



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



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

Date: 19.05.2025

**Notice inviting Expression of Interest (EOI) for Engagement/Empanelment of service providers/Private Practitioners (Insurance Medical Practitioners/Chemists/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 (Private Medical Practitioners/Chemists/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 Kendrapara(Dist Hqrs of Kendrapara),Paralakhemundi(Dist Hqrs. of Gajapati), Phulbani(Dist Hqrs. of Kandhamal), Nabarangpur(Dist Hqrs. of Nabarangpur)** in the state of Odisha.

The request for empanelment from Service Providers/Private Practitioners(Private Medical Practitioners/Chemists/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](http://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:

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

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](http://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](http://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

**AGREEMENT BETWEEN ESIC AND PRIVATE MEDICAL PRACTITIONER**

[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 \_\_\_\_\_, (full address), owning/ representing \_\_\_\_\_ (Name & address of the Clinic) (hereinafter referred to as the 'Registered Insurance Medical Practitioner' or 'registered IMP' under this 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 (IMP) has read the terms and condition of this Agreement, and has accepted to be engaged as an Insurance Medical Practitioner on the terms and conditions, and on the remuneration, hereinafter appearing in this agreement and which he/she has signed in token of acceptance of terms and conditions and the remuneration mentioned therein.

**WHEREAS** the registered IMP has agreed to provide Medical services to bonafide and eligible ESIC Beneficiaries at a rebate of \_\_\_\_\_ % ( \_\_\_\_\_ Percent) on the 'Rs. 500/- (Rupees Five Hundred only) per IP-Family per Year ceiling' and as per stipulated terms and conditions for a **period up to \_\_\_\_\_, on Contract basis.**

**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 Second Party 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.

- ii. The engagement of Second Party as registered Insurance Medical Practitioner will be purely contractual during the period of this contract. If either party seeks to terminate this 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 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.

**b. REMUNERATION:**

- i. 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. \_\_\_\_\_ /- (Rupees \_\_\_\_\_ 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.
- ii. 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.
- iii. Upon submission of monthly claims, payment of eligible amount will be made on-line 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).
- iv. The Second Party 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.
- v. The Second Party would receive monthly remuneration from the First Party based on average number of attached eligible IPs with the Second Party 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 1<sup>st</sup> 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 1<sup>st</sup> day of February and that of March is to be accounted. The count on 1<sup>st</sup> 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 1<sup>st</sup> 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 pro-rata 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

- vi. At no point of time the Second Party would be entitled for remuneration in excess of 2000 eligible IP family-units as attached to the Second Party as defined by System/Application.
- vii. Non-attached IP or his family member may be treated as a private patient by the Second Party for which the First party 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.

**c. THE SCOPE OF SERVICES:**

The Second Party 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.

**d. 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 (IMP), within 15 days of receipt of complete and correct remuneration Claim from the Second Party.

**e. LISTED MEDICINES AND INVESTIGATIONS:**

Normally, the Second Party (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”.

**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. PROPRIETARY INFORMATION.**

All work performed under this Agreement, including without limitation to all notes, reports, medical records, documentation, drawings, computer programs, inventions, creations, works, devices, models, work-in-progress and deliverables will be the sole property of ESIC, and the FIRST PARTY hereby assigns to the SECOND PARTY rights to perform and discharge all medical and clinical duties towards the patients (ESIC Beneficiaries).

**h. 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**

**SIGNATURE OF SECOND PARTY**

**DATE:**

**DATE:**

**PLACE:**

**PLACE:**

**WITNESS 1:**

**WITNESS 2:**

**NAME :**

**NAME:**

**DATE :**

**DATE :**

**PLACE :**

**PLACE :**

**WITNESS 3:**

**WITNESS 4:**

**NAME :**

**NAME:**

**DATE :**

**DATE :**

**PLACE :**

**PLACE :**

## **THE SCOPE OF SERVICES & OTHER DUTIES OF THE SECOND PARTY (IMP)**

### **A. SCOPE OF SERVICES:**

The Second Party (IMP) shall provide the services (the “Services”) as follows:

- 1) The Second Party (IMP) shall provide Out Patient Medical treatment & services in his private clinic / premises without charging any fees from the eligible and bonafide Insured Persons of ESIC and their dependent family members’ (the “Beneficiaries”) as attached/tagged to him (by the employer/ESIC or otherwise) in the Employers portal of Insurance module of Panchdeep. The IMP shall also provide First Aid and Basic Life Support Services to the Beneficiaries who shall need treatment in case of an accident or any other emergency as per law of the land.
- 2) The IMP shall be provided with user credentials (User ID & Password, etc.) through valid e-mail ID and/or working Mobile number by ESIC to access “Dhanwantri Mobile App” and work for ESIC (refer and report to ESIC as per work assigned in this agreement). IMP shall download ESIC “Dhanwantri Mobile App” in his/ her Smartphone with Android OS from Google Play store & log-in into it. 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.
- 3) Beneficiary shall always carry the ‘Health Passbook’ (A small booklet of A5 size approx. containing about 100 pages with system generated beneficiary credentials affixed on it) every time he visits the IMP/ dispensary. IMP shall use the Health Passbook as a tool for identifying the credentials of the ESI beneficiary and record clinical findings & consultation advice.
- 4) The system generated credentials on the Health Passbook displays 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. Normally, the validity of the Health Passbook is printed on the Health Passbook and is till the last day of the current eligible Benefit Period corresponding to the previous Contribution Period.
- 5) The IMP may also verify the authenticity of the Beneficiary from the e-Pehchaan Card (I Card of ESIC) issued to the Insured Person (IP)/ Insured Women (IW). Each IPFamily unit shall have one common e-Pehchaan card but each member of the family including IP shall have separate Health Passbook containing UHID Number.
- 6) In case of doubt, additional government issued photo-identity proof may be sought to verify identity and prevent unethical practices or impersonation.
- 7) At the time of visit of tagged and eligible IP/beneficiary to the IMP, the IMP will enter in the App, the Insurance/UHID Number of the beneficiary or scan the QR code available on the Credentials page of the “Health Pass book” to check eligibility using “Dhanwantri App”.

- 8) The IMP shall proceed further and capture certain clinical information including provisional ailments from International classification of disease (ICD-10) in drop box as given in the App, based on complaints and clinical examination of patient.
- 9) IMP will prescribe medicines in the beneficiary's Health passbook, manually, as per prescribed list of drugs and investigations as published by ESIC from time to time. When drugs or investigations are prescribed from the specified list, the beneficiary gets the services cashless from the empanelled Chemist (eC) or Diagnostic centre (eDC).
- 10) The drugs are to be prescribed in standard Generic Name, other than in exceptional or unavoidable circumstances. Prescribing in brand names is highly discouraged for administrative and clinical reasons.
- 11) All drug and test names are to be prescribed in the Health Passbook in clear legible writing, preferably in capital letters. The consequences of illegible prescription writing shall be that of the IMP.
- 12) Thereafter, in the Dhanwantri App, IMP will input count (number) of listed and unlisted drugs or diagnostic investigations as prescribed in the health pass book of IP/ family member.
- 13) The IMP shall also capture information in the Dhanwantri app about a suspected Occupational Disease (OD) (as per the definition of Occupational Disease) and Employment Injury (EI) (As per definition of Injury sustained during in-job performance), over and above documenting the same in the health passbook. A prior knowledge on OD and EI as per ESI Context is not only essential but also has legal and administrative consequences.

#### *SICKNESS CERTIFICATE*

- 14) If certificate of leave ['Sickness Certificate' as per definition of ESIC] needs to be prescribed in the prescribed certificate booklet manually, IMP must also input the Sickness Certificate number (as mentioned on the leaf of the certificate book) along with recommended number of days of rest in the Dhanwantri App. IMP must be judicious while recommending leave. In a single spell, leave recommendation must not exceed 7 days in one event of sickness, and it should not exceed 30 days in a year).
- 15) Through Mobile App the IMP shall also capture information about "Maternity Certificate" and other stipulated Certificates that has been prescribed in the specified Certificate Booklet provided/issued by DCBO/ RD Office.
- 16) Sickness/Maternity certificate, unlike ordinary medical certificate is a highly regulated document based on defined logic and nomenclature. Issuance of Sickness /Maternity Certificate needs knowledge about ESI Scheme rules and must be learnt from the ESIC Office. Misuse or wrong use shall bring in complications and legal /administrative consequences. Issuance of regulated Sickness / Maternity Certificate is permissible to Insured Person (including Insured Women) only, as the case may be, and not to the Family Members. However, normal medical certificate may be issued on the letterhead of the IMP to family members, which has no bearing on cash benefits and liability on ESIC. Issuance of Sickness / Maternity certificate shall be subject to remote

verification by Medical Referee/ DCBO doctor, or other officer of ESIC/ESIS. The resulting Cash benefit, if any shall be directly deposited in the bank account of the IP and shall be regulated. Issuance of lax/bogus certification by IMP is a criminal offence and all certifications shall be under constant scrutiny.

- 17) During the contract period the used Sickness/Maternity Certificate Booklet with carbon copies of certificates issued must be returned by IMP along with the filled in form ('Annexure 3') to the ESIC office which has issued the booklet. Similarly, at the end of the contract of the IMP, the Certificate Booklet with unused leaflets must be returned to the ESIC Office along with the prescribed the form (**Annexure 3**). It must be understood that the certificate booklets are important document that needs to securely kept and appropriately maintained to prevent any legal or financial liabilities on the IMP.

#### *REFERRAL*

- 18) In case the illness/condition of the patient is such that it requires treatment that is not within the IMP's obligations/capacity or a referral is required to higher center (except in emergency) for secondary or tertiary medical care, he may inform the patient and refer him to the nearest ESIC/ESIS Hospital/ Dispensary cum Branch Office (DCBO) of the district for further necessary action. The same has to be recorded in the Health Passbook and also in the mobile App in the remarks field.
- 19) The IMP may refer beneficiaries who require consultation with Medical Referee (MR). He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query raised by the MR in regard to any prescription or certificate issued by him or any statement made in any report furnished by him under these terms of service. The same has to be recorded in the Health Passbook and also in the mobile App in the remarks field.

#### *OTHER PROCESSES*

- 20) Once manual documentation in the health passbook is complete, IMP shall capture (scan & upload function) clear and visible photograph(s) of
  - a. prescription page of the health pass book and
  - b. also the beneficiary holding prescription page in his/her handin the 'Dhanwantri App', and click Complete to end the process. The check-in number shall be generated at this stage in the App **which needs to be recorded in the Health Passbook**. This number shall also get reflected for further action by the empaneled Chemist / Diagnostic Centre.
- 21) In all cases, the top of the prescription page of the Health pass book should be stamped with details of patient's name, age, gender, date, check in number, sickness certificate number and the number of days of rests (if any) duly filled in by IMP. A

sample design of the stamp is produced below:

XXXXXXXXXXXXXXXXXXXXXXXXX **IMP CLINIC**

Name \_\_\_\_\_

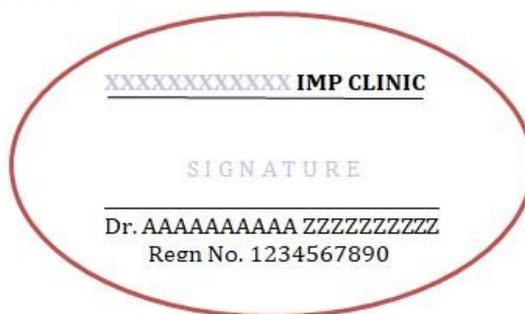
Age \_\_\_\_\_ Gender:  M /  F /  T

Check-in No. \_\_\_\_\_ Date \_\_\_\_\_

Sickness Certificate No. \_\_\_\_\_

Duration of Rest \_\_\_\_\_

Besides clinical finding and recommended drugs/ diagnostic procedures the prescription should end with sign and named stamp of the IMP. A sample design of the stamp is represented below:



- 22) *IMP should take note of the fact that until realization of reimbursement by ESIC, prescribing unlisted drugs/ diagnostic procedures would cause additional financial burden on IP and in extreme cases IP may even prefer attachment with some other IMP or file complaint with employer/ ESIC.*
- 23) The Regional Office/DCBO, at the time of empanelment of an empaneled Chemist (eC) / Diagnostic Centre (eDC), shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eC/eDC. More than one eC and/or eDC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition.
- 24) Along with IMP's prescription in Health Pass Book, the IP/Beneficiary shall visit the designated eC / eDC respectively for availing services. Similar to that of IMP Clinic, both eC and eDC will also have to download the ESIC "Dhanwantri" app to log-in with the ESIC issued user credentials.
- 25) If unlisted drugs or investigation is required to be prescribed by the IMP in special circumstances, the beneficiary shall have either of the two options: To pay from pocket and avail the drugs / services from the eC/eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt and prescription on the Health Passbook; OR, avail these from DCBO, free of cost. This implies that 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.

- 26) The IMP shall report death of an insured person or a family member and forward the Medial Record to the concerned Branch Manager, ESIC Branch Office within 7 days. A copy of the same should also be sent to the RD, ESIC/Director, ESIS Medical Services.

#### **B. GENERAL DUTIES AND RESPONSIBILITIES:**

- i. The Second Party (IMP) will engage himself/herself in the treatment of IPs and their family members efficiently and diligently. He/she will devote his/her time during the assigned clinic hours to his/her work and duties.
- ii. The IMP as a medical doctor shall have an **obligation of means** toward his patients, not an obligation of result. This means that the IMP shall take appropriate steps available to make the right diagnosis, provide treatment and follow-up on the patients' progress.
- iii. The IMP must treat their patients attentively and conscientiously. He / She shall prescribe the right medication, tell patients about the advantages, disadvantages, risks and alternatives regarding a proposed treatment or operation, and provide adequate follow-up to the patient within a reasonable amount of time. He / She must give the patients all the information such as diagnosis, nature, goal and seriousness of the treatment, risks of the treatment, other treatment options so as to help them make free and informed decisions.
- iv. The IMP shall maintain the duty of professional secrecy and respect his/her patients' confidentiality. This duty covers both the information which patients tell their doctor and any facts doctor discovers about the patients as part of the doctor-patient relationship. It must be understood that the Professional secrecy belongs to the patient, not the doctor. Doctor shall reveal what the patients tell them, unless the patients waive the confidentiality of the information or if the law allows it (i.e. *Public Health* agencies).
- v. The IMP shall maintain trust. He shall never abuse patients' trust in him/her or the public's trust in the profession. He should be honest and open and act with integrity. He/She shall never discriminate unfairly against patients or colleagues.
- vi. The IMP will abide by the rules pertaining to the Professional Conduct, Etiquette and Ethics as notified under Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, and amendments made thereto from time to time.

- vii. The IMP shall be governed by the Professional liability (PL) clause as defined in the Law from time to time for the professional failure resulting in damages to the patients who are required to be compensated monetarily.

**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

## **Remuneration Claim Form for empanelled IMP (mIMP Scheme)**

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

\_\_\_\_\_  
\_\_\_\_\_  
PIN \_\_\_\_\_

**Sub: Claim for Remuneration for providing Medical Services for the Month & Year 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 Prescribed Proforma – X)
2. Mandate Form (as per Annexure 2)
3. \_\_\_\_\_

Yours Sincerely,

Date:

Place:

Signature:

Name: \_\_\_\_\_

MCI Registration No. \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

**Claim Submission Form (for IMP) for the Month & Year 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	H
Count of eligible IP Family Units tagged on the 1 <sup>st</sup> day of the month of Claim / 1 <sup>st</sup> day of appointment	Count of eligible IP Family Units tagged on the 1 <sup>st</sup> 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

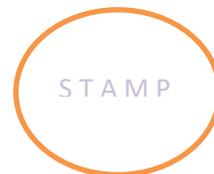
\*\*Claimed Amount is to be calculated as per following formula =

$$\left[ \frac{\text{Rs. 500}}{12} \right] \times \left[ \frac{(100 - \text{Rate of Discount})}{100} \right] \times \left[ \frac{\text{No of Days in the - No of days of absence\#}}{\text{No of days in the month}} \right] \times \left[ \text{Average IP Count (C)} \right]$$

# 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 \_\_\_\_\_



**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,

In case of Return

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 request

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

Thanking you.  
Enclosure(s): Used/ unused Certificate Booklet

Yours Sincerely,

Date:  
Place:

Signature:  
Name: \_\_\_\_\_  
MCI Registration No. \_\_\_\_\_  
Mobile No.: \_\_\_\_\_  
Email ID: \_\_\_\_\_

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: \_\_\_\_\_

**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 <sup>st</sup> day of the month of claim/ 1 <sup>st</sup> day of appointment	Count of eligible IP Family Units tagged on the 1 <sup>st</sup> 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 1<sup>st</sup> 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 received 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.: \_\_\_\_\_

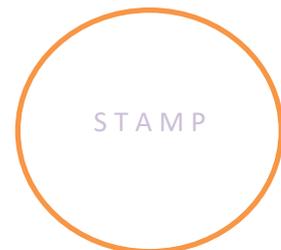
Email ID: \_\_\_\_\_

**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 (WESTEREGREN); 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

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

**AGREEMENT BETWEEN ESIC AND CHEMIST**  
**[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 & address \_\_\_\_\_ S/O,D/O,W/O \_\_\_\_\_ Resident of \_\_\_\_\_, representing \_\_\_\_\_ (Name of Chemist / Pharmacy & address), designation / in the capacity of \_\_\_\_\_ [hereinafter referred to as the 'empanelled Chemist (eC) 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 (eC) has read the terms and condition of this Agreement, and is willing to be engaged as **an empaneled Chemist** 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 Chemist 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 Chemist 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 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.

**b. THE SCOPE OF SERVICES:**

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.

**c. LISTED MEDICINES:**

The SECOND PARTY (eC) shall supply '**Listed Drugs**' as per **"Annexure B"** to the ESI beneficiaries free of cost and charge ESIC at flat \_\_\_\_\_ ( in words ) % discount on the MRP 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 at flat \_\_\_\_ ( in words ) % discount on the MRP printed on the Drug/medicine package, as agreed upon by him and on the basis of quote approved by ESIC.

**d. OTHER TERMS & CONDITIONS**

1. The SECOND PARTY (eC) agrees to supply Allopathic Drugs, Dressings and Consumables to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme.
2. The eC understands 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.
3. 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.
4. 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.
5. 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.

6. The eC 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 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.
9. The eC shall ensure that supplies of Medicines as and when required, to be made in original packing of manufacturer. The eC acknowledges 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.
10. The second party agrees that, in case of failure or refusal by second party 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. Irregular supplies/ failure to fulfill the terms of contract may entail for closure of contract.
11. The eC acknowledges that 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.
12. The eC undertakes that under any circumstances if his/her license for executing business is cancelled/ suspended by any authority / Govt., this contract shall be terminated automatically.
13. The eC understands that the it shall be liable for administrative action 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.
14. The eC 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 supplying sub- standard medicines.
15. The eC undertakes that he/she has not been convicted by any court of law in any matter related to supplying sub- standard Medicines/Other items or on any other grounds.
16. The eC 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 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.

**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 Agreement, 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**

**SIGNATURE OF SECOND PARTY**

**DATE:**

**DATE:**

**PLACE:**

**PLACE:**

WITNESS 1:

WITNESS 2:

NAME:

NAME:

DATE:

DATE:

PLACE:

PLACE:

WITNESS 3:

WITNESS 4:

NAME:

NAME:

DATE:

DATE:

PLACE:

PLACE:

**THE SCOPE OF SERVICES FOR EMPANELLED CHEMIST (eC)**

**A. SCOPE OF SERVICES:**

1. eChemist will download the ESIC “Dhanwantri” mobile app from Google Playstore into his Android 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 eC 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 eChemist for availing medicine/services.
3. At the time of visit by patient (ESI Beneficiary), eChemist will check ‘health passbook’ where the drugs 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/drug 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 Chemist 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, he shall dispense only the **prescribed** drugs on the Health Passbook. He shall prepare bill/invoice through his own system and obtain beneficiary’s signature on the cash memo as proof of delivery while handing over the medicines.
6. Against the Check-in number of a patient in the ‘Dhanwantri Mobile App”, the eC shall enter the cash memo (bill) number and date, amount/cost of the dispensed drugs taking account of the rebate/discount on MRP as agreed upon. Thereafter, using mobile camera in the Dhanwantri App eC 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 eChemist has issued “Listed” or unlisted drugs. However, the “Listed” drugs are to be issued cashless without charging anything to the beneficiary and original Bill / Cash memo needs to be retained by the eC for submission to ESIC later to claim reimbursement.
8. Original Bill / Cash-memo shall be required to be handed over to the Beneficiary when unlisted prescribed drugs are purchased by the Beneficiary with the agreed upon discounted rate on MRP, paying from his pocket.
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. eC 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.
11. At the end of the calendar month in which services rendered, and within 7 days of the next calendar month the eC shall submit claim in the prescribed format to Branch office/ DCBO/Regional Office for processing of payment.
12. The eC 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 1<sup>st</sup> week of every subsequent month. The claim should be supported with summary statement (may also be generated through mobile app), medicines bill(s) and the proof of receipt of medicines 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 eC are required to be submitted mandatorily.

**SIGNATURE OF FIRST PARTY**

**SIGNATURE OF SECOND PARTY**

**DATE:**  
**PLACE:**

**DATE:**  
**PLACE:**

WITNESS 1:  
NAME:  
DATE:  
PLACE:

WITNESS 2:  
NAME:  
DATE:  
PLACE:

WITNESS 3:  
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 Chemist (mIMP Scheme)**

To,  
The In charge,  
BO/DCBO, \_\_\_\_\_,  
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 Prescribed Proforma – Y)
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.: \_\_\_\_\_

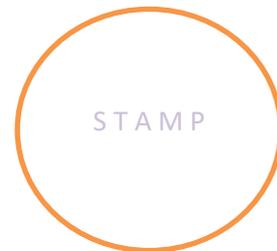
Email ID: \_\_\_\_\_

**Claim Submission Form (for empaneled Chemist)**  
**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 \_\_\_\_\_



**“Annexure B”**

**ESIC Essential drug List (Detailed) (Subject to modification from time to time)**

Sl. No.	Sub Category Name	Generic Name	Indicative Brand Names
1	CAPS/TAB - ANTI COAGULANTS/ANTI-THROMBOTICS	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 75mg.	Such As: ASA 75mg, Aspirin 75mg, Eprin 75mg, Sprin 75mg, etc.
2	CAPS/TAB - ANTI COAGULANTS/ANTI-THROMBOTICS	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 100mg.	Such As: Aspin Tab. 100mg, Manospirin Tab., Colsprin Tab., Alpyrin Tab., etc.
3	CAPS/TAB - ANTI COAGULANTS/ANTI-THROMBOTICS	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 150mg.	Such As: Ecosprin 150 Tab., Vasoprin Tab., Manospirin ER Tab., Nusprin Tab., etc.
4	CAPS/TAB - NON-OPIOID ANALGESIC	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 300mg.	Such As: Aspirin 300mg., etc.
5	CAPS/TAB - NON-OPIOID ANALGESIC	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 325mg.	Such As: Ecosprin 325 Tab., Cotasprin Tab., etc.
6	CAPS/TAB - NON-OPIOID ANALGESIC	Acetyl Salicylic Acid (Aspirin) Caps/Tab. 500mg.	Such As: Aspirin 500mg, Otaspirin, etc.
7	CAPS/TAB - DRUGS ACTING ON JOINTS	Allopurinol Caps/Tab. 100mg.	Such As: Galoric Tab., Zyloric 100 Tab., Purinol Tab., Ranloric Tab., etc.
8	CAPS/TAB - DRUGS ACTING ON JOINTS	Allopurinol Caps/Tab. 300mg.	Such As: Zyloric 300 Tab., Aloric 300 Tab., Purinol Tab., Alloric Tab., etc.
9	CAPS/TAB - ANTI DEPRESSANTS	Amitriptyline Caps/Tab. 10mg.	Such As: Valine 10 Tab., Amitor 10 Tab., Raitrip 10mg., Amiline Tab., etc.
10	CAPS/TAB - ANTI DEPRESSANTS	Amitriptyline Caps/Tab. 25mg.	Such As: Amitryp 25 Tab., Amoten 25 Tab., Tryptomer 25mg. Tab., etc.
11	CAPS/TAB - ANTI DEPRESSANTS	Amitriptyline Caps/Tab. 50mg.	Such As: Tryp 50mg. Tab., Amypres 50mg. Tab., Tridep Tab., Amitor Tab., etc.
12	CAPS/TAB - ANTI DEPRESSANTS	Amitriptyline Caps/Tab. 75mg.	Such As: Tridep 75mg, Tryp 75mg, Amypres 75mg. Tab., Amitor 75 Tab., etc.
13	CAPS/TAB - ANTIHYPERTENSIVES	Amlodipine Caps/Tab. 2.5mg.	Such As: Amlokind 2.5mg, Numlo 2.5mg, Ampine Tab., Myodipine Tab., etc.
14	CAPS/TAB - ANTIHYPERTENSIVES	Amlodipine Caps/Tab. 5mg.	Such As: Amlomay Tab., LAMA 5 Tab., Stamlo 5mg. Tab., Amdep 5 Tab., etc.
15	CAPS/TAB - ANTIHYPERTENSIVES	Amlodipine Caps/Tab. 10mg.	Such As: Amodep 10mg, Amlokind 10mg, Neocard 10 Tab., Amlokos 10 Tab., etc.
16	CAPS/TAB – ANTIBIOTICS	Amoxycillin Caps/Tab. 250mg.	Such As: Idimox 250 Tab., Remox 250mg, Dynamox 250 Cap., Moxibiotic 250 Tab., etc.
17	CAPS/TAB – ANTIBIOTICS	Amoxycillin Caps/Tab. 500mg.	Such As: Idimox 500 Tab., Delamin 500mg, Mormox 500 Cap., Amoxil 500 Cap., etc.
18	SYRUP/SUSPENSION – ANTIBIOTICS	Amoxycillin Syp/Susp. 250mg./5ml.	Such As: Moxired Syp., Mox 250 Syp., Elmox 250 Syp., etc.
19	CAPS/TAB - BETA BLOCKERS	Atenolol Caps/Tab. 50mg.	Such As: Aten 50mg. Tab., Cardinol Tab., Atekind 50 Tab., Telol 50 Tab., etc.
20	CAPS/TAB - BETA BLOCKERS	Atenolol Caps/Tab. 100mg.	Such As: Beta 100mg, Atcardil 100mg, Atelol 100 Tab., Partenol 100 Tab., etc.
21	CAPS/TAB - HYPOLIPIDAEMIC DRUG	Atorvastatin Caps/Tab. 10mg.	Such As: ATV 10 Tab., Lipicure TZ Tab., Relextor 10 Tab., Rosustat 10 Tab., etc.
22	CAPS/TAB - HYPOLIPIDAEMIC DRUG	Atorvastatin Caps/Tab. 20mg.	Such As: Atorin 20 Tab., Zimostat 20 Tab., Stator 20mg. Tab., Avas 20mg. Tab., etc.
23	CAPS/TAB - HYPOLIPIDAEMIC DRUG	Atorvastatin Caps/Tab. 40mg.	Such As: Stator 40mg, Tonact 40mg, Aztor 40 Tab., Storvas 40 Tab., etc.
24	CAPS/TAB – ANTIBIOTICS	Azithromycin Caps/Tab. 250mg.	Such As: A Thromicin 250 CapTab., Benzithro 250 CapTab., Rowin 250 Tab., Aziwok 250 Tab., etc.
25	CAPS/TAB – ANTIBIOTICS	Azithromycin Caps/Tab. 500mg.	Such As: A Thromicin 500 CapTab., Rowin 500 Tab., Zithromax Tab., Azyxin 500 Tab., etc.
26	SYRUP/SUSPENSION – ANTIBIOTICS	Azithromycin Syp/Susp. 200mg./5ml.	Such As: Bactrocin Susp., Azest Susp., Azysafe Susp., Azibact Syp., etc.
27	LOTION - SCABICIDES/ PEDICULOCIDES & ANTI-DANDRUFF	Benzyl Benzoate Lotion 25% -100ml.	
28	CAPS/TAB – MINERALS	Calcium Carbonate Caps/Tab. 250mg.	Such As: Calcium Sandoz 250mg), Bonycal 250mg, Intacia 250mg., Cal D 250 Tab., etc.
29	CAPS/TAB – MINERALS	Calcium Carbonate Caps/Tab. 500mg.	Such As: Bonycal 500mg, Calcium Sandoz 500mg, Cal D 500 Tab., Rocal 500 Tab., etc.
30	CAPS/TAB - ALLERGIC DISORDERS	Cetirizine Caps/Tab. 10mg.	Such As: Cetzine 10mg. Tab., Defal 10mg. Tab., Idicet 10mg. Tab., Cetrizine 10 Tab., etc.
31	SYRUP/SUSPENSION - ALLERGIC DISORDERS	Cetirizine Syp/Susp. 5mg./5ml. -60ml.	
32	CAPS/TAB - ANTI-MALARIAL	Chloroquine Caps/Tab. 150mg.	Such As: Lariago 250mg, Chloroquin 250mg, etc.

33	SYRUP/SUSPENSION - ANTIMALARIAL	Chloroquine Syp/Susp. 50mg./5ml.	Such As: Hiquine Syp., Mediquine Syp., etc.
34	CAPS/TAB - ALLERGIC DISORDERS	Chlorpheniramine Maleate Caps/Tab. 4mg.	Such As: Cadistin 4mg Tab., CPM 4mg Tab., Piriton 4mg. Tab., Chlorphenemine 4mg. Tab., etc.
35	SYRUP/SUSPENSION - ALLERGIC DISORDERS	Chlorpheniramine Maleate Syp/Susp. 2mg./5ml.	Such As: Polaramine 50ml, Trigenic Drops 15ml, etc.
36	CAPS/TAB – VITAMINS	Cholecalciferol (Vit. D3) Caps. 1000IU.	Such As: Uprise D3 Caps., Romical Plus., etc.
37	SACHET – VITAMINS	Cholecalciferol (Vit. D3) Sachet 60,000IU.	Such As: Mcirol 60000IU. Sachet, Calcirol 1gm, D3 Up. Sachet., Caldikind Sachet, etc.
38	CAPS/TAB – ANTIBIOTICS	Ciprofloxacin Caps/Tab. 250mg.	Such As: Ciporal 250 Tab., Ciprobid 250mg, Ciproplus 250 Tab., Zoxan 250 Tab., etc.
39	CAPS/TAB – ANTIBIOTICS	Ciprofloxacin Caps/Tab. 500mg.	Such As: Cifran 500 Tab., Ciplox 500mg. Tab., Ciporal 500 Tab., Ceplox 500 Tab., etc.
40	SYRUP/SUSPENSION – ANTIBIOTICS	Ciprofloxacin Syp/Susp. 250mg./5ml.	Such As: Ciprodex 60ml., Suncip 50ml., Ziprex 60ml., Rebac Syp., etc.
41	EYE DROPS – EYE	Ciprofloxacin Eye/Ear Drop 0.3%	Such As: Zoxan EyeDrop -5ml., Cifran Eye/Ear Drop, Ciporal Eye/Ear Drop -5ml., Ciprowin Eye/Ear Drop, etc.
42	CREAM/OINT/GEL – EYE	Ciprofloxacin Eye Cream/Oint/Gel. 0.3%	Such As: Ciplox Eye Oint. -5gm., Ciprofloxacin Eye Oint. 0.3%, Daplox Eye Oint. -5gm., Adiflox Eye Oint., etc.
43	CAPS/TAB - LOCAL DRUGS FOR VAGINA AND CERVIX	Clotrimazole VaginalTab. 100mg.	Such As: Clogen 100mg, Nuforce V6 100mg, Clotromin V6 Tab., Fungnil V 100 Tab., etc.
44	CREAM/OINT/GEL - TOPICAL ANTIFUNGAL	Clotrimazole Cream/Oint/Gel. 1%	Such As: Canazole Skin Cream 15gm, Surfaz Skin Cream 15gm, Ctzole Cream, Imidil Plus Cream, etc.
45	EAR DROPS – EAR	Clotrimazole EarDrop 1%	Such As: Surfaz EarDrop -10ml., , , , etc.
46	CAPS/TAB – ANTIBIOTICS	Cloxacillin Caps/Tab. 250mg.	Such As: Ampoxin 250mg, Clopen 250 Cap., Neoclox 250 Cap., Klox 250 Cap., etc.
47	CAPS/TAB – ANTIBIOTICS	Cloxacillin Caps/Tab. 500mg.	Such As: Nodimox Plus 500mg, Klox 500 Cap., Neoclox 500 Cap., Clopen 500 Cap., etc.
48	SYRUP/SUSPENSION – ANTIBIOTICS	Cloxacillin Dry Syp/Susp. 125mg./5ml.	Such As: Maxclox Dry Syp., Polyklox Dry Syp., Clopen Syp., Klox Syp., etc.
49	CAPS/TAB – ANTIBIOTICS	Cotrimoxazole (Trimethoprim 80mg. and Sulphamethoxazole 400mg.) Caps/Tab.	Such As: Septran Tab., etc.
50	CAPS/TAB – ANTIBIOTICS	Cotrimoxazole (Trimethoprim 160mg. and Sulphamethoxazole 800mg.) Caps/Tab.	Such As: Duocidal DS Tab., Sepmax DS Tab., etc.
51	SYRUP/SUSPENSION - ANTIBIOTICS	Cotrimoxazole Syp/Susp.- Trimethoprim 40mg., Sulphamethoxazole 200mg. (Per 5ml) - Syp/Susp. -60ml.	Such As: Methoxaprim Susp. -60ml., etc.
52	CAPS/TAB – CORTICOSTEROIDS	Dexamethasone Caps/Tab. 0.5mg.	Such As: Dexacip 0.5mg, Decicort 0.5mg, Wymesone 0.5mg., Dexasone 0.5mg., etc.
53	CAPS/TAB - NON-OPIOID ANALGESIC	Diclofenac Sodium Caps/Tab. 50mg.	Such As: Idinac 50mg. Tab., Voveran 50 Tab., Haloran 50 Tab., Runac 50 Tab., etc.
54	INJ - NON-OPIOID ANALGESIC	Diclofenac Sodium Inj. 25mg./ml.	Such As: Dicloveron 25 Inj. -3ml., Dicolab 25 Inj. -3ml., Dicor 25 Inj. -3ml., Voveran Inj. -3ml., etc.
55	CAPS/TAB - ANTISPASMODIC/DRUGS MODIFYING INTESTINAL MOTILITY	Dicyclomine HCl. Caps/Tab. 10mg.	Such As: Diospas Tab. 10mg, Efespas Tab. 10mg, etc.
56	SYRUP/SUSPENSION - ANTI-SPASMODIC/DRUGS MODIFYING INTESTINAL MOTILITY	Dicyclomine HCl. Syp/Susp. 10mg./5ml. -30ml.	Such As: Meftal Spas Drops 10ml, Cyclopam Susp 30ml, Cymotin Drops., etc.
57	CAPS/TAB - ANTI EMETICS	Domperidone Caps/Tab. 10mg.	Such As: Domstal 10 Tab., Redom 10 Tab., Nudom 10 Tab., Vomidon 10 Tab., etc.
58	SYRUP/SUSPENSION - ANTI EMETICS	Domperidone Syp/Susp. 1mg./ml. 60ml.	Such As: Domstal 30ml, Vomistop 30ml, Tridom 30ml., Normetic 30ml., etc.
59	CAPS/TAB – ANTIBIOTICS	Doxycycline Caps/Tab. 100mg.	
60	SYRUP/SUSPENSION – ANTIBIOTICS	Doxycycline Dry Syp/Susp. 50mg./5ml.	Such As: Doxicip 10ml, Minicycline 30ml, etc.
61	CAPS/TAB - HAEMATINICS/ERYTHROPOIETICS	Ferrous Salt Eqv. To Elem. Iron 60mg. Caps/Tab.	
62	SYRUP/SUSPENSION - HAEMATINICS/ERYTHROPOIETICS	Colloidal Iron Eqv. To Elem. Iron 250mg., Folic Acid 500mg., Vit. B12 5mcg. (Per ml.) -Drops	Such As: Tonoferon Drops, Feritin 150ml, etc.
63	CAPS/TAB - VASO CONSTRICTOR/MIGRAINE	Flunarizine Caps/Tab. 5mg.	Such As: Migrazine 5mg, Migarid 5mg, Nariz 5mg. Tab., Flunarin 5mg. Tab., etc.
64	CAPS/TAB - VASO CONSTRICTOR/MIGRAINE	Flunarizine Caps/Tab. 10mg.	Such As: Fluzin Tab., Migazin Tab., Nariz 10mg. Tab., Flunarin 10mg. Tab., etc.
65	CAPS/TAB – VITAMINS	Folic Acid Caps/Tab. 5mg.	Such As: Folitab 5mg. Tab., Folvite 5 Tab., Facitab 5mg., Neofol 5mg., etc.
66	CREAM/OINT/GEL - ANTI INFECTIVE PREPARATIONS	Framycetin Sulph. Cream/Oint/Gel. 1%	Such As: Soframycin Cream -30gm., Soframycin -20gm., etc.

67	CAPS/TAB – DIURETICS	Furosemide Caps/Tab. 40mg.	Such As: Frunex Tab., Lasix 40 Tab., Lasiwin Tab., etc.
68	SYRUP/SUSPENSION - URINARY SYSTEM	Furosemide Syp/Susp. 10mg./ml.	Such As: Furaped Syp. 10mg./ml. -30ml., Fursimide Syp. -30ml., etc.
69	INJ – DIURETICS	Furosemide Inj. 10mg./ml.	Such As: Fru 20 Inj. -2ml., Frunex Inj. -2ml., Frusix Inj. 2ml., Lasix 10mg. Inj. -2ml., etc.
70	EYE DROPS – EYE	Gentamicin Eye/Ear Drop 0.3%	Such As: Genteye Eye/ear Drop, Merigenta Eye/Ear Drop, Norget EyeDrop, Gentelab Drop, etc.
71	CAPS/TAB - HYPO-GLYCAEMICS	Glimepiride Caps/Tab. 1mg.	Such As: Idiglim 1 Tab., Zimeprid 1 Tab., Prichek 1 Tab., Ziglim 1 Tab., etc.
72	CAPS/TAB - HYPO-GLYCAEMICS	Glimepiride Caps/Tab. 2mg.	Such As: Bryl 2 Tab., Rhypride 2 Tab., Zimeprid 2 Tab., Ziglim 2 Tab., etc.
73	CAPS/TAB – DIURETICS	Hydrochlorothiazide Caps/Tab. 12.5mg.	Such As: Aquazide 12.5mg. Tab., Xenia 12.5mg. Tab., Hydrazide 12.5 Tab., Hydride 12.5 Tab., etc.
74	CAPS/TAB – DIURETICS	Hydrochlorothiazide Caps/Tab. 25mg.	Such As: Bpzide 25 Tab., Xenia 25mg. Tab., Bezide 25mg. Tab., Hydrazide 25 Tab., etc.
75	CAPS/TAB - ANTISPASMODIC/DRUGS MODIFYING INTESTINAL MOTILITY	Hyoscine Butyl Br. Caps/Tab. 10mg.	Such As: Decolic Tab., Buscopan 10 Tab., Hyoswift 10 Tab., Hyospan Tab., etc.
76	CAPS/TAB - NON-OPIOID ANALGESIC	Ibuprofen Caps/Tab. 200mg.	Such As: Brufen 200mg. Tab., IBF 200mg. Tab., Ibupal 200 Tab., Rebufen 200 Tab., etc.
77	CAPS/TAB - NON-OPIOID ANALGESIC	Ibuprofen Caps/Tab. 400mg.	Such As: Brufen 400mg. Tab., IBF 400mg. Tab., Ibupal 400 Tab., Rebufen 400 Tab., etc.
78	SYRUP/SUSPENSION - NONOPIOID ANALGESIC	Ibuprofen Syp/Susp. 100mg./5ml. 60ml.	Such As: Brufen Susp. 100mg./5ml. -60ml., Gesic Susp. -60ml., Ibuswiss Susp. -60ml., Ibugesic 60ml., etc.
79	CAPS/TAB - ANTI-ANGINAL DRUGS	Iso Sorbide Dinitrate Tab. 5mg.	Such As: Anzidin 5 Tab., Isordil 5 Tab., Sorbitrate 5mg. Tab., Ditratre 5mg., etc.
80	CAPS/TAB - ANTI-ANGINAL DRUGS	Iso Sorbide Dinitrate Tab. 10mg.	Such As: Anzidin 10 Tab., Sorbitrate 10mg. Tab., Isordil 10 Tab., Ditratre 10mg., etc.
81	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 12.5mcg.	Such As: Thyrox 12.5mcg , Thyronorm 12.5mcg, etc.
82	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 25mcg.	Such As: Eltroxin 25mcg. Tab., Thyrox Tab. 25mcg., Thyrowin 25mcg., Lethyrox 25mcg., etc.
83	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 50mcg.	Such As: Thyrox Tab. 50mcg., Eltroxin 50mcg. Tab., Thyrochek 50 Tab., Lethyrox 50mcg., etc.
84	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 75mcg.	Such As: Eltroxin 75mcg. Tab., Lethyrox 75mcg, Thyroup 75mcg., Thyrofilt 75mcg. Tab., etc.
85	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 62.5mcg	Such As: Thyronorm Tab. 62.5mcg, etc.
86	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps Tab 88mcg	Such As: Lethyrox Tab. 88mcg., etc.
87	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 100mcg.	Such As: Thyrox Tab. 100mcg., Eltroxin 100mcg. Tab., Thyrochek 100 Tab., Lethyrox 100mcg, etc.
88	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 125mcg.	Such As: Eltroxin 125mcg, Thyronorm 125mcg, Thyrox Tab. 125mcg., Thyrosec Tab. 125mcg., etc.
89	CAPS/TAB - THYROID AND ANTI THYROID DRUGS	Thyroxine Sodium Caps/Tab. 150mcg.	Such As: Thyronorm 150mcg, Thyrox 150mcg, etc.
90	CAPS/TAB – ANTHELMINTICS	Mebendazole Caps/Tab. 100mg.	Such As: Idibend 100mg. Tab., Mebex Tab. 100mg., Mebazole 100 Tab., Mendazole 100 Tab., etc.
91	SYRUP/SUSPENSION - ANTHELMINTICS	Mebendazole Syp/Susp. 100mg./5ml.	Such As: Mebex Susp. 30ml, Idibend Susp., Nuzole Susp., Wormin Susp., etc.
92	CAPS/TAB - HYPO-GLYCAEMICS	Metformin Caps/Tab. 500mg.	Such As: Glyciphage (500 mg), Glycomet 500mg, Serformin 500 Tab., Metlife 500 Tab., etc.
93	CAPS/TAB - HYPO-GLYCAEMICS	Metformin Caps/Tab. 750mg.	
94	CAPS/TAB - HYPO-GLYCAEMICS	Metformin Caps/Tab. 1gm.	Such As: Glycomet 1000mg, Glyrep 1000 Tab., Bigesens 1000 Tab., Metsafe 1000 Tab., etc.
95	CAPS/TAB - HYPO-GLYCAEMICS	Metformin SRCaps/Tab. 500mg.	Such As: Gluconorm SR 500mg, Glyciphage SR 500mg, Forminal SR 500 Tab., Glyrep XL 500 Tab., etc.
96	CAPS/TAB - HYPO-GLYCAEMICS	Metformin SRCaps/Tab. 750mg.	
97	CAPS/TAB - HYPO-GLYCAEMICS	Metformin SR Caps/Tab. 1gm.	Such As: Forminal 1000 SRTab., Glycomet 1gm. SRTab., Glyzet SRTab., Zoform SR 1000 Tab., etc.
98	CAPS/TAB – ANTIBIOTICS	Metronidazole Caps/Tab. 200mg.	Such As: Flagyl 200 Tab., Metrogyl 200 Tab., Metgyl 200 Tab., Ambizol 200 Tab., etc.
99	CAPS/TAB – ANTIBIOTICS	Metronidazole Caps/Tab. 400mg.	Such As: Flagyl 400 Tab., Metrogyl 400 Tab., Metgyl 400 Tab., Ambizol Forte Tab., etc.
100	SYRUP/SUSPENSION – ANTIBIOTICS	Metronidazole Syp/Susp. 200mg./5ml.	Such As: Metrazole Susp., Metrogyl Paediatric Syp., Metrogyl Susp. -60ml., Metron 200 Susp., etc.

101	CAPS/TAB – ANTIBIOTICS	Nitrofurantoin Caps/Tab. 100mg.	Such As: Furadantin 100mg. Caps., Urifast Caps., Martifur 100 Tab., Urinif 100 Tab., etc.
102	SYRUP/SUSPENSION – ANTIBIOTICS	Nitrofurantoin Syp/Susp. 25mg./5ml.	
103	SACHET - REHYDRATION SALTS	ORS (WHO Formula)- Sodium Chloride 2.6gm., Potassium Chloride 1.5gm., Sodium Citrate 2.9gm., Dextrose (Anhydrous) 13.5gm. Sachet	Such As: Jeevanjal Sachet, ORS Powder, etc.
104	CAPS/TAB - NON-OPIOID ANALGESIC	Paracetamol Caps/Tab. 500mg.	Such As: Crocin 500 Tab., Calpol 500 Tab., Larkin 500 Tab., Paracin 500 Tab., etc.
105	CAPS/TAB - NON-OPIOID ANALGESIC	Paracetamol Caps/Tab. 650mg.	Such As: Febrex Tab. 650mg., Dolo 650 Tab., Mormol 650 Tab., Metaplus 650 Tab., etc.
106	SYRUP/SUSPENSION - NONOPIOID ANALGESIC	Paracetamol Syp/Susp. 125mg./5ml. 60ml.	Such As: Idimol Syp. -60ml. -IDPL, Pyrexil Syp. -60ml. RDPL, P 125 Syp., Malidens Syp., etc.
107	SYRUP/SUSPENSION - NONOPIOID ANALGESIC	Paracetamol Syp/Susp. 150mg./ml. 15ml.	Such As: Paracip Paed. Drops 150mg./ml. -15ml. , Teplow Syp. 60ml., Medimol Drops., Pyrigesic Drops., etc.
108	CAPS/TAB - ANTI CONVULSANTS	Phenytoin Sodium Caps/Tab. 50mg.	Such As: Epsolin 50mg, C Toin 50mg, Atoin 50 Tab., Stoin 50 Tab., etc.
109	CAPS/TAB - ANTI CONVULSANTS	Phenytoin Sodium Caps/Tab. 100mg.	Such As: Ctoin 100 Tab., Phenyptos Tab., Phentium Tab., Eptoin 100 Tab., etc.
110	CAPS/TAB - ANTI CONVULSANTS	Phenytoin Sodium ERCaps/Tab. 300mg.	Such As: Epipres ER (300 mg), C Toin ER (300 mg), Epsolin ER 300 Tab., etc.
111	CAPS/TAB - ANTI CONVULSANTS	Phenytoin Sodium Caps/Tab. 300mg.	Such As: Epsolin 300mg, Stoin 300mg, Phalin 300 Tab., etc.
112	SYRUP/SUSPENSION - ANTI CONVULSANTS	Phenytoin Syp/Susp. 30mg./5ml.	Such As: Eptoin Syp., etc.
113	SYRUP/SUSPENSION - ANTI CONVULSANTS	Phenytoin Sodium Syp/Susp. 25mg./ml. - 100ml.	
114	CAPS/TAB – CORTICOSTEROIDS	Prednisolone Caps/Tab. 5mg.	Such As: Wysolone 5mg. Tab., Solon 5 Tab., Pred 5 Tab., Novapred 5 Tab., etc.
115	CAPS/TAB – CORTICOSTEROIDS	Prednisolone Caps/Tab. 10mg.	Such As: Delsone 10 Tab., Nephcorte 10 Tab., Pred 10 Tab., Novapred 10 Tab., etc.
116	CAPS/TAB – CORTICOSTEROIDS	Prednisolone Caps/Tab. 20mg.	Such As: Novapred 20 Tab., Acticort 20 Tab., Pednisol 20 Tab., Monocortil 20 Tab., etc.
117	SYRUP/SUSPENSION - CORTICOSTEROIDS	Prednisolone Syp/Susp. 5mg.	Such As: Omnacortil Srup, Elpred 60ml., Nucort P Syp., Kidpred Syp. 60ml., etc.
118	SYRUP/SUSPENSION - CORTICOSTEROIDS	Prednisolone Syp/Susp. 15mg./5ml.	Such As: Omnacortil Forte Syp. -60ml., Predon Forte Syp., Besone Forte Syp., etc.
119	CAPS/TAB - ANTI-MALARIAL	Primaquine Caps/Tab. 2.5mg.	Such As: Leoprime Kid 2.5 Tab., PMQ 2.5 Tab., Malirid DT 2.5 Tab., etc.
120	CAPS/TAB - ANTI-MALARIAL	Primaquine Caps/Tab. 7.5mg.	Such As: Malarid Tab., Primal 7.5 Tab., Pquine 7.5 Tab., Primax 7.5 Tab., etc.
121	CAPS/TAB - ANTI-MALARIAL	Primaquine Caps/Tab. 15mg.	Such As: Rhyquin 15 Tab., Primax 15 Tab., Pimaquin 15 Tab., Leoprime Forte 15 Tab., etc.
122	CAPS/TAB - BETA BLOCKERS	Propranolol HCl. Caps/Tab. 10mg.	Such As: Ponol Tab. 10mg., Betabloc 10 Tab., Corbeta 10 Tab., Peelar 10 Tab., etc.
123	CAPS/TAB - ANTIHYPERTENSIVES	Ramipril Caps/Tab. 2.5mg.	Such As: Ramichek 2.5 Tab., Raminor 2.5 Tab., Rampiwin 2.5 Tab., Saface 2.5 Tab., etc.
124	CAPS/TAB - ANTIHYPERTENSIVES	Ramipril Caps/Tab. 5mg.	Such As: Ramipres 5 Tab., Cardace 5 Tab., Hopace 5 Tab., Saface 5 Tab., etc.
125	CAPS/TAB - H2 BLOCKERS AND ULCER HEALING DRUGS	Ranitidine Caps/Tab. 150mg.	Such As: Idiran 150 Tab., Rantac 150mg. Tab., Renit 150 Tab., Lantac 150 Tab., etc.
126	SYRUP/SUSPENSION - H2 BLOCKERS AND ULCER HEALING DRUGS	Ranitidine Syp/Susp. 75mg./5ml.	Such As: Rantac Syp. -30ml., Rantac Syp. -100ml., etc.
127	CAPS/TAB – BRONCHODILATORS	Salbutamol Caps/Tab. 2mg.	Such As: Salmaplone 2 Tab., Salbetol Tab. 2mg., Brosol 2 Tab., Asmanil 2 Tab., etc.
128	CAPS/TAB – BRONCHODILATORS	Salbutamol Caps/Tab. 4mg.	Such As: Asthalin Tab. 4mg., Salbetol Tab. 4mg., Salmaplone 4 Tab., Brosol 4 Tab., etc.
129	SYRUP/SUSPENSION - BRONCHODILATOR	Salbutamol Syp/Susp. 2mg./5ml.	Such As: Asthawin Syp. -100ml., Medisal Syp. -100ml., Rhydastha 2 Syp. -100ml., Salbugal Syp. -100ml., etc.
130	INHALER – INHALERS	Salbutamol Inhaler 100mcg.	Such As: Asthalin 100mcg. Inhaler, Bronkonat 100mcg. Inhaler, Vent Inhaler 100mcg. Inhaler, Derihaler 100mcg. Inhaler, etc.
131	CREAM/OINT/GEL - ANTI INFECTIVE PREPARATIONS	Silver Sulphadiazine Cream/Oint/Gel. 1%	Such As: Silvirin Cream 1% -20gm., Silvindon Cream 1% -20gm., Waifel Cream 1% -20gm., Silvolar Cream 1% 25gm., etc.
132	CAPS/TAB - ANTI CONVULSANTS	Sodium Valproate Caps/Tab. 200mg.	Such As: Valate 200 Tab., Velze 200 Tab., Epival EC 200 Tab., Torvate 200 Tab., etc.
133	CAPS/TAB - ANTI CONVULSANTS	Sodium Valproate and Valproic Acid Caps/Tab. 300mg.	Such As: Torvate 300 Tab., Valtec 300 Tab., Velze 300 Tab., Napilex 300 Tab., etc.

134	CAPS/TAB - ANTI CONVULSANTS	Sodium Valproate Caps/Tab. 500mg.	Such As: Encorate 500mg. Tab., Epilex 500 Tab., Torvate 500 Tab., Valprol EC 500 Tab., etc.
135	CAPS/TAB - ANTI CONVULSANTS	Sodium Valproate and Valproic Acid CR Caps/Tab. 300mg.	Such As: Valprid CR Tab. 300mg., Encorate Chrono CR 300mg., Valcot CR 300mg., Valric CR 300 Tab., etc.
136	CAPS/TAB – ANTI CONVULSANTS	Sodium Valproate and Valproic Acid CR Caps/Tab. 500mg.	Such As: Valprid CRTab. 500mg., Valpin 500 CRTab., Vat CRTab. 500mg., Valate Chrono 500 CRTab., etc.
137	SYRUP/SUSPENSION - ANTI CONVULSANTS	Sodium Valproate Syp/Susp. 200mg./5ml.	Such As: Valate Syp. -100ml., Valparin 200 Syp. -100ml., Valpor Syp. -100ml., Encorate 200 Syp., etc.
138	CAPS/TAB – DIURETICS	Spironolactone Caps/Tab. 25mg.	Such As: Aldactone 25mg. Tab., etc.
139	CAPS/TAB – DIURETICS	Spironolactone Caps/Tab. 50mg.	Such As: Aldactone 50mg. Tab., etc.
140	EYE DROPS – EYE	Sulphacetamide EyeDrop 10%	Such As: Albucid 10% Eye Drops, Bleph 10% Eye Drop, Suncetamide 10% Eye Drop, Optacid 10% Eye Drop, etc.
141	EYE DROPS – EYE	Sulphacetamide EyeDrop 15%	
142	VACCINE – VACCINE	Vaccine - Tetanus Toxoid (Adsorbed) Inj. -0.5 ml.	Such As: Bett Inj. -0.5ml., Tetvac vaccine, etc.
143	CAPS/TAB - HAEMOSTATICS/ COAGULANTS	Tranexamic Acid Caps/Tab. 500mg.	Such As: Trasmic 500mg. Tab., Trasmic Tab., Xamic 500 Tab., Texakind 500 Tab., etc.
144	CAPS/TAB – VITAMINS	Vit. A Caps. 5000IU.	
145	CAPS/TAB – VITAMINS	Vit. A Caps. 50000IU.	
146	CAPS/TAB – VITAMINS	Vit. A Caps. 100000IU.	
147	SYRUP/SUSPENSION – VITAMINS	Vit. A Syp/Susp. 100000IU./ml.	
148	NOSE DROPS – NOSE	Xylometazoline NasalDrop 0.05%	Such As: Cirovin 0.05 NasalDrop, Noxyvin 0.05% NasalDrop, Orinase P NasalDrop, Otrivin Paed NasalDrop, etc.
149	NOSE DROPS – NOSE	Xylometazoline NasalDrop 0.1%	Such As: Nasibest NasalDrop, Noxyvin 0.1% NasalDrop, Orinase 0.1% NasalDrop, Xylomet NasalDrop, etc.
150	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Dextromethorphan 10mg., Phenylpropanolamine 12.5mg., Guaiphenesin 50mg. Syp/Susp. -100ml.	Such As: Expect D Cough Syp. -100ml., etc.
151	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Dextromethorphan Hbr. 10mg., Chlorpheniramine Maleate 4mg., Phenylpropylamine12.5mg., Guaiphenesin 100mg. (per 5ml.) Syp/Susp. -100ml.	Such As: Aldex Syp. -100ml., etc.
152	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Dextromethorphan HBr. 10mg., Triprolidine HCl. 1.25mg., Phenylpropanolamine 12.5mg. (per 5ml.) - Syp/Susp. -100ml.	Such As: Actifed DM Syp. -100ml., etc.
153	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Noscapine 1.83mg., Citric Acid 5.8mg., Ammonium Chloride 7mg., Sodium Citrate 0.67mg. (per ml.) -Syp/Susp.	Such As: Hi Scopine Paediatric Syp., etc.
154	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Noscapine 15mg., Chlorpheniramine Meleate 2.5mg., Guaiphenesin 100mg., Sodium Citrate 60mg. - Syp/Susp.	Such As: Apdyl Syp., Cemadil G Syp., Himaleate Syp., etc.
155	SYRUP/SUSPENSION - ANTITUSSIVE	Cough Syp/Susp.- Noscapine 7mg., Chlorpheniramine Maleate 2mg., Ammonium Chloride 28mg., Sodium Citrate 3.25mg. (per 5ml.) -Syp/Susp. -100ml.	Such As: Coscopin Linctus Syp. -100ml., etc.
156	SYRUP/SUSPENSION - ANTITUSSIVE	Paediatric Cough Syp/Susp.- Noscapine 1.83mg., Sodium Citrate 0.67mg., Ammonium Chloride 7mg. (per 5ml.) -Syp/Susp. -50ml.	Such As: Conscopin Paed Syp. -50ml., etc.
157	SYRUP/SUSPENSION - ANTITUSSIVE	Paediatric Cough Syp/Susp.- Promethazine HCl. 1.5mg., Pholcodine 1.5mg. (per 5ml.) Syp/Susp.	Such As: Tixylix Cough Linctus Syp., Coscopin Paediatric Syp. -50ml., etc.
158	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Salbutamol 2mg., Ambroxol HCl. 3mg., Guaiphenesin 100mg., Menthol 5mg. (per 5ml.) -Syp/Susp. -100ml.	Such As: Cofsol Syp. -100ml., etc.
159	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Salbutamol 2mg., Bromhexine 4mg. (per 5ml.) Syp/Susp. -60ml.	Such As: Salmodil Bronchodilator Cough Syp. -60ml., etc.
160	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Salbutamol 2mg., Guaiphenesin 100mg. (per ml.) -Syp/Susp. - 100ml.	Such As: Asthalin EXP Syp. -100ml., etc.
161	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline 1.25mg., Ambroxol HCl.	Such As: Arcuf plus Syp. -100ml., etc.

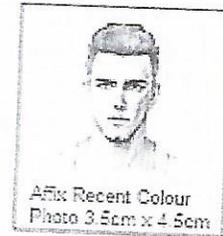
		15mg., Guaiphenesin 50mg. (per 5ml.) - Syp/Susp. -100ml.	
162	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline 1.25mg., Etophylline 50mg. (per 5ml.) -Syp/Susp. -100ml.	Such As: EtoLin PD Syp. -100ml., etc.
163	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline 2.5mg., Bromhexine 8mg., Guaiphenesin 100mg., Menthol 1mg. (Per 10ml.) -Syp/Susp. -100ml.	Such As: Mucostop Syp. -100ml., etc.
164	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline Sulph. 1.25mg., Ambroxol HCl. 15mg., Guaiphenesin 50mg. (per 5ml.) - Syp/Susp. -100ml.	Such As: Suprivent A Syp. -100ml., etc.
165	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline Sulph. 1.25mg., Ambroxol HCl. 30mg., Guaiphenesin 50mg., Menthol 0.5mg. (per 5ml.) -Syp/Susp.	Such As: Ambrolite + S Syp. -100ml., Zen Expectorant Syp. -100ml., etc.
166	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline Sulph. 1.25mg., Bromhexine 400mg., Guaiphenesin 50mg., Menthol 2.5mg. (per 5ml.) Syp/Susp. -100ml.	Such As: Chemidrex E Syp. -100ml., etc.
167	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline Sulph. 4mg., Bromhexine HCl. 8mg., Guaiphenesin 200mg. (Per 10ml.) - Syp/Susp.	Such As: Bromo GX Syp. -100ml., etc.
168	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Terbutaline Sulph. 4mg., Bromhexine HCl. 8mg., Guaiphenesin 200mg. (Per 5ml.) - Syp/Susp.	Such As: Brotaline Syp., Hextacin Syp., etc.
169	SYRUP/SUSPENSION - BRONCHODILATOR	Bronchodilator Syp/Susp.- Theophylline 80mg., Ephedrine HCl. 12mg., Guaiphenesin 50mg., Alcohol 0.55ml. Absolute Alcohol Content 10.44% -Syp/Susp.	Such As: Hiphylate Elixir Syp., etc.
170	SYRUP/SUSPENSION - DECONGESTANTS/ANTIHISTAMINIC	Chlorpheniramine 4mg., Phenylpropanolamine HCl. 15mg., Paracetamol 500mg., Caffeine Anhyd. 30mg. (per 5ml.) -Syp/Susp. -60ml.	Such As: Decold Syp. -60ml., etc.
171	SYRUP/SUSPENSION - DECONGESTANTS/ANTIHISTAMINIC	Chlorpheniramine Maleate 2mg., Pseudoephedrine HCl. 15mg., Acetaminophen 125mg. (per 5ml.) Syp/Susp. -60ml.	Such As: Cozymin Syp. -60ml., etc.
172	SYRUP/SUSPENSION - DECONGESTANTS/ANTIHISTAMINIC	Cough Syp/Susp.- Diphenhydramine HCl. Syp/Susp. 12.5mg./5ml. -100ml.	Such As: Benadryl Syp. -100ml., etc.
173	SYRUP/SUSPENSION - EXPECTORANT	Bromhexine Syp/Susp. 4mg./5ml.	Such As: Hibrome Syp. -100ml., Microxine Syp. -100ml., Mukotic Syp., Muku Syp. -100ml., etc.
174	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Ambroxol HCl. 30mg., Cetirizine HCl. 2.5mg. (per 5ml.) -Syp/Susp.	Such As: Tuspel PX Syp. -100ml., etc.
175	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Ambroxol HCl. 30mg., Cetirizine HCl. 5mg. (per 5ml.) -Syp/Susp.	Such As: Ambrodex D Syp. -100ml., etc.
176	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Ambroxol HCl. Syp/Susp. 30mg./5ml.	Such As: Ambrodex D Syp. -100ml., etc.
177	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Bromhexine 4mg., Cetirizine Dihydrochloride 2.5mg., Phenylephrine 5mg., Guaiphenesin 50mg., Menthol 1mg. (per 5ml.) -Syp/Susp. -100ml.	Such As: Alcodex GC Syp. -100ml., Oxidyne Syp. 100ml., etc.
178	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Bromhexine HCl. 4mg., Terfenadine 30mg., Guaiphenesin 100mg. (per 5ml.) Syp/Susp.	Such As: Alerpect Syp. -100ml., etc.
179	SYRUP/SUSPENSION - EXPECTORANT	Cough Expectorant- Carbinoxamine Maleate 4mg., Ammonium Chloride 240mg., Sodium Citrate 240mg. (per 10ml.) - Syp/Susp.	Such As: Clistin Expectorant Syp., etc.
180	SYRUP/SUSPENSION -	Cough Expectorant	Such As: Apihist Syp. -100ml., etc.



**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 - Karampura  
 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/ Provisonal diagnosis Treatment:		Chief complaints/History /Examination/ Investigations/ Provisonal 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 VIEWSRIGHT	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 (WESTEREGREN); 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 LATERAL VIEWS LEFT	255
X RAY SHOULDER AP And LATERAL 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.

# 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.

<b>Landmark</b>	<b>Pin Code *</b>	<b>State</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Clinic Timing

<b>Shift</b>	<b>From Time</b>	<b>To Time</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Important Information

<b>Registration Number *</b>	<b>Qualification</b>	<b>Other Qualification</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(MCI/State Medical Council)</small>		
<b>Experience *</b>	<b>Permanent Account Number *</b>	<b>Aadhaar No. *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Bank Account Information

<b>Name of Account Holder *</b>	<b>Account No. *</b>	<b>Branch *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Bank *</b>	<b>IFSC Code *</b>	<b>Mobile No. (Same as in Aadhaar) *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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	Address A44	City/District/Town New Delhi
Landmark	Pin Code 121212	State DELHI
Clinic Address		
Locality Badrish Colony	Address A44	City/District/Town New Delhi
Landmark	Pin Code 121212	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	Account No. 1425784596	Branch Delhi
Bank SBI	IFSC Code SBIN0000165	Mobile No. (Same as in Aadhaar) 8630380792

Edit
Next

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

Choose File 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 uplodged 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

Print option to take the printout of the submitted application is also provided to the applicant.

### **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.

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

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.

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

State	DELHI
City	New delhi
User Name (Email Id)	del
Password	*****
First User	784173875
Second User	863038079

Add User Cancel

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.

- 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	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	<a href="#">View Details</a>	<a href="#">Download</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>

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.

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

Approve Print Back

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

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  Ref. #

From Date  To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>

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

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%

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

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

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**



## 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

Approve Print Back

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

Submit

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  Ref. #

From Date  To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>

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

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	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.

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.

<b>Landmark</b>	<b>Pin Code *</b>	<b>State</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Clinic Timing

<b>Shift</b>	<b>From Time</b>	<b>To Time</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Important Information

<b>Registration Number *</b>	<b>Qualification</b>	<b>Other Qualification</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(MCI/State Medical Council)</small>		
<b>Experience *</b>	<b>Permanent Account Number *</b>	<b>Aadhaar No. *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Bank Account Information

<b>Name of Account Holder *</b>	<b>Account No. *</b>	<b>Branch *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Bank *</b>	<b>IFSC Code *</b>	<b>Mobile No. (Same as in Aadhaar) *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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	Address A44	City/District/Town New Delhi
Landmark	Pin Code 121212	State DELHI
Clinic Address		
Locality Badrish Colony	Address A44	City/District/Town New Delhi
Landmark	Pin Code 121212	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	Account No. 1425784596	Branch Delhi
Bank SBI	IFSC Code SBIN0000165	Mobile No. (Same as in Aadhaar) 8630380792

Edit
Next

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

Choose File 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 uplodged 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

Print option to take the printout of the submitted application is also provided to the applicant.

### **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.

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

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.

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

State	DELHI
City	New delhi
User Name (Email Id)	del
Password	*****
First User	784173875
Second User	863038079

Add User Cancel

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.

- 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	Status	View Details	Documents
esicmimp00004	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>
esicmimp00003	DELHI	NEW DELHI	03-10-2019	Unapproved	<a href="#">View Details</a>	<a href="#">Download</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	Approved	<a href="#">View Details</a>	<a href="#">Download</a>

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.

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

Approve Print Back

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

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  Ref. #

From Date  To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>

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

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%

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

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

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



## 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

Approve Print Back

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

Submit

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  Ref. #

From Date  To Date

Ref. Num	State Name	District Name	Submitted Date	Status	View Details
esicmimp00004	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicmimp00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>
esicec00002	DELHI	NEW DELHI	03-10-2019	approved	<a href="#">View Details</a>

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

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	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.

- 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