to completing this application:

- This application is a legal document. You will be acknowledging by clicking a checkbox at the end of the application certifying that the document is complete and all entries contained within this application are true to the best of your knowledge.

This is the Home Screen of the application where the applicant has to select the type of role and the State and

Application for Empanelment of Insured Medical Practitioner (mIMP)



Personal Information

First Name *

First Name

Middle Name

Middle Name

Last Name

Last Name

Date of Birth *

dd-mm-yyyy

Gender *

Select ▼

Email Address *

abc@gmail.com

Residential Address

Locality *

Locality

Address *

Address

City / District / Town *

City/District/Town

Landmark

Landmark

Pin Code *

Postal Code

State

Choose State..... ▼

☐ Clinic Address (Same as residential address)

Locality *

Locality

Address *

Address

City / District / Town *

City/District/Town

This is the application form where the Applicant is required to fill all the details and upload his clear photograph.

Landmark	Pin Code *	State
		Choose State.....

Clinic Timing

Shift	From Time	To Time	
Morning	Select From Time	Select To Time	+

Important Information

Registration Number *	Qualification	Other Qualification
Registration No (MCI/State Medical Council)	None selected	Other Qualification
Experience *	Permanent Account Number *	Aadhaar No. *
Select Experience	Pan No.	Aadhaar No.

Bank Account Information

Name of Account Holder *	Account No. *	Branch *
Name of A/c Holder	Account Number	Branch
Bank *	IFSC Code *	Mobile No. (Same as in Aadhaar) *
Bank Name	IFSC Code	Mobile

- ☐ a). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).
- b). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).
- c). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).

Save & Preview

The Applicant will also enter the bank details in the Application form. An option to Save & Preview the application is also provided to the user.



Application for Empanelment of Modified Insured Medical Practitioner (mIMP)



Personal Information

First Name

Sagar

Middle Name

Last Name

Date of Birth

04-10-1990

Gender

Male

Email Address

Sagar@gmail.com

Resident Address

After selecting the 'Save & Preview' option in the previous screen the user will be able to view a preview of the

Resident Address		
Locality Badrish Colony Landmark	Address A44 Pin Code 121212	City/District/Town New Delhi State DELHI
Clinic Address		
Locality Badrish Colony Landmark	Address A44 Pin Code 121212	City/District/Town New Delhi State DELHI
Clinic Timing		
Shift Morning	From Time From: 13 PM	To Time To: 17 PM
Extra Information		
Registration No 123456 (MCI/State Medical Council)	Qualification MBBS	Other Qualification
Experience Above 20 Years	Permanent Account Number AZYPC9931C	Aadhaar No 889574586954
Bank Account Information		
Name of Account Holder Sagar Bank SBI	Account No. 1425784596 IFSC Code SBIN0000165	Branch Delhi Mobile No. (Same as in Aadhaar) 8630380792
<div>EditNext</div>		

An option to edit the application has also been provided to the applicant in the preview screen. To proceed with the application process the user is required to select the ‘Next’ option after verifying that all entered details are correct in the application.



Upload Documents

Select Files

No file chosen



Upload

Note:

Documents to be uploaded for IMP:

- MBBS Certificate
- MCI Registration Certificate
- Post Graduation Certificate
- Marksheets
- Experience Certificate
- Aadhaar
- PAN (Income Tax)
- Secondary School / Birth Certificate, etc.

Documents to be uploaded for Chemist:

- Aadhaar (If Proprietor)

The Applicant has to upload all the relevant documents in pdf format only.



Verify OTP

OTP

Resend Otp

Verify

After uploading the documents an OTP will be sent to the mobile number provided by the applicant in the registration form. An

Financial Bid

% Discount on Rs. 500

Discount in Rs

Net Payable

Submit

Note:

As per the mIMP Scheme, IMP is entitled for maximum sum of Rs. 500 per IP-Family per annum. IMP may quote percentage of Discount on the said value.

After verifying the OTP, the applicant will be allowed to enter his Financial Bid.



Verify OTP

OTP

Resend Otp

Verify

After entering the Financial Bid Details, an OTP will be sent to the mobile number provided by the user in the



Application for Empanelment of Modified Insured Medical Practitioner (mIMP)



THANKS

Your application has been successfully submitted.

Your reference number : **esicmimp00002**



After verifying the OTP, the application will be successfully submitted and a reference number will be provided to the Applicant for future reference.

Important Information

Registration No 12458962 (MCI/State Medical Council)	Qualification MBBS	Other Qualification
Experience Above 20 Years	Permanent Account Number AZYPC8612C	Aadhaar No 157896542547

Bank Account Information		
Name of Account Holder Sagar	Account No. 4578965847	Branch Delhi
Bank SBI	IFSC Code SBIN0000122	Mobile No. (Same as Aadhaar No.) 8630380792

Discount %
25

Documents Uploaded
1). 1570081900Three month extention.pdf

Print

Back to Home

Role of Super Admin:

1. The Officer entrusted with Super Admin Role in HQRS Office shall be creating and mapping admin roles for the field offices/ROs as per policy. Officer having Super Admin Role shall assign the roles of Admin to two responsible officers of the RO of the state by collecting their names, mobile numbers and email ID. For this Two user Ids shall be created by Super Admin per region, one is for technical evaluation and other one is for financial evaluation. Provision for creating/modifying user is provided in the online application for super admin under 'User' tab.
2. Once user IDs and passwords are created through system, they shall be circulated to the respective users and after this respective admin users shall have right to assess the bids for evaluation.
3. Application has provision for the State/UT head to seek applications from prospective IMP/Chemist/Diagnostic Centre, State Wise/ UT Wise.

Admin Roles:

- 1.) Technical User: Shall be responsible for approving technical bids under 'Part 1 (Applications Received)' tab
 - 2.) Financial User: Shall be responsible for assessing the financial bids under the 'Part 2 (Financial Qualification)' tab.
- A. All the respective admins shall have the right to publish the dates i.e. start date and end date for applying for mIMP/eChemist/eDiagnostic Centre. Provision for the same is available in the online application to admin users under the 'Publish Role' tab.
 - B. Admin after login through the provided credentials can assess the bid and same may be approved and printed. Once the technical bid is approved it will be available for financial evaluation at the financial bid login ID.
 - C. To view the financial bid, two OTPs will be required which shall be generated and sent to the already registered mobile numbers of already created IDs.
 - D. All other actions for approving the financial bids shall be processed offline, as per the GFR.

Super Admin

(Slide 17-29)

Dashboard Log Details

User Name	District	Time Stamp	IP address	Activity
rehman9807	NEW DELHI	2019-10-07 02:03:26	157.43.93.127	Viewed Financial Biddings.
rehman9807	NEW DELHI	2019-10-07 02:01:44	157.43.93.127	Login Successful
Ab	NEW DELHI	2019-10-07 01:19:02	1.23.109.154	Viewed Financial Biddings.
Ab	NEW DELHI	2019-10-07 01:16:57	1.23.109.154	Approved ec form id=22
ab	NEW DELHI	2019-10-07 01:09:53	1.23.109.154	Login Successful
rehman9807	NEW DELHI	2019-10-04 14:17:11	103.82.125.139	Viewed Financial Biddings.
rehman9807	NEW DELHI	2019-10-04 14:12:45	103.82.125.139	Approved mimp form id=38
rehman9807	NEW DELHI	2019-10-04 13:51:45	103.82.125.139	Login Successful
ab	NEW DELHI	2019-10-04 04:58:28	122.161.10.205	Login Successful
xyz	VADODARA	2019-10-04 04:45:14	112.79.167.220	Logout
xyz	VADODARA	2019-10-04 04:41:14	112.79.167.220	Login Successful
ab	NEW DELHI	2019-10-04 03:03:52	47.31.186.77	Login Successful
Ab	NEW DELHI	2019-10-04 02:50:11	47.31.186.77	Login Successful
rehman9807	NEW DELHI	2019-10-03 14:09:40	103.82.125.59	Login Successful
Ab	NEW DELHI	2019-10-03 03:51:03	182.64.102.240	Viewed Financial Biddings.

1 | 2 | 3 | 4 [Next] [Last]

This is a preview of the user dashboard where the super admin user will be able to monitor the users' activities.

> Home

> Qualification

> State

> District

> User

> Part1(Applications Received)

> Part2(Financial Qualification)

> Access Log

> Logout

Name	Status	Modify
MS	Active	Modify
D Pharma	Active	Modify
M Pharma	Active	Modify
B Pharma	Active	Modify
MBA	Active	Modify
PhD	Active	Modify
MRCS	Active	Modify
MRCP	Active	Modify
FACS	Active	Modify
FRCS	Active	Modify
Diploma	Active	Modify
MCh	Active	Modify
DM	Active	Modify
DNB	Active	Modify
MD	Active	Modify
MBBS	Active	Modify
B Tech	Active	Modify

This is a preview of the Qualification tab where the super admin user will be able to add and modify the Qualification Master.

- > Home
- > Qualification
- > State
- > District
- > User
- > Part1(Applications Received)
- > Part2(Financial Qualification)
- > Access Log
- > Logout

Name	Status	Modify
LADAKH	Active	Modify
TELANGANA	Active	Modify
ANDAMAN AND NICOBAR ISLANDS	Active	Modify
PUDUCHERRY	Active	Modify
TAMIL NADU	Active	Modify
KERALA	Active	Modify
LAKSHADWEEP	Active	Modify
GOA	Active	Modify
KARNATAKA	Active	Modify
ANDHRA PRADESH	Active	Modify
MAHARASHTRA	Active	Modify
DADRA AND NAGAR HAVELI	Active	Modify
DAMAN AND DIU	Active	Modify
GUJARAT	Active	Modify
MADHYA PRADESH	Active	Modify
CHHATTISGARH	Active	Modify
ODISHA	Active	Modify
JHARKHAND	Active	Modify
WEST BENGAL	Active	Modify
ASSAM	Active	Modify

This is a preview of the State tab where the super admin user will be able to add and modify the State Master.

> Home

> Qualification

> State

> District

> User

> Part1(Applications Received)

> Part2(Financial Qualification)

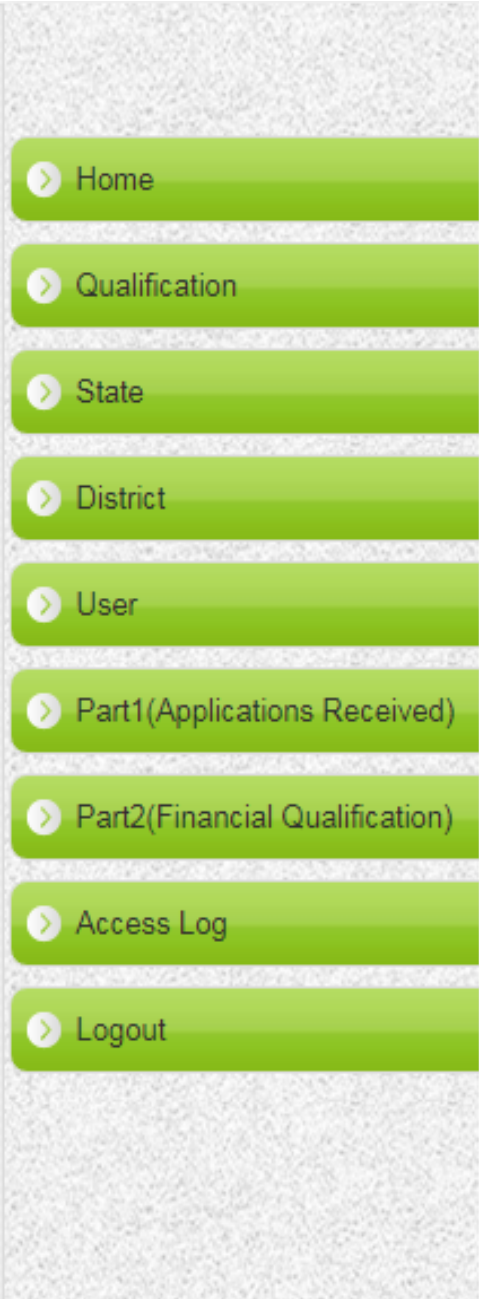
> Access Log

> Logout

State Name	District Name	Status	Modify
DELHI	central delhi	Active	Modify
UTTAR PRADESH	Noida	Active	Modify
HARYANA	CHARKI DADRI	Active	Modify
TELANGANA	MEDCHAL	Active	Modify
TELANGANA	KOMARAM BHEEM ASIFABAD	Active	Modify
TELANGANA	VIKARABAD	Active	Modify
TELANGANA	YADADRI	Active	Modify
TELANGANA	SURYAPET	Active	Modify
TELANGANA	JOGULAMBA	Active	Modify
TELANGANA	NAGARKURNOOL	Active	Modify
TELANGANA	WANAPARTHY	Active	Modify
TELANGANA	SIDDIPET	Active	Modify
TELANGANA	SANGAREDDY	Active	Modify
TELANGANA	BHADRADRI	Active	Modify
TELANGANA	JANGOAN	Active	Modify
TELANGANA	MAHABUBABAD	Active	Modify
TELANGANA	JAYASHANKAR	Active	Modify
TELANGANA	WARANGAL URBAN	Active	Modify
TELANGANA	KAMAREDDY	Active	Modify
TELANGANA	MANCHERIAL	Active	Modify

Add New

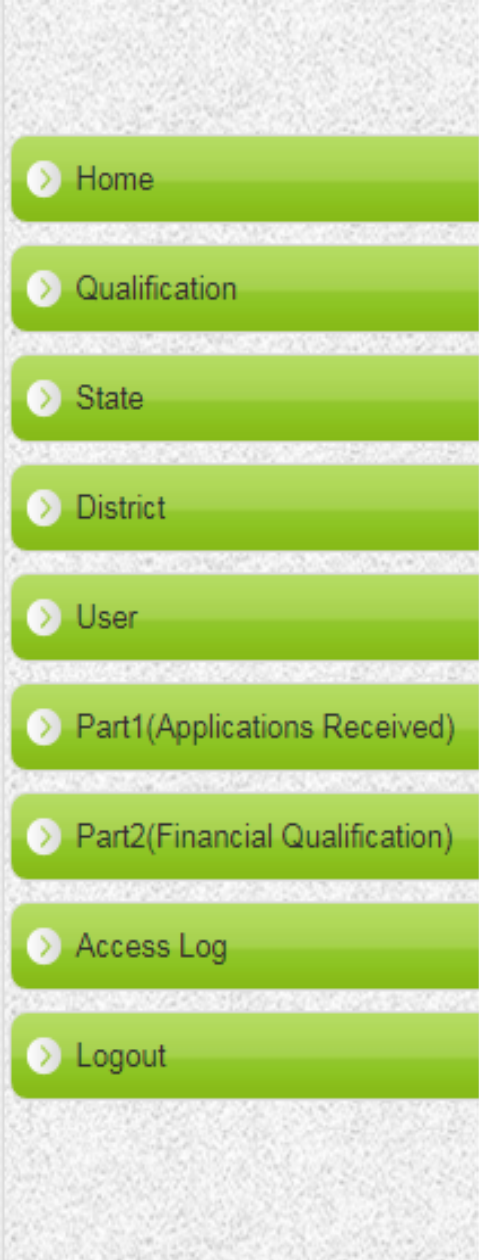
This is a preview of the District tab where the super admin user will be able to add and modify the District Master.



User Name	State Name	District Name	Last Login	Status
Ab	DELHI	NEW DELHI	2019-10-07 01:09:53	Active / Deactive
Bc	DELHI	NEW DELHI	2019-09-25 23:43:06	Active / Deactive
rehman9807	DELHI	NEW DELHI	2019-10-07 02:01:44	Active / Deactive
xyz	GUJARAT	VADODARA	2019-10-04 04:41:14	Active / Deactive

Add User

This is a preview of the User Tab where the super admin user will be able to activate/deactivate existing users and add new users.



State	<input type="text" value="DELHI"/>
City	<input type="text" value="New delhi"/>
User Name (Email Id)	<input type="text" value="del"/>
Password	<input type="password" value="....."/>
First User	<input type="text" value="784173875"/>
Second User	<input type="text" value="863038079"/>

On selecting the 'Add User' option in the previous screen, the super admin user will be able to create a user by filling up the details.

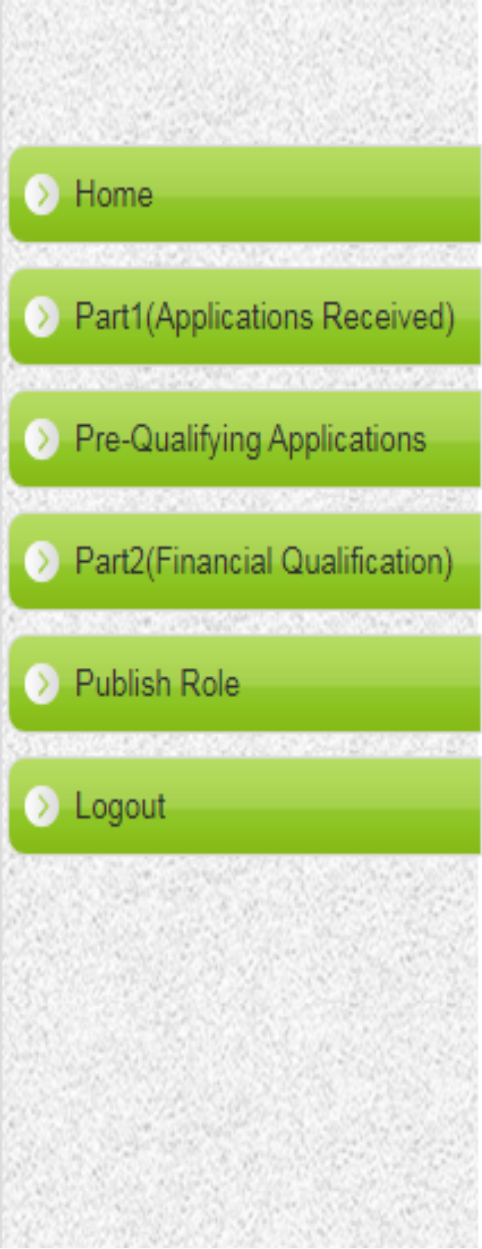


Category Ref. #

From Date To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	View Details	Download
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download

This is a preview of the Part 1 Applications where the super admin user will be able to view the details of the applications received, and will also be able to download the documents uploaded by the user in a zip file.



Details	
Ref. #	esicec00002
Name	meghna
Address	Flat1
State	DELHI
City	NEW DELHI
Registration #	584545
Mobile	9312249006
Firm Name	meghna
Register with authority	Yes
GST applicatble	Yes
GST #	5454
PAN #	5155
Discount Listed (%)	10
Discount Unlisted (%)	10
<div>ApprovePrintBack</div>	

After selecting the view details option in the previous screen, the application details will be displayed on the screen with options to Approve and Print the application.

- Home
- Part1(Applications Received)
- Pre-Qualifying Applications
- Part2(Financial Qualification)
- Publish Role
- Logout

Verify OTP

Enter OTP

847116



Submit

After clicking on Approve on the previous screen, an OTP will be sent to the registered mobile number of the Super Admin User for authentication and after successfully verifying the OTP, the application will be approved..

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Category

All

 Ref. #

From Date To Date

Search

Reset

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	View Details

This is a preview of the Pre-Qualifying Applications Tab where the approved Part 1 Applications will be displayed.

- > Home
- > Part 1 (Applications)
- > Pre-Qualifying Applications
- > Part 2 (Financial Bid)
- > Logout

Verify OTP	
First User (OTP)	<input type="text"/>
Second User (OTP)	<input type="text"/>

When the user selects the Part 2 (Financial Bid) Tab, two OTPs will be fired to the registered mobile numbers of the two admin users and only after verifying the OTPs the user will be able to view the financial bids.

- > Home
- > Part1(Applications Received)
- > Pre-Qualifying Applications
- > Part2(Financial Qualification)
- > Publish Role
- > Logout

Category Ref. #

From Date To Date

Ref. Num	State Name	District Name	Submitted Date	Discount
esicmimp00004	DELHI	NEW DELHI	03-10-2019	50%
esicmimp00002	DELHI	NEW DELHI	03-10-2019	25%
esicec00002	DELHI	NEW DELHI	03-10-2019	10,10%

After Successful verification of the OTPs, the user will be able to see the discount offered by the applicants.



User State District

From Date To Date

User Name	State	District	Time Stamp	IP address	Activity
rehman9807	DELHI	NEW DELHI	07/10/2019 02:26	157.43.93.127	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	07/10/2019 01:02	1.23.109.154	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	04/10/2019 14:11	103.82.125.139	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	03/10/2019 03:03	182.64.102.240	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	03/10/2019 00:50	47.31.188.39	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	01/10/2019 05:30	122.176.136.5	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	26/09/2019 00:05	182.68.200.151	Viewed Financial Biddings.
Bc	DELHI	NEW DELHI	25/09/2019 23:27	47.31.89.15	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	08/03/2019 02:38	10.26.50.29	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	07/03/2019 06:39	10.26.50.29	Viewed Financial Biddings.

This is a preview of the Access Log Page where the super admin user will be able to view the details of the users who have viewed financial biddings.

Admin Panel

(Slide 31-39)

Login Administrator



Username

Password

4b6vfd

Login

This is a preview of the Admin Panel login Page. The User will authenticate himself by entering his credentials on



Dashboard Log Details

Welcome in admin panel.

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

After Successful login, the user will be able to view the dashboard where multiple options are available to him.

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Category

All ▼

 Ref. #

From Date To Date

Search

Reset

Export to PDF

Ref. Num	State Name	District Name	Submitted Date	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	View Details	Download
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download

This is a preview of the Part 1 Applications where the admin user will be able to view the details of the applications received, and will also be able to download the documents uploaded by the user in a zip file.

- > Home
- > Part1(Applications Received)
- > Pre-Qualifying Applications
- > Part2(Financial Qualification)
- > Publish Role
- > Logout

Details	
Ref. #	esicec00002
Name	meghna
Address	Flat1
State	DELHI
City	NEW DELHI
Registration #	584545
Mobile	9312249006
Firm Name	meghna
Register with authority	Yes
GST applicatble	Yes
GST #	5454
PAN #	5155
Discount Listed (%)	10
Discount Unlisted (%)	10

ApprovePrintBack

After selecting the view details option in the previous screen, the application details will be displayed on the screen

- > Home
- > Part1(Applications Received)
- > Pre-Qualifying Applications
- > Part2(Financial Qualification)
- > Publish Role
- > Logout

Verify OTP

Enter OTP

After clicking on Approve on the previous screen, an OTP will be sent to the registered mobile number of the Admin User for authentication and after successfully verifying the OTP, the application will be approved..

- Home
- Part1(Applications Received)
- Pre-Qualifying Applications
- Part2(Financial Qualification)
- Publish Role
- Logout

Category

All

 Ref. #

From Date To Date

Search

Reset

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	View Details

This is a preview of the Pre-Qualifying Applications Tab where the approved Part 1 Applications will be displayed.

- > Home
- > Part 1 (Applications)
- > Pre-Qualifying Applications
- > Part 2 (Financial Bid)
- > Logout

Verify OTP

First User (OTP)	<input type="text"/>
Second User (OTP)	<input type="text"/>

Submit

When the user selects the Part 2 (Financial Bid) Tab, two OTPs will be fired to the registered mobile numbers of the

Category

All

 Ref. #

From Date To Date

Search

Reset

Export to PDF

Ref. Num	State Name	District Name	Submitted Date	Discount
esicmimp00004	DELHI	NEW DELHI	03-10-2019	50%
esicmimp00002	DELHI	NEW DELHI	03-10-2019	25%
esicec00002	DELHI	NEW DELHI	03-10-2019	10,10%

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Form Type	Start Date	End Date	Modify
Insurance Medical Practitioner	2019-10-03	2019-10-06	Modify

Add New

This is a preview of the Publish Role Tab where the user will be able to add and modify the start and end date of the

Helpfile for Modified IMP scheme online application process

Applicant's Help File

Slide 3-16



Application for Empanelment of Insurance Medical Practitioner (IMP) / Chemist (eC) /
Diagnostic Centre (eDC) Under modified IMP (mIMP) Scheme

Role

Select Form Type ▼

Select Form Type

Insurance Medical Practitioner

Chemist

Diagnostic Centre

State

Select State ▼

District

Choose District..... ▼

Next

Please read the following instructions carefully prior to completing this application:

- This application is a legal document. You will be acknowledging by clicking a checkbox at the end of the application certifying that the document is complete and all entries contained within this application are true to the best of your knowledge.

This is the Home Screen of the application where the applicant has to select the type of role and the State and

Application for Empanelment of Insured Medical Practitioner (mIMP)



Personal Information

First Name *

First Name

Middle Name

Middle Name

Last Name

Last Name

Date of Birth *

dd-mm-yyyy

Gender *

Select ▼

Email Address *

abc@gmail.com

Residential Address

Locality *

Locality

Address *

Address

City / District / Town *

City/District/Town

Landmark

Landmark

Pin Code *

Postal Code

State

Choose State..... ▼

☐ Clinic Address (Same as residential address)

Locality *

Locality

Address *

Address

City / District / Town *

City/District/Town

This is the application form where the Applicant is required to fill all the details and upload his clear photograph.

Landmark	Pin Code *	State
		Choose State.....

Clinic Timing

Shift	From Time	To Time	+
Morning	Select From Time	Select To Time	

Important Information

Registration Number *	Qualification	Other Qualification
Registration No (MCI/State Medical Council)	None selected	Other Qualification
Experience *	Permanent Account Number *	Aadhaar No. *
Select Experience	Pan No.	Aadhaar No.

Bank Account Information

Name of Account Holder *	Account No. *	Branch *
Name of A/c Holder	Account Number	Branch
Bank *	IFSC Code *	Mobile No. (Same as in Aadhaar) *
Bank Name	IFSC Code	Mobile

☐ a). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).

b). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).

c). I certify that I have read and understood the contents, terms of reference and conditions of ESIC and agree to abide by the requirements to fulfil the mandate as warranted. [Terms & Conditions](#) and [FAQs](#).

Save & Preview

The Applicant will also enter the bank details in the Application form. An option to Save & Preview the application is also provided to the user.



Application for Empanelment of Modified Insured Medical Practitioner
(mIMP)



Personal Information

First Name	Middle Name	Last Name
Sagar		
Date of Birth	Gender	Email Address
04-10-1990	Male	Sagar@gmail.com

Resident Address

After selecting the 'Save & Preview' option in the previous screen the user will be able to view a preview of the

Resident Address		
Locality Badrish Colony Landmark	Address A44 Pin Code 121212	City/District/Town New Delhi State DELHI
Clinic Address		
Locality Badrish Colony Landmark	Address A44 Pin Code 121212	City/District/Town New Delhi State DELHI
Clinic Timing		
Shift Morning	From Time From: 13 PM	To Time To: 17 PM
Extra Information		
Registration No 123456 (MCI/State Medical Council)	Qualification MBBS	Other Qualification
Experience Above 20 Years	Permanent Account Number AZYPC9931C	Aadhaar No 889574586954
Bank Account Information		
Name of Account Holder Sagar Bank SBI	Account No. 1425784596 IFSC Code SBIN0000165	Branch Delhi Mobile No. (Same as in Aadhaar) 8630380792
<div>EditNext</div>		

An option to edit the application has also been provided to the applicant in the preview screen. To proceed with the application process the user is required to select the ‘Next’ option after verifying that all entered details are correct in the application.



Upload Documents

Select Files

No file chosen



Note:

Documents to be uploaded for IMP:

- MBBS Certificate
- MCI Registration Certificate
- Post Graduation Certificate
- Marksheets
- Experience Certificate
- Aadhaar
- PAN (Income Tax)
- Secondary School / Birth Certificate, etc.

Documents to be uploaded for Chemist:

- Aadhaar (If Proprietor)

The Applicant has to upload all the relevant documents in pdf format only.



Verify OTP

OTP

175786

Resend Otp

Verify

After uploading the documents an OTP will be sent to the mobile number provided by the applicant in the registration form. An

Financial Bid

% Discount on Rs. 500

Discount in Rs

Net Payable

Submit

Note:

As per the mIMP Scheme, IMP is entitled for maximum sum of Rs. 500 per IP-Family per annum. IMP may quote percentage of Discount on the said value.

After verifying the OTP, the applicant will be allowed to enter his Financial Bid.



Verify OTP

OTP

Resend Otp

Verify

After entering the Financial Bid Details, an OTP will be sent to the mobile number provided by the user in the



Application for Empanelment of Modified Insured Medical Practitioner (mIMP)



THANKS

Your application has been successfully submitted.

Your reference number : **esicmimp00002**



After verifying the OTP, the application will be successfully submitted and a reference number will be provided to the Applicant for future reference.

Important Information		
Registration No 12458962 (MCI/State Medical Council)	Qualification MBBS	Other Qualification
Experience Above 20 Years	Permanent Account Number AZYPC8612C	Aadhaar No 157896542547

Bank Account Information		
Name of Account Holder Sagar	Account No. 4578965847	Branch Delhi
Bank SBI	IFSC Code SBIN0000122	Mobile No. (Same as Aadhaar No.) 8630380792

Discount %
25

Documents Uploaded
1). 1570081900Three month extention.pdf

Print

Back to Home

Role of Super Admin:

1. The Officer entrusted with Super Admin Role in HQRS Office shall be creating and mapping admin roles for the field offices/ROs as per policy. Officer having Super Admin Role shall assign the roles of Admin to two responsible officers of the RO of the state by collecting their names, mobile numbers and email ID. For this Two user Ids shall be created by Super Admin per region, one is for technical evaluation and other one is for financial evaluation. Provision for creating/modifying user is provided in the online application for super admin under 'User' tab.
2. Once user IDs and passwords are created through system, they shall be circulated to the respective users and after this respective admin users shall have right to assess the bids for evaluation.
3. Application has provision for the State/UT head to seek applications from prospective IMP/Chemist/Diagnostic Centre, State Wise/ UT Wise.

Admin Roles:

- 1.) Technical User: Shall be responsible for approving technical bids under 'Part 1 (Applications Received)' tab
 - 2.) Financial User: Shall be responsible for assessing the financial bids under the 'Part 2 (Financial Qualification)' tab.
- A. All the respective admins shall have the right to publish the dates i.e. start date and end date for applying for mIMP/eChemist/eDiagnostic Centre. Provision for the same is available in the online application to admin users under the 'Publish Role' tab.
 - B. Admin after login through the provided credentials can assess the bid and same may be approved and printed. Once the technical bid is approved it will be available for financial evaluation at the financial bid login ID.
 - C. To view the financial bid, two OTPs will be required which shall be generated and sent to the already registered mobile numbers of already created IDs.
 - D. All other actions for approving the financial bids shall be processed offline, as per the GFR.

Super Admin

(Slide 17-29)

Dashboard Log Details

User Name	District	Time Stamp	IP address	Activity
rehman9807	NEW DELHI	2019-10-07 02:03:26	157.43.93.127	Viewed Financial Biddings.
rehman9807	NEW DELHI	2019-10-07 02:01:44	157.43.93.127	Login Successful
Ab	NEW DELHI	2019-10-07 01:19:02	1.23.109.154	Viewed Financial Biddings.
Ab	NEW DELHI	2019-10-07 01:16:57	1.23.109.154	Approved ec form id=22
ab	NEW DELHI	2019-10-07 01:09:53	1.23.109.154	Login Successful
rehman9807	NEW DELHI	2019-10-04 14:17:11	103.82.125.139	Viewed Financial Biddings.
rehman9807	NEW DELHI	2019-10-04 14:12:45	103.82.125.139	Approved mimp form id=38
rehman9807	NEW DELHI	2019-10-04 13:51:45	103.82.125.139	Login Successful
ab	NEW DELHI	2019-10-04 04:58:28	122.161.10.205	Login Successful
xyz	VADODARA	2019-10-04 04:45:14	112.79.167.220	Logout
xyz	VADODARA	2019-10-04 04:41:14	112.79.167.220	Login Successful
ab	NEW DELHI	2019-10-04 03:03:52	47.31.186.77	Login Successful
Ab	NEW DELHI	2019-10-04 02:50:11	47.31.186.77	Login Successful
rehman9807	NEW DELHI	2019-10-03 14:09:40	103.82.125.59	Login Successful
Ab	NEW DELHI	2019-10-03 03:51:03	182.64.102.240	Viewed Financial Biddings.

1 | 2 | 3 | 4 [Next] [Last]

This is a preview of the user dashboard where the super admin user will be able to monitor the users' activities.

> Home

> Qualification

> State

> District

> User

> Part1(Applications Received)

> Part2(Financial Qualification)

> Access Log

> Logout

Name	Status	Modify
MS	Active	Modify
D Pharma	Active	Modify
M Pharma	Active	Modify
B Pharma	Active	Modify
MBA	Active	Modify
PhD	Active	Modify
MRCS	Active	Modify
MRCP	Active	Modify
FACS	Active	Modify
FRCS	Active	Modify
Diploma	Active	Modify
MCh	Active	Modify
DM	Active	Modify
DNB	Active	Modify
MD	Active	Modify
MBBS	Active	Modify
B Tech	Active	Modify

This is a preview of the Qualification tab where the super admin user will be able to add and modify the Qualification Master.

- > Home
- > Qualification
- > State
- > District
- > User
- > Part1(Applications Received)
- > Part2(Financial Qualification)
- > Access Log
- > Logout

Name	Status	Modify
LADAKH	Active	Modify
TELANGANA	Active	Modify
ANDAMAN AND NICOBAR ISLANDS	Active	Modify
PUDUCHERRY	Active	Modify
TAMIL NADU	Active	Modify
KERALA	Active	Modify
LAKSHADWEEP	Active	Modify
GOA	Active	Modify
KARNATAKA	Active	Modify
ANDHRA PRADESH	Active	Modify
MAHARASHTRA	Active	Modify
DADRA AND NAGAR HAVELI	Active	Modify
DAMAN AND DIU	Active	Modify
GUJARAT	Active	Modify
MADHYA PRADESH	Active	Modify
CHHATTISGARH	Active	Modify
ODISHA	Active	Modify
JHARKHAND	Active	Modify
WEST BENGAL	Active	Modify
ASSAM	Active	Modify

This is a preview of the State tab where the super admin user will be able to add and modify the State Master.

> Home

> Qualification

> State

> District

> User

> Part1(Applications Received)

> Part2(Financial Qualification)

> Access Log

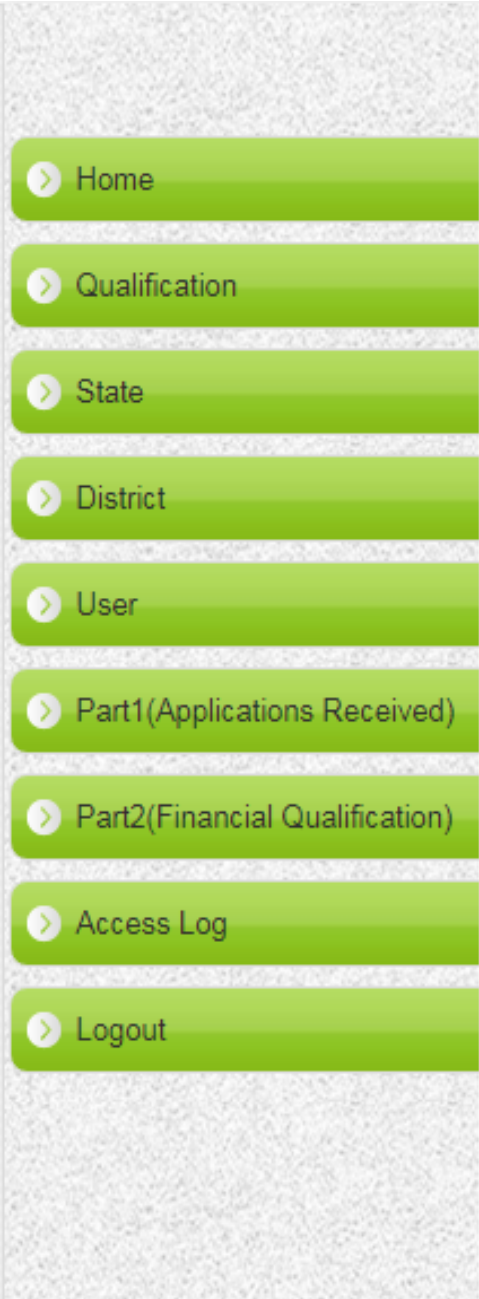
> Logout

State Name	District Name	Status	Modify
DELHI	central delhi	Active	Modify
UTTAR PRADESH	Noida	Active	Modify
HARYANA	CHARKI DADRI	Active	Modify
TELANGANA	MEDCHAL	Active	Modify
TELANGANA	KOMARAM BHEEM ASIFABAD	Active	Modify
TELANGANA	VIKARABAD	Active	Modify
TELANGANA	YADADRI	Active	Modify
TELANGANA	SURYAPET	Active	Modify
TELANGANA	JOGULAMBA	Active	Modify
TELANGANA	NAGARKURNOOL	Active	Modify
TELANGANA	WANAPARTHY	Active	Modify
TELANGANA	SIDDIPET	Active	Modify
TELANGANA	SANGAREDDY	Active	Modify
TELANGANA	BHADRADRI	Active	Modify
TELANGANA	JANGOAN	Active	Modify
TELANGANA	MAHABUBABAD	Active	Modify
TELANGANA	JAYASHANKAR	Active	Modify
TELANGANA	WARANGAL URBAN	Active	Modify
TELANGANA	KAMAREDDY	Active	Modify
TELANGANA	MANCHERIAL	Active	Modify

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 [Next] [Last]

Add New

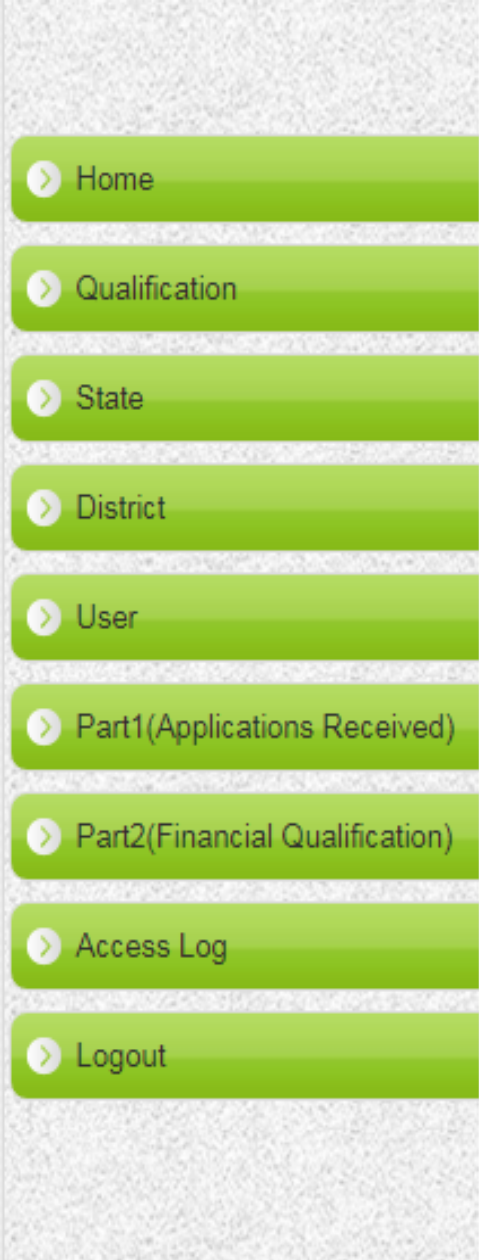
This is a preview of the District tab where the super admin user will be able to add and modify the District Master.



User Name	State Name	District Name	Last Login	Status
Ab	DELHI	NEW DELHI	2019-10-07 01:09:53	Active / Deactive
Bc	DELHI	NEW DELHI	2019-09-25 23:43:06	Active / Deactive
rehman9807	DELHI	NEW DELHI	2019-10-07 02:01:44	Active / Deactive
xyz	GUJARAT	VADODARA	2019-10-04 04:41:14	Active / Deactive

Add User

This is a preview of the User Tab where the super admin user will be able to activate/deactivate existing users and add new users.



State	<input type="text" value="DELHI"/>
City	<input type="text" value="New delhi"/>
User Name (Email Id)	<input type="text" value="del"/>
Password	<input type="password" value="....."/>
First User	<input type="text" value="784173875"/>
Second User	<input type="text" value="863038079"/>

On selecting the 'Add User' option in the previous screen, the super admin user will be able to create a user by filling up the details.

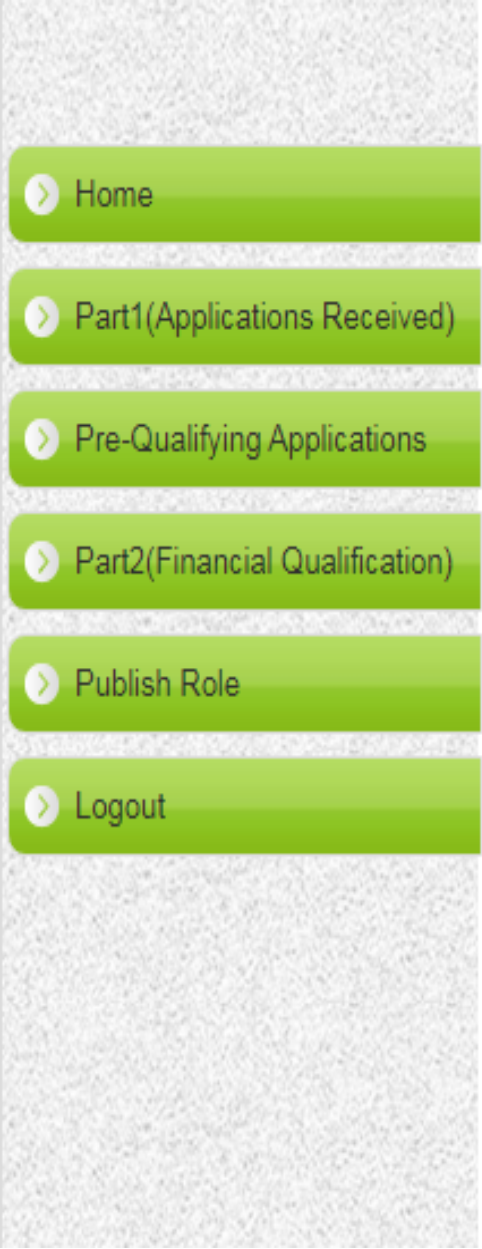


Category Ref. #

From Date To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	View Details	Download
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download

This is a preview of the Part 1 Applications where the super admin user will be able to view the details of the applications received, and will also be able to download the documents uploaded by the user in a zip file.



Details	
Ref. #	esicec00002
Name	meghna
Address	Flat1
State	DELHI
City	NEW DELHI
Registration #	584545
Mobile	9312249006
Firm Name	meghna
Register with authority	Yes
GST applicatble	Yes
GST #	5454
PAN #	5155
Discount Listed (%)	10
Discount Unlisted (%)	10
<div>ApprovePrintBack</div>	

After selecting the view details option in the previous screen, the application details will be displayed on the screen with options to Approve and Print the application.

- Home
- Part1(Applications Received)
- Pre-Qualifying Applications
- Part2(Financial Qualification)
- Publish Role
- Logout

Verify OTP

Enter OTP

847116



Submit

After clicking on Approve on the previous screen, an OTP will be sent to the registered mobile number of the Super Admin User for authentication and after successfully verifying the OTP, the application will be approved..

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Category

All

 Ref. #

From Date To Date

Search

Reset

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	View Details

This is a preview of the Pre-Qualifying Applications Tab where the approved Part 1 Applications will be displayed.

- > Home
- > Part 1 (Applications)
- > Pre-Qualifying Applications
- > Part 2 (Financial Bid)
- > Logout

Verify OTP

First User (OTP)	<input type="text"/>
Second User (OTP)	<input type="text"/>

Submit

When the user selects the Part 2 (Financial Bid) Tab, two OTPs will be fired to the registered mobile numbers of the two admin users and only after verifying the OTPs the user will be able to view the financial bids.

- > Home
- > Part1(Applications Received)
- > Pre-Qualifying Applications
- > Part2(Financial Qualification)
- > Publish Role
- > Logout

Category Ref. #

From Date To Date

Ref. Num	State Name	District Name	Submitted Date	Discount
esicmimp00004	DELHI	NEW DELHI	03-10-2019	50%
esicmimp00002	DELHI	NEW DELHI	03-10-2019	25%
esicec00002	DELHI	NEW DELHI	03-10-2019	10,10%

After Successful verification of the OTPs, the user will be able to see the discount offered by the applicants.



User State District

From Date To Date

User Name	State	District	Time Stamp	IP address	Activity
rehman9807	DELHI	NEW DELHI	07/10/2019 02:26	157.43.93.127	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	07/10/2019 01:02	1.23.109.154	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	04/10/2019 14:11	103.82.125.139	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	03/10/2019 03:03	182.64.102.240	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	03/10/2019 00:50	47.31.188.39	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	01/10/2019 05:30	122.176.136.5	Viewed Financial Biddings.
Ab	DELHI	NEW DELHI	26/09/2019 00:05	182.68.200.151	Viewed Financial Biddings.
Bc	DELHI	NEW DELHI	25/09/2019 23:27	47.31.89.15	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	08/03/2019 02:38	10.26.50.29	Viewed Financial Biddings.
rehman9807	DELHI	NEW DELHI	07/03/2019 06:39	10.26.50.29	Viewed Financial Biddings.

This is a preview of the Access Log Page where the super admin user will be able to view the details of the users who have viewed financial biddings.

Admin Panel

(Slide 31-39)

Login Administrator



Username

Password

4b6vfd

Login

This is a preview of the Admin Panel login Page. The User will authenticate himself by entering his credentials on



Dashboard Log Details

Welcome in admin panel.

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

After Successful login, the user will be able to view the dashboard where multiple options are available to him.

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Category

All ▼

 Ref. #

From Date To Date

Search

Reset

Export to PDF

Ref. Num	State Name	District Name	Submitted Date	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	View Details	Download
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	View Details	Download

This is a preview of the Part 1 Applications where the admin user will be able to view the details of the applications received, and will also be able to download the documents uploaded by the user in a zip file.

- > Home
- > Part1(Applications Received)
- > Pre-Qualifying Applications
- > Part2(Financial Qualification)
- > Publish Role
- > Logout

Details	
Ref. #	esicec00002
Name	meghna
Address	Flat1
State	DELHI
City	NEW DELHI
Registration #	584545
Mobile	9312249006
Firm Name	meghna
Register with authority	Yes
GST applicatble	Yes
GST #	5454
PAN #	5155
Discount Listed (%)	10
Discount Unlisted (%)	10

ApprovePrintBack

After selecting the view details option in the previous screen, the application details will be displayed on the screen

- Home
- Part1(Applications Received)
- Pre-Qualifying Applications
- Part2(Financial Qualification)
- Publish Role
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Verify OTP

Enter OTP

After clicking on Approve on the previous screen, an OTP will be sent to the registered mobile number of the Admin User for authentication and after successfully verifying the OTP, the application will be approved..

- Home
- Part1(Applications Received)
- Pre-Qualifying Applications
- Part2(Financial Qualification)
- Publish Role
- Logout

Category

All

 Ref. #

From Date To Date

Search

Reset

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	View Details
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	View Details

This is a preview of the Pre-Qualifying Applications Tab where the approved Part 1 Applications will be displayed.

- > Home
- > Part 1 (Applications)
- > Pre-Qualifying Applications
- > Part 2 (Financial Bid)
- > Logout

Verify OTP

First User (OTP)	<input type="text"/>
Second User (OTP)	<input type="text"/>

Submit

When the user selects the Part 2 (Financial Bid) Tab, two OTPs will be fired to the registered mobile numbers of the

Category

All

 Ref. #

From Date To Date

Search

Reset

Export to PDF

Ref. Num	State Name	District Name	Submitted Date	Discount
esicmimp00004	DELHI	NEW DELHI	03-10-2019	50%
esicmimp00002	DELHI	NEW DELHI	03-10-2019	25%
esicec00002	DELHI	NEW DELHI	03-10-2019	10,10%

> Home

> Part1(Applications Received)

> Pre-Qualifying Applications

> Part2(Financial Qualification)

> Publish Role

> Logout

Form Type	Start Date	End Date	Modify
Insurance Medical Practitioner	2019-10-03	2019-10-06	Modify

Add New

This is a preview of the Publish Role Tab where the user will be able to add and modify the start and end date of the