सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

DRAFT ESI (GENERAL) REGULATIONS, 2026

INCLUDING

DETAILED COMPARISON

BETWEEN ESI OLD AND NEW REGULATIONS

कर्मचारी राज्य बीमा निगम

Employees' State Insurance Corporation

पंचदीप भवन, सी.आई.जी. मार्ग, नई दिल्ली-110002

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Employees' State Insurance (General) Regulations, 2026

CHAPTER I
PRELIMINARY

1. Short title and extent. — (1) These Regulations may be called the Employees' State Insurance (General) Regulations, 2026.

(2) They extend to the whole of India.

2. Definitions. — (1) In these Regulations, unless the context otherwise requires—

(a) "Appointed Day" means with reference to an establishment, the day from which the contribution from the employers and employees of such establishment shall be payable under Section 29 of the Code and any benefits under Chapter IV of the Code relating to the Employees' State Insurance Corporation are provided by the Corporation to the employees of such establishment.

(b) "Appropriate Office", "appropriate Branch Office", "appropriate DCBO" "appropriate Regional Office" or "appropriate Sub-Regional Office", shall mean with reference to any action taken under these Regulations, such office of the Corporation as may be specified for that purpose under a general or special order of the Corporation;

(c) "Branch Manager" means a person appointed by the Corporation as such or the officer-in-charge of a Branch Office or a Branch Manager of a DCBO;

(d) "Branch Office", "DCBO", "Regional Office" and "Sub-Regional Office" shall mean, according to the context, such subordinate office of the Corporation, set up at such place and with such jurisdiction and functions as the Corporation may, from time to time, determine;

(e) "Central Rules" means the rules made by the Central Government under section 154 and 155 of the Code;

(f) "Code" means the Code on Social Security 2020 (Act 36 of 2020);

(g) "DCBO" means Dispensary cum Branch Office established by the Corporation.

(h) "Employer" means the employer as defined in the Code;

(i) "Employer's Code Number" means the registration number allotted to an establishment for the purposes of the Code, the Rules and these Regulations;

(j) "Establishment" means an establishment to which the Code applies;

(k) "Form" means a form appended to these Regulations;

(l) "Insured Person Card" means an identity card to be provided by the Corporation to an Insured Person or Insured Woman and his/her family members electronically or otherwise for identification for the purposes of the Code, the Rules and these Regulations, and which contains details of the Insured Person and his/her family member(s);

(m) "Inspector cum Facilitator" means a person appointed by notification by the Central Government under section 122 of the Code for the purpose of Chapter IV of the Code;

(n) "Instructions" means instructions or orders issued by the Corporation or by such officer or officers of the Corporation as may be authorised by the Corporation in this behalf;

(o) "Insurance Medical Officer" means a medical practitioner appointed as such to provide medical benefit and to perform such other functions as may be assigned to him and shall be deemed to be a duly appointed medical practitioner for the purposes of Chapter IV of the Code;

(p) "Insurance Number" means a system generated registration number allotted by the specified portal to an employee for the purposes of Chapter IV of the Code, the Rules and these Regulations.

(q) "Medical Board" means a body constituted by the Corporation under these Regulations, consisting of duly appointed medical practitioners, including specialists wherever required, to examine, assess and certify the condition of an insured person in respect of sickness, temporary or permanent disablement, occupational disease, or other matters referred to it under the Code, the Rules or these Regulations; and shall include any Special Medical Board constituted for such purposes.

(r) Regional Director" means a person appointed by the Corporation as such for a specified region;

(s) "Registered Midwife" means a person who is registered as a midwife under any law in force in any State providing for registration of nurses and midwives;

(t) "Rules" means rules made by the Central or a State Government under the Code;

(u) "Specified" means specified by instructions issued from time to time by the Corporation or any officer authorised by the corporation;

(v) "State Medical Officer" means an Insurance Medical Officer appointed as such by the Corporation;

(w) "State Rules" means the rules made by a State Government under sections 154 and 156 of the Code;

(x) "Wage Period" in relation to an employee, mentioned in sub-section (3) of section 29 of the Code, means the period in respect of which wages are ordinarily payable to him in terms of the contract of employment whether expressed, implied or otherwise.

(y) "Year" means the year as defined in the Social Security (Central) Rules, 2026 or as specified otherwise;

(2) All other words and expressions have the meanings respectively assigned to them in the Code or the Rules, as the case may be.

3. The manner in which the Corporation may exercise its powers. — (1) Where a Regulation empowers the Corporation to specify, prescribe, provide, decide or determine anything or to do any other act, such power may be exercised by a resolution of the Corporation or subject to the provisions of sub-section (4) of section 5 of the Code by a resolution of the Standing Committee:

Provided that the Corporation or the Standing Committee may delegate any of the powers under these Regulations to a sub-committee or to such officers of the Corporation as it may specify in that behalf:

Provided further that no power shall be delegated under this Regulation which under the Code is required to be exercised by the Corporation only.

(2) Any appointment to be made by the Corporation under these Regulations, shall be made by the Director General or by such other officers as may be authorised in this behalf by the Standing Committee.

4. Exercise of powers by an office. —

Where a power is to be exercised by the appropriate office or appropriate Branch Office or appropriate DCBO or appropriate Regional Office or appropriate Sub-Regional office, it shall be exercised by the officer for the time being in charge thereof or by such other officer as may be authorised for the purpose under general or special orders of the Director General.

5. Contribution and Benefit periods. — (1) Contribution periods and the corresponding benefit periods shall be as under: —

Contributory Period	Corresponding Benefit Period
1st April to 30th September	1st January of the year following to 30th June.
1st October to 31st March of the year following	1st July to 31st December.

Provided that in the case of a person who becomes an employee within the meaning of the Code for the first time, the first contribution period shall commence from the date of such employment in the contribution period current on that day and the corresponding benefit period for him shall commence on the expiry of the period of 9 months from the date of such employment.

6. Mode of exercising vote in the meetings of the Corporation, the Standing Committee and the Medical Benefit Committee. — The votes in the meetings of the Corporation, the Standing Committee and the Medical Benefit Committee shall be taken by show of hands, electronically or otherwise and the names of persons voting in favour and against any proposition shall be recorded only if any member present requests the Chairman to do so.

7. Matters to be brought before the Corporation. — In addition to the matters which are, under any specific provision of the Code or the Central Rules, required to be placed before the Corporation, the following matters shall be referred to the Corporation for its decision:

(a) Regulations under section 157 and amendments thereto before final publication;
(b) any measures proposed under section 33, 44 and 45 of the Code;
(c) any proposal to extend medical benefit to families under sub-section (2) of section 32;
(d) any dispute proposed to be referred to arbitration under sub-section (4) of section 40;
(e) any proposal to set up hospitals under sub-sections (7), (8), (9) and (10) of section 40;
(f) Any proposal to grant exemption under section143 (1).
(g) any proposal to review and alter the scale of any benefit admissible under the Code and the period for which such benefit may be given under sub-rule (8) of Rule 22 of the Central Rules.
(h) any other matter which the Corporation or its Chairman may direct the Standing Committee or the Director-General to place before the Corporation.

8. Committees to assist the Corporation. — (1) The Corporation may, by order, constitute with effect from such date as may be specified therein, one or more committees to

assist the Corporation upon such matters which the Corporation may refer to it for its recommendations.

(2) The Committees may consist of the following:

(i) A Chairperson;
(ii) Equal number of members representing employees and employers;
(iii) Official members; and
(iv) Any other member(s)

as nominated by the Chairman of the Corporation:

(3) The terms of reference of each committee shall be as specified in the said order.

(4) All such committees shall meet at least twice in a year or at such frequency as specified by the Corporation.

9. Regional Board. — (1) A Regional Board may be set up for each State or Union Territory by the Chairman of the Corporation and shall consist of the following members, namely: —

(a) a Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory;

(b) a Vice-Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory;

(c) one representative of the State or the Union Territory to be nominated by the State Government or the Administration of the Union Territory;

(d) (i) Administrative Medical Officer or any other Officer directly in charge of the Employees' State Insurance Scheme in the State or the Union Territory, *ex-officio*;

(ii) the State Medical Officer of the Corporation, *ex-officio;*

(e) one representative each of the employers and employees from the State or the Union Territory to be nominated by the Chairman of the Corporation in consultation with such organisations of the employers and the employees as may be recommended for the purpose by the State Government or the Union Territory;

(f) members of the Corporation other than the Chairman and the Vice-Chairman and officials, if any, amongst those nominated by the Central Government under clause (c) of sub-section (1) of section 5 of the Code, residing in the State or the Union Territory, *ex-officio*;

(g) members of the Medical Benefit Committee nominated by the Central Government residing in the State or the Union Territory, *ex-officio*;

(h) Permanent Invitees:

(i) Insurance Commissioner appointed by the Corporation;

(ii) Medical Commissioner appointed by the Corporation:

Provided that where the Chairman of the Corporation so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding three from each side, with a view to providing for the adequate representation of important organisations not included in the nominations of the State Government or the Union Territory, and to maintaining parity between the number of representatives of such employers and employees:

Provided further that the Chairman of the Corporation shall nominate such additional representatives of employers and employees not exceeding three from each side where the number of representatives of employers and employees including the *ex-officio* members, is less than three each.

(2) A Regional Board may, if it considers it desirable, co-opt the Officer In-charge of a Sub-Regional office set up within its boundaries, and/or a member of the medical profession in the Region and the person(s) so co-opted shall continue to be member(s) during the pleasure of the Regional Board.

(3) The Regional Director of the Regional Office shall be the Member Secretary of the Board.

(4) (i) Save as expressly provided in this Regulation, the term of office of the members of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall be three years commencing from the date on which their nomination is notified, provided that the members of the Regional Board, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successors is notified or for one year, whichever is earlier.

(ii) Save as expressly provided in this Regulation, the members of the Regional Board referred to in clause (c) of sub-regulation (1) shall hold office during the pleasure of the State Government nominating them.

(iii) A member of the Regional Board referred to in clause (f) of sub-regulation (1) shall cease to hold office when he ceases to be a member of the Corporation or ceases to reside in that area.

(iv) Any member referred in clause (1) of this sub-regulation nominated to fill a casual vacancy shall hold office for the remainder of the term of office of the member in whose place he is nominated.

(v) An outgoing member shall be eligible for re-nomination.

(5) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) above, may resign his office by notice in writing to the Chairman of the Corporation, through the Chairman, Regional Board, and his seat shall fall vacant on the acceptance of the resignation.

(6) (i) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall cease to be a member of the Board if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Chairman of the Corporation on his being satisfied as to the unavoidable, nature or the circumstances which led to his non-attendance.

(ii) When any person nominated to represent an employers' or employees' organisation on the Regional Board has ceased to represent such organisation, the Chairman of the Corporation may, by notification in the Gazette of India, declare that such person shall cease to be a member thereof with effect from such date as may be specified therein.

(7) The members of the Regional Board shall receive such fees and allowances as may be prescribed by the Central Government for members of the Corporation.

(8) A member shall be disqualified for being nominated or for being a member of the Regional Board —

(i) if he is declared to be of unsound mind by a competent Court; or
(ii) if he is an undischarged insolvent; or
(iii) if before or after the commencement of the Regulations he has been convicted of an offence involving moral turpitude.

(9) A Regional Board shall meet at least twice every year. The Secretary shall, with the approval of the Chairman, fix the date, time and place of, and also draw up the agenda for every meeting. Notice of not less than ten days from the date of posting shall ordinarily be given to every member for each meeting, provided that if it is necessary to convene an emergency meeting, a reasonable notice thereof shall be given to every member. No matter other than that included in the agenda shall be considered except with the permission of the Chairman.

(10) No business shall be transacted at any meeting unless there is a quorum of not less than one third of the number of the members of the Board: provided that if at any meeting, sufficient number of members are not present to form a quorum, the Chairman may adjourn the meeting to a date not later than seven days from the date of original meeting and it shall thereupon be lawful to dispose of the business at such adjourned meeting irrespective of the number of members present.

(11) All matters shall be decided by a majority of persons present and voting and in case of equality of votes, the Chairman shall have a casting vote or a second vote.

(12) The Chairman or in his absence the Vice-Chairman of the Regional Board shall preside at the meetings. In the event of the absence of both the Chairman and the Vice-Chairman, the members present may elect one from amongst themselves to preside.

(13) (i) The minutes of each meeting showing inter alia the names of the members present thereat shall be forwarded to all members of the Regional Board as soon after the meeting as possible and in any case not later than fifteen days from the date of the meeting.

(ii) The records of the minutes of each meeting shall be signed by the Chairman after confirmation with such modifications as may be considered necessary at the meeting at which the minutes are confirmed.

(14) A Regional Board shall perform the following functions in respect of the Region for which it is set up:

(a) Such administrative and/or executive functions as may, from time to time be entrusted or delegated to it by a resolution, by the Corporation or the Standing Committee.

(b) To make recommendations from time to time in regard to changes which may in its opinion be advisable in the Code, Rules and Regulations and forms and procedure to be followed in the running of the Scheme.

(c) To decide within the broad framework of the general decisions and programme of priorities of the Corporation, the following matters, provided that where the specific approval of the Corporation or the appropriate Government is required, such approval shall be taken: —

(i) Extension of the Scheme to new areas and extension of medical care to families;

(ii) Adoption of special measures to meet peculiar conditions in the area;

(iii) Improvement in benefits;

(iv) Provision of indoor medical treatment;

(v) Measures and arrangements for the rehabilitation of insured persons in the area, who are permanently disabled;

(vi) Securing compliance by employers with the various provisions of the Code, the Regulations and other Rules and instructions;

(d) To review from time to time the working of the Scheme in the State both on the medical side as well as cash benefit side and to advise the Corporation and the State Government on measures to improve the working of the Scheme both in regard to payment of cash benefits and administration of medical benefit and in particular to promote preventive health measures, safety and personal hygiene and to review and check lax certification and other abuses of the Scheme.

(e) To look into general grievances, complaints and difficulties of insured persons, employers, etc., as it may consider necessary.

(f) To advise the Corporation on such matters as may be referred to it for advice by the Standing Committee or the Director-General.

The Regional Board may set up suitable sub-committees for carrying out any of its functions and may seek the assistance or advice of Local Committees where necessary.

(15) (i) If in the opinion of the Corporation, the Regional Board persistently makes default in performing the duties imposed on it by or under this Regulation or abuses its powers, the Corporation may by notification in the Gazette of India supersede the Regional Board.

(ii) Upon the publication of a notification under clause (i) above superseding the Regional Board all the members of the Regional Board shall from the date of such publication be deemed to have vacated their offices.

(iii) When the Regional Board has been superseded the Corporation may —

(a) immediately constitute a new Regional Board in accordance with this Regulation; or

(b) appoint such agency for such period as it may think fit to exercise the powers and perform the functions of the Regional Board and such agency shall be competent to exercise all powers and perform all the functions of the Regional Board.

10. Local Committee. — (1) A local committee may be set up for such area as may be considered appropriate by the Regional Director of the State/Union Territory and shall consist of following members namely: —

(a) A Chairperson to be nominated by Regional Director of the State / Union Territory;

(b) An official of the State to be nominated by the State Government;

(c) The Administrative Medical Officer in charge of the Scheme in the area concerned, *ex-officio*, or any other medical officer nominated by him;

(d) Six representatives of employees out of which (i) two longest contributing employees of such area, (ii) two representatives of employees in the area representing organizations of employees and (iii) two employees from ESI registered MSME establishments, to be nominated by Regional Director of the state / Union Territory;

(e) Six representatives of the employers out of which (i) two employers who are contributing the highest value during the last three years (ii) two employers from ESI registered establishments of MSME Category and (iii) two employers representing employers/industry association in the area to be nominated by the Regional Director of the State/Union territory;

(f) Senior most Manager of Branch Office or DCBO in such area, as *ex-officio* member secretary.

Provided that where the Chairman, Regional Board, so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding two from each side, with a view to providing for adequate representation of important organisations not included in the nominations of the State Governments and to maintaining the parity between the number of representatives of such employers and employees;

Provided further that in any area in which medical care is provided through a panel system, a local committee may co-opt a member representing the local Insurance Medical Practitioners.

(2) (i) The term of office of the members of a local committee nominated under clauses (c) and (d) of sub-regulation (1) shall be three years, commencing from the date on which their nomination is notified by the Regional Director, provided that such members, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successor is notified.

(ii) The members of a local committee nominated under clauses (a), and (b) of sub regulation (1) shall hold office during the pleasure of the authority nominating them.

(3) A member of a local committee may resign his office by notice in writing to the Regional Director and his seat shall fall vacant on the acceptance of the resignation.

(4) (i) A member of a local committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Regional Director on being satisfied as to the unavoidable nature of the circumstances which led to his non-attendance.

(ii) Where in the opinion of the Regional Director, any person nominated to represent employers or employees on a local committee has ceased to represent such employers or employees, the Regional Director, may declare that such person shall cease to be a member thereof with effect from such date as may be specified by him.

(5) The members of the committee shall receive such fees and allowances as may be specified by the Central Government.

(6) A Local Committee shall meet once in every three months. The Secretary shall, in consultation with the Chairman, fix the date, time and place of, and also draw up the agenda for every meeting. Notice of not less than seven days shall ordinarily be given to every member for such meeting. No matter other than that included in the agenda shall be considered except with the permission of the Chairman.

(7) No business shall be transacted at any meeting of a committee unless there is a quorum of not less than one-third of the number of the members of the Committee.

(8) All matters at the meeting of a local committee shall be decided by a majority of persons present at the meeting and voting, and in case of equality of votes, the Chairman shall have a casting vote or a second vote.

(9) A local committee shall perform the following functions in respect of the area for which it is set up, namely: —

(a) to discuss local problems in regard to the Employees' State Insurance Scheme so as to secure its efficient working with the full co-operation of all parties concerned and to make recommendations;
(b) to refer such complaints as it may consider necessary to the Regional Director concerned; or in the case of complaints concerning medical benefit, to the State Government or such authority of the State Government; and
(c) to advise the Corporation or the Regional Board concerned on such matters as may be referred to it for advice.

CHAPTER II
DECLARATION BY EMPLOYEE, INSURED PERSON CARD, RETURN OF CONTRIBUTIONS, ETC.

11. Declaration by persons in employment on Appointed Day. — Every employer shall require every employee to furnish, and such employee shall on demand furnish to him either before or on the Appointed Day correct particulars along with his/her photograph and that of his/her family required for the purpose of registering him/her on the specified portal. Such employer shall enter the particulars in Form I (hereinafter referred to as the Declaration Form) and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.

Every employer shall preserve the Declaration Form for every employee during the service period of employment of such employee with him.

12. Declaration by persons engaged after the Appointed Day. — Every employer shall, before taking any person into employment after the Appointed Day, require such person (unless he can produce an Insured Person Card or other document in lieu thereof issued to him under these Regulations) to furnish and such person shall on demand furnish to him correct particulars along with his/her photograph and that of his/her family required for the purpose of registering him/her on the specified portal. Such employer shall enter the particulars in Form I (hereinafter referred to as the Declaration Form) and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.

Every employer shall preserve the Declaration Form for every employee during the service period of employment of such employee with him.

13. The Corporation to receive assistance from employers. — An employer shall render all necessary assistance which the Corporation may require in connection with the registration of his establishment and the registration, or updation of particulars, of his employees and their family.

14. Insured Person Card. — On registration of the Insured Person on the specified portal by the employer, an Insurance Person Card (IP Card) shall be generated electronically in Form 1A for the Insured Person containing details of the Insured Person and his/her family member(s).

15. Changes in family. — An insured person shall intimate electronically or otherwise all changes in the membership of the family as defined under the Code, to the employer as soon as the change has occurred and the employer shall ensure to incorporate such changes in the registration details of the Insured Person as available on the specified portal in Form 1B.

Every employer shall preserve the intimations of the changes to the Declaration Form submitted by every employee till the last day of employment of such employee with him.

16. Monthly return of contribution — Every employer shall file monthly returns of contribution in Form -2 on the specified portal in respect of all employees engaged by them or through their contractor for whom contributions are payable, within fifteen days from the end of the month;

Provided that the employer shall in any case file all monthly returns for a contribution period within 45 days of the termination of contribution period;

Provided further that in case of permanent closure of the establishment, the employer shall file all monthly returns within 15 days of the date of such permanent closure.

17. Certificate of Contribution. — An employer shall, on demand from the appropriate office, issue certificate of contributions paid or payable in respect of an insured person in Form 3.

18. Payment of Contribution. — Contribution payable under Chapter IV of the Code shall, except when otherwise provided, be paid electronically into a bank duly authorised by the Corporation.

19. Time for payment of contribution. — An employer who is liable to pay contributions in respect of any employee shall pay those contributions within 15 days of the last day of the calendar month in which the contributions fall due:

Provided that where an establishment is permanently closed, the employer shall pay all contributions within 15 days of the date of such permanent closure.

20. Appellate Authority. — The Appellate Authority under section 126 of the Code shall be the Insurance Commissioner, the Additional Commissioner, Regional Director, Director and Joint Director.

21. Interest on contribution due but not paid in time. —

(1) An employer who fails to pay contribution within the periods specified in Regulation 19, shall be liable to pay simple interest at the rate as notified by the Central Government in respect of each day of default or delay in payment of contribution.

(2) Any interest payable on the contribution paid after the due date shall be recovered as if it were an arrear of land revenue.

22. Damages on contributions or any other amount due but not paid in time. —

(1) If an employer fails to pay contribution within the periods specified under Regulation 19, or any other amount payable under the Code, the Corporation may levy damages at the rate of 1.0 per cent on the amount due for every month of delay.

Provided that the Corporation may reduce or waive the damages levied subject to the terms and conditions specified by notification by the Central Government as provided in Section 128 of the Code.

(2) Any damages payable under sub-regulation (1) shall be recovered as if it were an arrear of land revenue.

23. Interest on amounts refunded to the employer. — If an employer finally succeeds in the appeal under section 126 of the Code, the amount deposited by him with the Corporation, in full or part, as per decision of the Appellate Authority, shall be refunded to him along with simple interest at the same rate as specified in Regulation 20(1).

24. Register of Employees. —

(1) Every employer shall maintain, electronically or otherwise, a register in Form 4 in respect of every employee of his establishment.

(1A) **Register of employees engaged by contractor.** — Every contractor shall maintain, electronically or otherwise, a register in Form 4 in respect of every employee engaged by him and submit the same to the employer before the settlement of any amount payable under sub-section (6) of section 31 of the Code.

(2) Every employer shall preserve every register maintained under this Regulation after it is filled, for a period of five years from the date of last entry therein.

(3) The employer shall give a reasonable opportunity to any of his employees, if he so desires to see entries in respect of such employee in this register once a month.

25. Other modes of payment of contribution. — Subject to the directions of the Standing Committee, the Director General may, if he thinks fit and subject to such terms and conditions as he may impose, approve of any arrangement, whereby the contributions are paid at times or in a manner other than those specified in these Regulations and such arrangements may include provision for the payment to the Corporation of such fees as may be determined by him to represent the estimated additional expenses to the Corporation, and may require such deposit of money by way of security as he may determine.

26. Employment for part of a wage period. — Where an employee is employed by an employer for part of a wage period, the contributions in respect of such wage period shall fall due on the last day of the employment by such employer in that wage period.

27. Reckoning of wages of employee employed by two or more employers in the same wage period. — Where an employee is employed by an employer for only a part of the wage period, or where an employee is employed by two or more employers in a wage period, only the wages payable to him for the days up to and including the day on which the contribution falls due for that wage period shall be taken into account in reckoning wages for the purposes of determining the average daily wages of the employee for that wage period.

28. Refund of contribution erroneously paid. — (1) Any contribution paid by a person under the erroneous belief that the contributions were payable by that person under Chapter IV of the Code may be refunded without interest by the Corporation to that person, if application to that effect is made in writing before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid.

(2) Where any contribution has been paid by a person at a rate higher than that at which it was payable the excess of the amount so paid over the amount payable may be refunded without interest by the Corporation to that person, if application to that effect is made before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid.

(3) In calculating the amount of any refund to be made under this Regulation the amount, if any, paid to any person, by way of benefit on the basis of the contribution erroneously paid and for the refund of which the application is made, may be deducted.

(4) Where the whole or part of the amount of any contribution referred to in sub-regulations (1) and (2), was recovered from a contractor or deducted from the wages of an employee by the

employer, he shall, on getting the refund of the amount from the Corporation, be liable to pay back the amount so recovered or deducted to the person from whom the amount was so recovered or deducted.

(5) Applications for refund under this Regulation shall be made in such form and in such manner and shall be supported by such documents as the Director General may, from time to time, determine.

CHAPTER III
BENEFITS

29. Claim for benefits. — Every claim for a benefit payable under Chapter IV of the Code shall be made in accordance with these Regulations, to the appropriate Branch Office electronically or otherwise on the form appropriate for the purpose of the benefit for which the claim is made, or in such other manner as the appropriate office may, subject to its being in electronic form or otherwise, accept as sufficient in the circumstances of any particular case or class of cases. Assistance for filling in the form of claim in case of insured persons who cannot do so themselves shall be provided at such places and in such manner as specified by the appropriate office. The claim for any benefit shall be acknowledged electronically or otherwise.

PROVIDED that in case of permanent disablement benefit and dependants' benefit, claim shall be required to be made electronically or otherwise only for the first payment, and no claim shall be required for subsequent periodical payments.

30. When claim becomes due. — A claim for any benefit under the Code shall, for the purposes of Regulation 119, become due on the following days: —

(a) for sickness benefit or for disablement benefit for temporary disablement for any period, on the date of issue of the regulation certificate in respect of such periods; provided that in cases where a person is not entitled to sickness benefit for the first two days of sickness, the due date shall be deferred by such days;

(b) for maternity benefit: —

  (i) in case of confinement, on the date of issue, in accordance with these Regulations, of the certificate of expected confinement or on the day eight weeks preceding the expected date of confinement so certified whichever is later or, if no such certificate is issued, on the date of confinement; and

  (ii) in case of miscarriage and in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, on the date of issue of the medical certificate of such miscarriage or sickness, as the case may be;

(c) for first payment of disablement benefit for permanent disablement, on the date on which an insured person is declared as permanently disabled in accordance with the chapter IV of the Code and these Regulations;

(d) for first payment of dependants' benefit, on the date of the death of the insured person in respect of whose death the claim for such benefit arises or, where disablement benefit was payable for that date, on the date following the date of death or, where the beneficiary becomes entitled to a claim on any subsequent date, on the date on which he or she becomes so entitled;

(e) for subsequent payments of disablement benefit for permanent disablement and for subsequent payments of dependants' benefit, on the last day of the month to which the claim relates; and

(f) for funeral expenses, on the date of the death of the insured person in respect of whose death the claim for such benefit arises.

31. Availability of claims forms. — Claim forms shall be available to intending claimants electronically or otherwise from such persons and such offices of the Corporation as it may appoint or authorise for that purpose and shall be supplied free of charge.

32. Claims on wrong form. — Where a claim for any benefit has been made electronically or otherwise on an approved form other than the form appropriate to the benefit claimed, the Corporation may treat the claim as if it was made on the appropriate form:

Provided that the Corporation may in any such case require the claimant to complete the appropriate form.

33. Evidence in support of claim. — Every person who makes a claim electronically or otherwise for any benefit shall, in addition to the medical certificate and other forms specifically required under these Regulations, furnish such other information and evidence for the purpose of determining the claim as may be required by the appropriate office, and, if reasonably so required, shall for that purpose attend at such office or place as the appropriate office may direct.

34. Defective claim. — If, in the absence of due signature or of due certification, a claim made electronically or otherwise is defective on the date of its receipt by an office of the Corporation, the office of the Corporation may in its discretion, refer the claim to the claimant and if the form is returned electronically or otherwise duly signed and/or certified within three months from the date on which it was so referred, the office may treat the claim as if it had been duly made in the first instance.

35. Claim for inappropriate benefit. — Where it appears that a person who has made a claim for any benefit payable under chapter IV of the Code may be entitled to a benefit other

than that which he has claimed, any such claim may be treated as a claim in the alternative for that other benefit.

36. Authority for certifying eligibility of claimants. — The authority which is to certify eligibility of claimants shall be the appropriate Branch Office or appropriate DCBO in respect of sickness, maternity, temporary disablement benefits and funeral expenses and the appropriate Regional Office or Sub-Regional office, in respect of permanent disablement and dependants' benefits.

37. Benefits when payable. — (1) Any benefit payable under Chapter IV of the Code shall be paid —

(a) in the case of sickness benefit, not later than 7 days;
(b) in the case of funeral expenses not later than 15 days;
(c) in the case of the first payment in respect of maternity benefit not later than 14 days;
(d) in the case of the first payment in respect of temporary disablement benefit not later than one month;
(e) in the case of first payment in respect of permanent disablement benefit not later than one month;
(f) in the case of first payment in respect of dependants' benefit not later than three months,

after the claim therefore together with the relevant medical or other certificates and any other documentary evidence which may be called for under these Regulations electronically or otherwise has been furnished complete in all particulars to the appropriate office.

(2) Second and subsequent payments in respect of any maternity, temporary disablement, permanent disablement or dependants' benefit shall be paid along with the first payment in respect thereof, or within the calendar month following the month to the whole or part of which they relate, whichever is later subject to submission of any documentary evidence electronically or otherwise which may be required under these Regulations.

(3) Where a benefit payment is not made within the time limits specified in sub-regulations (1) and (2) above, it shall be reported to the appropriate Regional Office or Sub-Regional Office and shall be paid as soon as possible.

(4) Benefits under Chapter IV of the Code shall be paid, on such days and working hours as may be fixed by the Director General or such other officer of the Corporation as may be authorised by him from time to time in this behalf, or at the option of the claimant, by electronic mode to

the bank account of the Insured Person or the beneficiaries as the case may be, by a branch office, DCBO, or such other office of the Corporation as may be decided by the Director-General;

Provided that in exceptional circumstances the Director General may allow payment of benefits to the Insured persons or Beneficiaries by any other mode in respect of whole or part of the country.

(5) Where the payment of a benefit is to be made by a branch office, DCBO, or any other office, such office may insist upon production of bank account details, Insured Person Card, or other documents issued in lieu thereof in respect of the Insured Person or the beneficiary.

38. Abstention verification. — (1) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured person from work for which sickness benefit or disablement benefit for temporary disablement, as provided under Chapter IV of the Code has been claimed or paid, in Form 8 and within such time as the said office may in writing or in electronic form require in the said form.

(2) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured woman from work for which maternity benefit as provided under Chapter IV of the Code has been claimed or paid, in Form 8 and within such time as the said office may in writing or in electronic form require in the said form.

39. Evidence of sickness and temporary disablement. — Every insured person, claiming sickness benefit or disablement benefit for temporary disablement, shall furnish evidence of sickness or temporary disablement in respect of the days of his sickness or temporary disablement by means of a medical certificate given by an Insurance Medical Officer in electronic form or otherwise in accordance with these Regulations in the form appropriate to the circumstances of the case;

Provided that in areas where arrangements for medical benefit under the Chapter IV of the Code have not been made or otherwise if in its opinion the circumstances of a particular case so justify, the Corporation may accept any other evidence of sickness or temporary disablement in the form of a certificate issued by the medical officer of the State Government, local body or other medical institution, or a certificate issued by any registered medical practitioner in electronic form or otherwise, containing such particulars and attested in such manner as may be specified by the Director General in this behalf.

40. Persons competent to issue medical certificate. — No medical certificate under these Regulations shall be issued except by the Insurance Medical Officer to whom an insured person has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which an insured person is allotted and such Insurance Medical Officer shall examine and if in his opinion the condition of the insured person so justifies, issue to such insured person free of charge, any medical certificates reasonably required by such insured person under or for the purposes of Chapter IV of the Code or any other enactment or for these Regulations:

Provided that an Insurance Medical Officer may issue a medical certificate under these Regulations to an insured person who is not allotted to him or to the dispensary, hospital, clinic or other institution to which he is attached, if such officer is satisfied that in the circumstances of any particular case the insured person cannot reasonably be expected to get medical benefit from the Insurance Medical Officer or the dispensary, hospital, clinic or other institution to which such insured person has been allotted; and such certificate also shall be issued free of charge:

Provided further that an insured person shall not be granted a medical certificate unless he produces to the Insurance Medical Officer his Insured Person Card or such other document, as may be specified by the Director General.

41. Medical certificate. — The appropriate form of a medical certificate shall be filled electronically or otherwise as may be specified by the Director General, by the Insurance Medical Officer and shall contain a concise statement of the disease or disablement which in the opinion of the Insurance Medical Officer necessitates abstention from work on medical grounds or renders the person temporarily incapable of work. The statement of the disease or disablement in the medical certificate shall specify the nature thereof as precisely as the Insurance Medical Officer's knowledge of the condition of the insured person at the time of the examination permits.

42. Time of granting medical certificate. — (1) An Insurance Medical Officer shall issue the medical certificate to an insured person electronically or otherwise at the time of the examination to which it relates; where he is prevented from so doing he shall issue the certificate to the insured person within twenty-four hours thereafter.

(2) No further medical certificate relating to the same examination shall be issued, except where a duplicate of such certificate is required, in which case it shall be issued free of charge and clearly marked "Duplicate".

43. Medical Certificate on first examination. — When the examination is the first examination in respect of a spell of sickness or a spell of temporary disablement, the medical certificate shall be in the form of a first certificate Form 5 and shall be only in respect of the date of examination:

Provided that where the insured person, who needs abstention from work on day of examination, states that he has been actually sick or temporarily disabled on a day earlier than the date of his first examination, the Insurance Medical Officer may, if he is satisfied as to the truth of the statement that the insured person was unable to present himself for medical examination earlier for reasons beyond his control, certify incapacity for work on the date preceding the date of examination:

Provided further that where, in the opinion of the Insurance Medical Officer, the insured person is likely to become fit to resume work on a date not later than the third day after the date of the examination, the first certificate may be issued in respect of the entire spell of sickness or temporary disablement, and, in such a case, it shall specify the date on which the insured person will, in his opinion, be fit to resume work; such a certificate shall, notwithstanding anything contained in the Regulations, be also treated as a final certificate.

44. Final medical certificate. — If, on the date of the examination to which a medical certificate other than a first certificate relates, the insured person in the opinion of the Insurance Medical Officer is, or will become on a date not later than the third day after that date, fit to resume work, that certificate shall be in the form of a final certificate Form 5.

45. Intermediate certificates. — If the final certificate is not issued within seven days of the date of the first certificate, an insured person shall, except where the case is covered by Regulation 47, submit certificates in the form of intermediate certificates Form 5 at intervals of not more than seven days each, commencing from the date of the first certificate.

46. Final medical certificate before commencing work for wages. — Every insured person shall obtain a medical certificate in the form of a final certificate before he takes up any work for wages.

47. Intermediate certificate for longer period. — When temporary disablement or sickness has continued for not less than twenty-eight days and the Insurance Medical Officer is satisfied that such disablement or sickness is likely to continue for a long period and that, owing to the nature of the disablement or sickness, examination and treatment at intervals of more than

one week will be sufficient, the insured person may, unless otherwise directed by the appropriate office, furnish medical certificates in the form of special intermediate certificates in Form 6 at intervals of such longer periods not exceeding four weeks may be issued by the Insurance Medical Officer in respect of the Insured Person electronically or otherwise.

48. Form of claim for sickness or temporary disablement. — An insured person intending to claim sickness benefit or disablement benefit for temporary disablement shall submit to the appropriate Branch Office, a claim for benefit in Form 7, together with the appropriate regulation certificates electronically or otherwise:

Provided that where only one claim in Form 7 is submitted in respect of more than one certificates, such Form 6 shall be deemed to be appropriate to all such certificates.

49. Failure to submit medical certificate. — If a person who intends to claim sickness benefit or disablement benefit for temporary disablement fails to submit to the appropriate Branch Office electronically or otherwise the first medical certificate or any subsequent medical certificate issued to him in form other than electronic form within a period of three days from the date of issue of such certificate he shall not be eligible for that benefit in respect of any period—

(i) in the case of a first certificate, more than three days before the date on which the certificate is submitted to the appropriate Branch Office;
(ii) in the case of a subsequent certificate, more than fourteen days before the date on which such subsequent certificate is submitted to the appropriate Branch Office:

Provided that the appropriate Regional Office or other office as authorised by the Director General may relax all or any of the provisions of this Regulation in any particular case, if it is satisfied that the delay in submitting a certificate was due to *bona fide* reasons.

50. Diseases for which Sickness Benefit may be extended. — Sickness benefit may be extended as per provisions of sub-rules 2(a) and 2(c) of Rule 22 of the Social Security (Central) Rules 2026, in case the Insured person is diagnosed to be suffering from any one or more of the following diseases.

I. INFECTITIOUS DISEASES

1. Tuberculosis

2. Leprosy

3. Chronic Empyema

4. Bronchiectasis

5. Interstitial Lung Disease

6. A.I.D.S.

II. NEOPLASMS

7. Malignant Diseases

III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS

8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy.

IV. DISORDERS OF NERVOUS SYSTEM

9. Monoplegia

10. Hemiplegia

11. Paraplegia

12. Hemiparesis

13. Intracranial Space Occupying Lesion

14. Parkinson's disease

15. Spinal Cord Compression

16. Myasthenia Gravis/Neuromuscular Dystrophies

V. DISEASES OF EYE

17. Immature Cataract with vision 6/60 or less

18. Detachment of Retina

19. Glaucoma

VI. DISEASES OF CARDIOVASCULAR SYSTEM

20. Coronary Artery Disease

(a) Unstable Angina

(b) Myocardial infarction with ejection less than 45%

21. Congestive Heart Failure Left Right

22. Cardiac Valvular Diseases with Failure/complications

23. Cardiomyopathies

24. Heart Disease with Surgical intervention along with complications.

VII. CHEST DISEASES

25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale)

VIII. DISEASES OF THE DIGESTIVE SYSTEM

26. Cirrhosis of liver with ascities/chronic active hepatitis

IX. ORTHOPAEDIC DISEASES

27. Dislocation of vertebra/prolapse of intervertebral disc.

28. Non-union or delayed union of fracture

29. Post Traumatic Surgical amputation of lower extremity

30. Compound fracture with chronic Osteomyelitis.

X. PSYCHOSIS

31. Subgroups under this are listed for clarification

(a) Schizophrenia

(b) Endogenous depression

(c) Manic Depressive psychosis (MDF)

(d) Dementia

XI. OTHERS

32. More than 20% burns with infection/complication

33. Chronic Renal Failure

34. Reynaud's diseases/Burger's disease.

51. Conditions subject to which sickness benefit may be extended. — (1) Sickness benefit may be extended by a maximum period of 124 days initially which may be further extended up to 309 days in chronic suitable cases by the Regional Director or in-charge of Sub-Regional Office on the recommendation of the State Medical Officer based in turn on the report of the specialist, where abstention from work is recommended for a total period of more than 124 days for any listed disease.

(2) The Regional Director or in-charge of Sub-Regional Office may further enhance the duration of extended sickness benefit beyond the limit of 400 days (91 days of sickness benefit plus 309 days of extended sickness benefit) to a maximum period of two years (730 days) in deserving cases on the recommendation of the State Medical Officer duly approved by a Medical Board.

Provided that the extension of extended sickness benefit beyond the period of 400 days would be admissible only up to the date on which the insured person attains the age of 60 years.

52. Notice of accident. — (i) Every employee who sustains personal injury caused by accident arising out of and in the course of his employment in an establishment shall give notice of such injury either in writing or orally, as soon as practicable after the happening of the accident:

Provided that any such notice required to be given by an employee may also be given by some other person acting on his behalf;

Provided further that no such notice shall be required to be given by an employee if an employment injury is caused by any Occupational Disease specified in the Third Schedule to the Code.

(ii) Every such notice shall be given to the employer or to a foreman or to other official under whose supervision the employee is employed at the time of the accident or any other person designated for the purpose by the employer and shall contain the appropriate particulars.

(iii) Any entry of the appropriate particulars of the accident made in a book kept for that purpose in accordance with the next following Regulation shall, if made as soon as practicable after the happening of the accident by the employee or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of these Regulations.

(iv) In this Regulation and the next following Regulation, the expression 'appropriate particulars' means the particulars indicated below: —

(a) Full name, Insurance Number, sex, age, address, occupation, department and shift of the injured employee;

(b) Date and time of accident;

(c) Place where accident happened;

(d) Cause and nature of injury;

(e) Name, address and occupation of the person giving the notice, if he is other than the injured employee;

(f) A statement of what exactly the injured employee was doing at the time of injury;

(g) Names, addresses and occupation of two persons who were present at the spot when accident happened; and

(h) Remarks, if any.

53. Maintenance of accident book. — Every employer shall —

(i) keep a book readily accessible (hereinafter called 'the Accident Book') in Form XIX as prescribed under Rule 75 of the Occupational Safety, Health & Working Conditions (Central) Rules, 2026, in which the appropriate particulars of any accident-causing personal injury to an employee may be entered;

(ii) preserve every such book when it is completed for a period of five years from the date of the last entry thereon:

Provided that it shall not be necessary to enter in the said Accident Book particulars of any employment injury caused by an Occupational Disease specified in the Third Schedule to the Code.

Provided further that the employer shall be deemed to have complied with this Regulation sufficiently if in any register maintained by him, the appropriate particulars are also shown.

54. Notice otherwise than by an entry in accident book. — If notice of an employment injury under Regulation 52 is given otherwise than by an entry in the Accident Book it shall be the duty of the employer or any other person to whom such notice is given under that Regulation to make an appropriate entry in the book in respect of the accident to which the notice relates immediately after such notice is received, and where the notice is received otherwise than in writing read over the particulars to the person who gives the notice and obtain his signature or thumb impression on the Accident Book.

55. Report of accident by an employer. — Every employer shall send a report in Form 10 to the appropriate Branch Office and to the Insurance Medical Officer of the insured person electronically or otherwise —

(i) immediately, if the injury is serious, i.e., it is likely to cause death or permanent disablement or loss of a member, and

(ii) in any other case within 48 hours after the receipt of the notice under Regulation 52 or of the time when the accident came to the notice of the employer or other official under whose supervision the employee was employed at the time of the accident or any other person designated for the purpose by the employer:

Provided that in case of a serious injury, and particularly when the injury results in death at the place of employment, the report to the Insurance Medical Officer and the Branch Office shall also be sent electronically and otherwise as speedily as may be practicable under the circumstances:

Provided further that if the accident does not involve absence of the injured employee from work initially, the employer may not send the report to the Branch Office and the Insurance Medical Officer but shall do so within 48 hours after the absence from work which subsequently results from the injury.

Provided further that where a report of the accident is made by the employer under the Occupational Safety, Health and Working Conditions Code, 2020, the report to the Branch Office and to the Insurance Medical Officer may be made in the same form as is prescribed under the Occupational Safety, Health and Working Conditions Code, 2020, provided that all the additional information required under Form 10 is added thereto:

Provided further that it shall not be necessary for the employer to send a report in Form 10 if an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Code; but the employer shall furnish on demand to the appropriate Branch Office, within such reasonable period as may be specified, such information and particulars as shall be required of the nature of and other relevant circumstances relating to any employment specified in the Third Schedule to the Code.

56. Employer to arrange for first aid. — Every employer shall arrange for such first aid and medical care and transport for obtaining such aid and care as the circumstances of the accident may require till the injured person is seen by the Insurance Medical Officer and such employer

shall be entitled to reimbursement in respect of expenses thereby incurred by him but not exceeding such scale of expenses as may be specified by the Corporation from time to time:

Provided that if the employer is required to provide such medical aid free of charge under any other enactment, he shall not be entitled to any reimbursement of expenses.

57. Employer to furnish further particulars of accident. — Every employer shall furnish to the appropriate office such further information and particulars of an accident and within such time as the said office may, electronically or otherwise, require.

58. Directions by the Corporation. — Every claimant for and every beneficiary in receipt of disablement benefit shall comply with every direction given to him by the appropriate Regional Office or Sub-Regional Office which requires him either—

(i) to submit himself to a medical examination by such medical authority as may be appointed by that office for the purpose of determining the effect of the relevant employment injury or the treatment appropriate to the relevant injury or loss of faculty, and/or

(ii) to attend any vocational training courses or industrial rehabilitation courses provided by any institution maintained by any Government, local authority or any public or private body recognised for the purpose by the Corporation and considered appropriate by it in his case.

59. Reference to a Medical Board. — A reference to the Medical Board may be made—

(a) at any time not later than twelve months in cases where claim for temporary disablement benefit is made for an employment injury, from the date of the final certificate issued in respect of the spell of temporary disablement commencing on or immediately after the date of the occurrence of that injury, or from the date of the occurrence of an employment injury in cases where temporary disablement benefit not having been claimed, claim for permanent disablement is made on the basis thereof, by the appropriate Regional Office or Sub-Regional Office at the instance of the disabled person or the employer or any recognised employees' union:

Provided that such reference may be made by the appropriate Regional Office or Sub-Regional Office after the expiry of the period prescribed as aforesaid if it is satisfied that the applicant was prevented by sufficient cause from applying for the making of the reference in time:

Provided further that in the event of the claim for Temporary Disablement Benefit being rejected by the Corporation but afterwards granted by the Employees' Insurance Court in respect of the

injuries resulted in Permanent Disablement, the limit of twelve months will apply from the date of the order of the Employees' Insurance Court granting the claim of the insured person for Temporary Disablement Benefit, or

(b) by the Corporation, —

(i) at any time, on the recommendation of an Insurance Medical Officer, and

(ii) on its own initiative, after the expiry of the period of twenty-eight days from the first date on which the claimant was rendered incapable of work by the relevant employment injury.

60. Report of Medical Board. — The Medical Board shall, after examining the disabled person, send its decision on such form as may be specified by the Director General, to the appropriate Regional Office or Sub-Regional Office. The disabled person shall be informed electronically or in writing, of the decision of the Medical Board and the benefit, if any, to which the disabled person shall be entitled.

61. Occupational Disease. — Any question whether an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Code shall be determined by a Special Medical Board which shall examine the disabled person and send a report in such form as may be prescribed by the Director General in this behalf to the appropriate Regional Office or Sub-Regional Office stating—

(a) whether the disabled person is suffering from one or more of the diseases specified in the said Schedule;

(b) whether the relevant disease has resulted in permanent disablement;

(c) whether the extent of loss of earning capacity can be assessed provisionally or finally;

(d) the assessment of the proportion of loss of earning capacity and in case of provisional assessment, the period for which such assessment shall hold good.

All assessments which are provisional may be referred to the Special Medical Board for review by the appropriate Regional Office or Sub-Regional Office not later than the end of the period taken into account by the provisional assessment. Any decision of the Special Medical Board may be reviewed by it at any time. The disabled person shall be informed in writing of the decision of the Special Medical Board by the appropriate Regional Office or Sub-Regional Office and the benefit, if any, to which the insured person shall be entitled.

62. Continuous period of employment for occupational disease to qualify as employment injury. — The contracting of any disease specified in Part C of the Third Schedule

of the Code as an occupational disease peculiar to such employment as is listed therein shall, unless the contrary is proved, be deemed to be an employment injury if an employee is employed in such employment for a continuous period as given below:

1. Pneumoconioses caused by sclerogenic mineral dust (silicoses, anthraoosilicosis, asbestosis) and silico-tuberculosis provided that silicosis is an essential factor in causing the resultant incapacity or death	7 years
2. Bagassosis	3 years
3. Bronchopulmonary diseases caused by cotton, flax hemp and sisal dust (Byssinosis).	3 years
4. Extrinsic allergic alveelitis caused by the inhalation of organic dusts	5 years
5. Bronchopulmonary diseases caused by hard metals	3 years
6. Acute Pulmonary oedema of high altitude.	First day after rapid ascent to an altitude above 2,500 meters due to occupational need.

63. Constitution of Medical Boards/Special Medical Boards. — Medical Boards for the purposes of the Code and the Special Medical Boards for the purposes of Regulation 61 shall be constituted by the Corporation and where it so desires it may approach the State Government for setting up the same and shall consist of such persons, have such jurisdiction and follow such procedure as the Director General may from time to time decide.

64. Medical Appeal Tribunals. — For the purposes of the Code, the State Government shall constitute as many Medical Appeal Tribunals as it thinks fit. Each such Medical Appeal Tribunal shall consist of such persons, exercise such jurisdiction and follow such procedure (save for the manner in which and the time within which the appeals may be filed as may be prescribed by the rules framed by the Central Government under the Code) as the State Government in consultation with the Corporation may, from time to time, decide. Notwithstanding the amendments hereby made, all appeals pending before the Appeal Tribunals at the date of coming

into force of the provisions of the Code relating to Medical Appeal Tribunals shall be disposed of by the Appeal Tribunals.

Provided that the application (for presenting an appeal to Medical Appeal Tribunal), referred to in sub-rule (1) of Rule 23 of the Central Rules, shall be in Form 23 and shall contain a statement of the grounds upon which the appeal is made.

65. Submission of claims for permanent disablement benefit. — An insured person who has been declared to be permanently disabled by a Medical Board or by a Medical Appeal Tribunal or an Employees' Insurance Court shall submit electronically or otherwise, to the appropriate Branch Office a claim in Form 12 for claiming the first payment of the permanent disablement benefit. For subsequent payments of permanent disablement benefit, a claim will not be required.

66. Commutation of permanent disablement benefit. — (1) An insured person whose permanent disablement has been assessed as final and who has been awarded permanent disablement benefit at a rate not exceeding Rs. 10.00 per day may apply for commutation of permanent disablement benefit into a lump sum:

Provided that the insured person whose permanent disablement has been assessed as final and the benefit rate exceeds Rs. 10.00 per day may also apply for commutation of permanent disablement benefit into lump sum subject to the condition that the total commuted value of the lump sum permanent disablement benefit does not exceed Rs. 60,000 at the time of commencement of final award of his permanent disability:

Provided further that the cases falling under clause (3) of this Regulation where commutation has been refused because the insured person did not have average expectation of life, shall not be reopened.

(2) Where such an application is made within 6 months of the date on which he can opt for commutation hereafter called the "date of possible option", the permanent disablement benefit shall be commuted into a lump sum.

(3) Where such an application is made after the expiry of 6 months from the date of possible option, the permanent disablement benefit may be commuted into a lump sum if the Corporation is satisfied that the insured person has an average expectation of life for his age. For this purpose, the insured person shall, if so, required by the appropriate office, present himself for examination by such medical authority as the Director General may, by general or special order, specify.

(4) For the purpose of this Regulation, the date of possible option shall mean —

(i) in the case of a person who, on the date on which this Regulation comes into force is in receipt of permanent disablement benefit covered by sub-regulation (1), the date of coming into force of this Regulation;

(ii) in the case of any other insured person, the date on which assessment of permanent disablement covered by sub-regulation (1), is communicated to him by the appropriate Regional Office or Sub-Regional Office.

(5) The amount of lump sum admissible under this Regulation shall be determined by multiplying the daily rate of permanent disablement benefit by the figure indicated in Column 2 of Schedule I to these Regulations, corresponding to the age on last birthday of the insured person on the date on which his application for commutation is received in the appropriate office and on and from that date the permanent disablement benefit shall cease to be payable to him:

Provided that where no proof of age has been submitted as required by the appropriate office or if submitted, has not been accepted as satisfactory by the appropriate office, the corresponding age as aforesaid of the insured person shall be the age as estimated by the Medical Board on the date of examination adjusted by the period intervening between the date of examination by the Medical Board and the date on which the application for commutation was received in the appropriate office:

Provided further that the age so estimated by the Medical Board shall also operate against any proof of age that may be submitted after the time allowed for the purpose to the insured person by the appropriate office before reference of his case to the Medical Board.

67. Report of death of employee by employment injury. — In case of death of an employee as a result of an employment injury, —

(a) if the death occurs at the place of employment the employer shall, and

(b) if the death occurs at any other place, a dependant intending to claim dependants' benefit shall, or

(c) any other person present at the time of death may, immediately report the death to the nearest Branch Office and to the nearest dispensary, hospital, clinic or other institution where medical benefit under the Code is available.

68. Disposal of body of an employee dying by employment injury. — Where an employee dies as a result of an employment injury sustained as an employee under the Code, the

body of the employee shall not be disposed of until the body has been examined by an Insurance Medical Officer, who will also arrange a post mortem examination, if considered necessary, in co-operation with any other existing agency:

Provided that if an Insurance Medical Officer is unable to arrive for the examination within 12 hours of such death, the body may be disposed of after obtaining a certificate from such medical officer or practitioner as may be available:

Provided further that nothing contained in this Regulation shall be in derogation of any power conferred on a Coroner under any law for the time being in force or on the officer-in-charge of a police station or some other police officer under section 194 of the Bharatiya Nagarika Suraksha Samhita Act (BNSS) 2023.

69. Issue of death certificate. — An insurance medical officer attending the disabled insured person at the time of his death or the insurance medical officer who examines the body after the death or the medical officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 11 to the dependants of the deceased and shall send a report to the appropriate Regional Office or Sub-Regional Office.

70. Submission of claim for dependants' benefit. — (1) A claim for dependants' benefit shall be submitted to the appropriate Branch Office electronically or otherwise in Form 13 by the dependant or dependants concerned or by their legal representative or, in case of a minor, by his guardian, and such claim shall be supported by documents proving—

(i) that the death is due to an employment injury;
(ii) that the person claiming is a dependant entitled to claim as provided in sub-rule (6) of Rule 22 of the Central Rules.
(iii) the age of the claimant;
(iv) the infirmity of the dependant claiming to be infirm within the purview of sub-rule (6) of Rule 22 of the Central Rules by a certificate of such medical or other authority as the Director-General may, by a general or special order specify in this behalf:

Provided that where the appropriate Regional Office or Sub-Regional Office is satisfied about the *bona-fides* of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.

(2) The following may be accepted as proof of age—

(a) certified extract from an official record of births showing the date and place of birth and father's name;

(b) certified extract from school record showing the date of birth and father's name;

(c) any document accepted as proof of age by the Central Government or the respective State Government;

(d) such other evidence as may be acceptable to the appropriate Regional Office or Sub-Regional Office in the circumstances of a particular case.

71. Notice for dependants' benefit. — On receipt of a claim or claims for dependants' benefit in respect of the death of an employee and, after making such enquiries as may be necessary about the circumstances and cause of death and about all persons who may be entitled to dependants' benefit, the appropriate Regional Office or Sub-Regional Office shall issue electronically or otherwise to such other persons if any, as appear on enquiry, to be entitled to dependants' benefit, and who have not yet submitted a claim for such benefit a notice for submission of claims for dependants' benefit within a period of thirty days from the date of such notice. The notice shall indicate inter alia the relevant provisions of the Code and Regulations and the procedure for submission of a claim for dependants' benefit.

72. Intimation of decision regarding dependants' benefit. — As soon as possible after the expiry of the period during which claims can be submitted in terms of the notice issued under Regulation 71, the appropriate Regional Office or Sub-Regional Office shall intimate electronically or otherwise the decision of the Corporation in regard to the claim of each of the dependants in writing to the dependant concerned or to his legal representative, or, in the case of a minor, to his guardian.

73. Date of accrual of dependants' benefit. — The dependants' benefit shall accrue from the date of the death in respect of which the benefit is payable or, where disablement benefit was payable or where wages were payable for that date, from the date following the date of death.

74. Submission of claim for dependants' benefit. — Each dependant whose claim for dependants' benefit is admitted under Regulation 72, shall submit to the appropriate Branch Office, electronically or otherwise, a claim in Form 14 for first payment of the dependants' benefit. Such claim may be made by the legal representative of a beneficiary or in the case of a minor, by his guardian. For subsequent payments of dependants' benefits, no claim shall be required.

75. Reckoning of capitalized Value of permanent disablement benefit and dependants' benefit. — The multiplication factor based on age of the insured person or dependants for calculating the capitalized value of permanent disablement benefit or disablement benefit shall be as given in Schedule Ⅱ.

76. Review of dependants' benefit. — (1) The amounts payable as dependants' benefit in respect of death of an insured person may be reviewed by the appropriate Regional Office or Sub-Regional Office at its own initiative, and shall be so reviewed if an application is made to that effect under any of the following circumstances-

(a) If any of the beneficiaries ceases to be entitled to the dependants' benefit by reason of marriage, re-marriage, death, age or otherwise, or

(b) If a fresh dependant is admitted to the claim for dependants' benefit by the birth of a posthumous child, or

(c) If, after the previous decision as to the distribution of the dependants' benefit was taken, some facts materially affecting such distribution come to light.

(2) Any review under this Regulation shall be made after giving due notice electronically or otherwise to each of the dependants, stating therein the reason for the proposed review and giving them opportunity to submit objections, if any, to such review.

(3) Subject to the provisions of the Code and these Regulations, the appropriate Regional Office or Sub-Regional Office may as a result of such review, commence, continue, increase, reduce or discontinue from such date as it may decide the share of any of the dependants.

77. Appointment of another guardian. — If at any time the appropriate Regional Office or Sub-Regional office is satisfied that a child who is in receipt of dependants' benefit is being neglected by his guardian, not being a guardian appointed under the Guardian and Wards Act, 1890, and the child's share of the dependants' benefit is not being properly spent on his or her maintenance, the appropriate Regional Office or Sub-Regional Office may direct that such share may be paid subject to such conditions as it may specify to such other person as it deems fit and as in its opinion would utilise it for the care and maintenance of child.

78. Nomination. — (1) Every employer at the time of registration of each employee shall mandatorily obtain in writing from such employee, a nomination in Form-III of the Central Rules in such manner as may be prescribed by the Central Government and shall enter the particulars thereof on the specified Portal.

(2) An employee may, in his/her nomination, distribute the amount of cash benefit payable to him/her under Chapter IV of the Code amongst more than one nominee.

(3) If an employee has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his/her family, and any nomination made by such employee in favour of a person who is not a member of his/her family shall be void.

(4) If at the time of making a nomination the employee has no family, the nomination may be made in favour of any person or persons but if the employee subsequently acquires a family, such nomination shall forthwith become invalid and the employee shall make, within such time as may be prescribed by the Central Government, a fresh nomination in favour of one or more members of his/her family.

(5) A nomination may, subject to the provisions of sub-sections (3) and (4), be modified by an employee at any time, after giving to his/her employer a written intimation in Form-III of the Central Rules in such manner as may be prescribed by the Central Government, of his/her intention to do so, and the employer shall enter the particulars thereof on the specified Portal.

(6) If a nominee predeceases the employee, the interest of the nominee shall revert to the employee who shall make a fresh nomination, in Form-III of the Central Rules in such manner as may be prescribed by the Central Government, in respect of such interest.

(7) Every nomination, fresh nomination or alteration of nomination, as the case may be, shall be sent by the employee electronically or otherwise to his/her employer, who shall keep the same in his safe custody and update the same in the online database of the employee on the specified portal.

(8) In case no valid nomination is found, the legal heir of deceased insured person shall be eligible to receive cash benefits payable in respect of the deceased insured person.

79. Notice of pregnancy. — An insured woman, who decides to give notice of pregnancy before confinement, shall give such notice in Form 15 to the appropriate Branch Office, electronically or otherwise, and shall submit, together with such notice, a certificate of pregnancy in Form 15 given in accordance with these Regulations on a date not earlier than seven days before the date on which such notice is given.

80. Notice by the commissioning mother. — An Insured woman who wishes to have a child and get embryo implanted in any other woman shall give such notice in Form 15 amended

to the appropriate branch office electronically or otherwise together with Agreement of embryo implantation executed between the commissioning mother with the other woman.

81. Claim for maternity benefit commencing before confinement. — Every insured woman claiming maternity benefit before confinement shall submit to the appropriate Branch Office, electronically or otherwise —

(i) a certificate of expected confinement in Form 16 given in accordance with these Regulations, not earlier than fifty-six days before the expected date of confinement;
(ii) a claim for maternity benefit in Form 17 stating therein the date on which she ceased or will cease to work for remuneration; and
(iii) within thirty days of the date on which her confinement takes place, a certificate of confinement in Form 16 given in accordance with these Regulations.

82. Declaration by insured woman of her surviving child or children. — An Insured woman claiming maternity benefit before confinement or after confinement or miscarriage shall submit the declaration of her surviving child or children. In case the insured woman giving birth to more than one child, such claim shall be treated as a single claim; however, for the next confinement the number of surviving children should be counted as per the actual number of surviving children at the time of claiming maternity benefit.

83. Claim for maternity benefit only after confinement or for miscarriage. — Every insured woman claiming maternity benefit for miscarriage shall within 30 days of the date of the miscarriage, and every insured woman claiming maternity benefit after confinement, shall submit to the appropriate Branch Office electronically or otherwise a claim for maternity benefit in Form 17 together with a certificate of confinement or miscarriage in Form 16 given in accordance with these Regulations.

84. Claim for maternity benefit after the death of an insured woman leaving behind the child. — For the purposes of the proviso to clause (b) of sub-rule (3) of Rule 22 of the Central Rules, the person nominated by the deceased insured woman on Form-III of the Central Rules or on such other form as may be specified by the Director General in this behalf and if there is no such nominee, the legal representative, shall submit to the appropriate office electronically or otherwise a claim for maternity benefit, as may be due, in Form 18 within 30 days of the death of the insured woman together with a death certificate in Form 19 given in accordance with those Regulations.

85. Claim for maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage. — (1) Every insured woman claiming maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, shall submit to the appropriate office electronically or otherwise a claim for benefit in one of the forms appropriate to the circumstances of the case [Form7] together with the appropriate medical certificate in Form 5 or 6 as the case may be, given in accordance with those Regulations.

(2) The provision of Regulations 41 to 47 and 49 shall, so far as may be, apply in relation to a claim submitted and a certificate given in accordance with this Regulation as they apply to certification and claims under these Regulations.

86. Claim for maternity benefit by commissioning mother. — Every commissioning mother who as a biological mother wishes to have a child and prefers to get embryo implanted in any other woman, claiming maternity benefit shall submit to the appropriate office electronically or otherwise a claim for maternity benefit in Form 17 amended together with the copy of agreement on non-judicial stamp paper between commissioning mother and the other woman to whom embryo implantation is intended, copy of certificate issued by Assisted Reproductive Technology Clinic and copy of birth certificate issued by the authority under the Registration of Births and Deaths Act 1969.

Provided further that if commissioning mother and the other woman both are insured women, the claim will be provided only to the commissioning mother. Claim against miscarriage will not be payable to the commissioning mother as well as to the other woman.

87. Claim for maternity benefit by Adoptive Mother. — Every insured woman who legally adopts a child of up to 3 months age, claiming maternity benefit shall submit to the appropriate office electronically or otherwise a claim for maternity benefit in Form 17 amended together with the copy of court order / certificate from Registrar and birth certificate issued by the Authority under the Registration of Birth & Deaths Act 1969 incorporating the name of adoptive parents or single insured woman who legally adopts a child and copy of the Adoption Order issued by the Competent Court. In case of annulment of adoption approved by the court Insured woman will refund the maternity benefit received by her.

88. Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a certificate of pregnancy, expected confinement, confinement death during

maternity, miscarriage or sickness arising out of pregnancy, confinement, premature birth of child or miscarriage by an Insurance Medical Officer, if in its opinion, the circumstances of any particular case so justify.

89. Notice of work for remuneration. — Except as provided in Regulation 85 every insured woman who has claimed maternity benefit shall give notice in Form 17 if she does work for remuneration on any day during the period for which maternity benefit would be payable to her but for her working for remuneration.

90. Date of payment of maternity benefit. — Maternity benefit shall be payable from the date from which it is claimed provided that such date does not precede the expected date of confinement by more than fifty-six days, and that no work is undertaken by the insured woman for remuneration.

91. Disqualification for maternity benefit. — An insured woman may be disqualified from receiving maternity benefit if she fails without good cause to attend for or to submit herself to medical examination when so required; and such disqualification shall be for such number of days as may be decided by the authority authorised by the Corporation in this behalf.

Provided that an Insured woman may refuse to be examined by other than a female doctor or midwife.

92. Authority which may issue certificate. — No certificate required under any of the Regulations 79 to 85 shall be issued except by the Insurance Medical Officer to whom the insured woman has or had been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which the insured woman is or was allotted, and such Insurance Medical Officer shall examine and if in his opinion the condition of the woman so justifies, or in case of death of the insured woman or the death of the child, if satisfied about such death issue to such insured woman or in case of her death to her nominee or legal representative as the case may be, free of charge any such certificate when reasonably required by such insured woman or her nominee or legal representative, as the case may be, under or for the purposes of the Code or any other enactment or these Regulations :

Provided that such officer may issue a certificate, as aforesaid, under these Regulations, to or in respect of an insured woman who is or was not allotted to him or to the dispensary, hospital, clinic or other institution to which such officer is attached, if such officer is attending the woman for pre-natal care, for confinement, for miscarriage or for sickness arising out of pregnancy,

confinement, premature birth of child or miscarriage or in case of death, was attending the deceased insured woman or the child at the time of the death of the insured woman or the child :

Provided further that a certificate of pregnancy, of expected confinement, of confinement or miscarriage required under these Regulations may be issued by a registered mid-wife which shall be accepted by the Corporation on counter signature by the Insurance Medical Officer.

Provided further that such officer may issue a certificate of pregnancy, expected confinement, or confinement under these Regulations to an insured woman who is not allotted to him or to the dispensary, hospital, clinic, or other institution to which such officer is attached, if such officer is attending the woman for prenatal care or for confinement.

93. Obligations of Insurance Medical Officer. — Nothing in these Regulations shall relieve an Insurance Medical Officer to whom an insured woman has been allotted, or an Insurance Medical Officer attached to the dispensary, hospital, clinic or other institution to which an insured woman is allotted of the obligation to examine and if in his opinion, the condition of the woman so justifies, issue free of charge a certificate of pregnancy, of expected confinement, of confinement or miscarriage or of a sickness arising out of pregnancy, confinement, premature birth of a child or miscarriage during any period in which such insured woman is obtaining treatment or attendance from any other person or from any other hospital or institution.

94. Scale of medical benefit. — (1) The insured person and his family, where the medical benefit has also been extended to the family, shall be provided medical treatment through the dispensary, hospital, clinic or other institution run by the Corporation or the State Government to which he or his family is allotted;

Provided that the treatment of the insured person and his family for any rare diseases as mentioned in the National Policy for Rare Diseases of the Central Government may be provided by the dispensary, hospital, clinic or other institution run by the Corporation or the State Government up to such limit and subject to such conditions and procedures as may be prescribed by the Corporation from time to time;

(2) Notwithstanding anything contained in sub-regulation (1), the insured person and his family may be provided medical treatment in any medical institution not maintained by the Corporation or the State Government, where the required medical facilities are not available in the institutions

specified in sub-regulation (1), subject to such conditions and procedures as may be prescribed by the Corporation or the State Government, as applicable.

95. Report of death of insured person. — In case of death of an insured person —

(a) if the death occurs at the place of employment, the employer shall, and

(b) if the death occurs at any other place, the person entitled and intending to claim funeral expenses shall, or

(c) any other person present at the time of death of the Insured Person may,

immediately, report the death to the Branch Office of the deceased insured person electronically or otherwise.

96. Issue of death certificate to claim funeral expenses. — An insurance medical officer attending the insured person at the time of his death or the insurance medical officer who examines the body after the death or the medical officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 11 to the person entitled and intending to claim funeral expenses.

97. Other evidence in lieu of a death certificate by insurance medical officer. — The Corporation may accept any other evidence in lieu of a death certificate by Insurance Medical Officer if in its opinion, the circumstances of any particular case so justify.

98. Submission of claim for funeral expenses. — (1) A claim to funeral expenses shall be submitted to the appropriate Branch Office electronically or otherwise in Form 20 by the claimant entitled under Chapter IV of the Code and in case of a minor, by his guardian, and such claim shall be supported by documents proving: —

(i) the death of the deceased person,

(ii) that the person claiming is the eldest surviving member of the family of the deceased insured person and incurred the expenditure necessary for the funeral of the deceased, or

(iii) in case the claimant is other than the eldest surviving member of the family —

(a) that the deceased insured person did not have a family or that the deceased insured person was not living with his family at the time of his death; and

(b) that the claimant actually incurred the expenditure claimed on the funeral of the deceased insured person;

Provided that where the appropriate office is satisfied about the *bona fides* of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.

(2) The following may be accepted as proof for purposes of clauses (ii) and (iii) of sub-regulation (1) of this Regulation—

(a) A declaration of the claimant duly countersigned by—

(i) An Officer of the Revenue, Judicial or Magisterial Departments of Government; or

(ii) A Municipal Commissioner; or

(iii) A Workmen's Compensation Commissioner; or

(iv) The Head of Gram Panchayat under the official seal of the Panchayat; or

(v) The employer of the deceased insured person; or

(vi) An Insurance Medical Officer; or

(vii) A member of the Regional Board; or

(viii) A member of the Local Committee; or

(b) Any other evidence or declaration acceptable to the appropriate office in the circumstances of a particular case.

CHAPTER IV
MISCELLANEOUS

99. Authority for determining benefits. — The authority for determining for purposes of sub-section (9) of section 41 of the Code, the value of benefits other than cash payment shall be the Medical Commissioner of the Corporation.

100. Reimbursement of expenses incurred in respect of medical treatment. — Claims for reimbursement of expenses incurred in respect of medical treatment of insured person, and (where such medical benefit is extended to his family) his family, may be accepted in circumstances and subject to such conditions as the Corporation may by general or special order specify.

101. Scale of Medical Benefit for Reimbursement. — An Insured Person, and his family (where such medical benefit is extended to his family), shall be entitled to receive reimbursement of medical treatment in emergency condition to the extent of rates prescribed and published by State Government or the Corporation or for the Central Government Health Scheme (CGHS).

102. Discontinuation or reduction of benefits being provided by employer. — An employer may discontinue or reduce benefits payable to his employees under conditions of their service which are similar to the benefits conferred by the Chapter IV of the Code to the extent specified below, namely—

(a) from the date of the commencement of the first benefit period following the Appointed Day for his establishment—
    (i) sick leave on half pay to the full extent;
    (ii) such proportion of any combined general purposes and sick leave on half pay as may be assigned as sick leave but, in any case, not exceeding 50 per cent. of such combined leave;
(b) any maternity benefits granted to woman employees to the extent to which such woman employees may become entitled to the maternity benefit under the Code;

Provided that where an employee avails himself of any leave from the employer for sickness, maternity or temporary disablement, the employer shall be entitled to deduct from the leave salary of the employee the amount of benefit to which he may be entitled under the Chapter IV of the Code for the corresponding period.

103. Discharge, etc., of employee under certain conditions. — If the conditions of service of any employee so allow, an employer may discharge or reduce on due notice an employee—

(i) who has been in receipt of disablement benefit for temporary disablement, after he has been in receipt of such benefit for a continuous period of six months or more;

(ii) who has been under medical treatment for sickness or has been absent from work as a result of illness duly certified in accordance with these Regulations to arise out of the pregnancy or confinement rendering the employee unfit for work, after the employee has been under such treatment or has been absent from work for a continuous period of six months or more;

(iii) who has been under medical treatment for any of the following diseases duly certified in accordance with these Regulations, after the employee has been under such treatment for a continuous period of 18 months or more, notwithstanding provisions of clauses (i) and (ii):

I. INFECTITIOUS DISEASES

1. Tuberculosis

2. Leprosy

3. Chronic Empyema

4. Bronchiectasis

5. Interstitial Lung Disease

6. A.I.D.S.

II. NEOPLASMS

7. Malignant Diseases

III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS

8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy.

IV. DISORDERS OF NERVOUS SYSTEM

9. Monoplegia

10. Hemiplegia

11. Paraplegia

12. Hemiparesis

13. Intracranial Space Occupying Lesion

14. Parkinson's disease

15. Spinal Cord Compression

16. Myasthenia Gravis/Neuromuscular Dystrophies

V. DISEASES OF EYE

17. Immature Cataract with vision 6/6 or less

18. Detachment of Retina

19. Glaucoma

VI. DISEASES OF CARDIOVASCULAR SYSTEM

20. Coronary Artery Disease

(a) Unstable Angina

b) Myocardial infarction with ejection less than 45%

21. Congestive Heart Failure

Left

Right

22. Cardiac Valvular Diseases with Failure/complications

23. Cardiomyopathies

24. Heart Disease with Surgical intervention along with complications.

VII. CHEST DISEASES

25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale)

VIII. DISEASES OF THE DIGESTIVE SYSTEM

26. Cirrhosis of liver with ascities/chronic active hepatitis

IX. ORTHOPAEDIC DISEASES

27. Dislocation of vertebra/prolapse of intervertebral disc.

28. Non-union or delayed union of fracture

29. Post Traumatic Surgical amputation of lower extremity

30. Compound fracture with chronic Osteomyelitis.

X. PSYCHOSES

31. Subgroups under this are listed for clarification

(a) Schizophrenia

(b) Endogenous depression

(c) Manic Depressive psychosis (MDF)

(d) Dementia

XI. OTHERS

32. More than 20% burns with infection/complication

33. Chronic Renal Failure

34. Reynaud's diseases/Burger's disease.

104. Suspension of sickness or temporary disablement benefit. — Sickness benefit or disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefits fails to comply with any of the requirements of sub-section (3) of section 41 of the Code, and such suspension shall be for such number of days as may be decided by the authority authorised by the Director General in this behalf.

105. Sickness or temporary disablement benefits during strike. — No person shall be entitled to sickness benefit or disablement benefit for temporary disablement on any day on which he remains on strike except in the following circumstances—

(i) if a person is receiving medical treatment and attendance as an indoor patient in any Employees' State Insurance Hospital or a hospital recognized by the Employees' State Insurance Corporation for such treatment; or

(ii) if a person is entitled to receive extended sickness benefit for any of the diseases for which such benefit is admissible; or

(iii) if a person is in receipt of sickness benefit or disablement benefit for temporary disablement immediately preceding the date of commencement of notice of the strike given by the employees' union(s) to the management of the establishment;

(iv) if an insured person/insured woman has undergone operation on account of vasectomy/tubectomy, he/she shall be entitled to enhanced sickness benefit on any day on which he/she remains on leave during the period of strike or remains on leave, or on holiday for which he/she received wages.

106. Medical benefit to retired insured persons. — (1) An insured person who leaves insurable employment on attaining the age of superannuation, or retires under a Voluntary Retirement Scheme or takes premature retirement after being insured for not less than five years, shall be eligible to receive medical benefits for himself and his spouse at the scale as provided in sub-rule (8) of Rule 25 of the Central Rules and in sub-regulation (1) of Regulation 94, subject to: —

(i) the production of a certificate from the employer in the form which may be specified by the Director General for the purpose, as proof of his superannuation or retirement under a Voluntary Retirement Scheme or premature retirement, as the case may be, and having been in the insurable employment for a minimum of five years to the satisfaction of such officers as may be authorised by the Corporation *(.)*; and

(ii) the payment of contribution at the rate of fifty rupees per month in lump sum for one year at a time in advance to the concerned office of the Corporation in the manner prescribed by it.

Provided that if the retired insured person dies while in receipt of medical benefits for himself and his spouse as provided in this sub-regulation, his spouse shall continue to be eligible for medical benefits as provided in this sub-regulation subject to the payment of contribution at the rate of fifty rupees per month in lump sum for one year at a time in advance to the concerned office of the Corporation in the manner prescribed by it.

Provided also that the contribution by the surviving spouse shall be calculated from the date the contribution paid by the insured person is exhausted.

(2) An employer shall, on demand, issue the certificate as referred to in sub-regulation (1) to an employee who had been employed by him.

(3) Where no age is mentioned in the contract or conditions of service as the age on the attainment of which the employee shall vacate the employment, as prescribed in sub-section (82) of section 2 of the Code, and the person is no longer in employment, sixty years shall be considered as the age on which the insured person vacated insurable employment.

107. Production of document for medical benefit. — A person intending to claim medical benefit, and who is otherwise entitled to such benefit, shall produce his Insured Person Card or such other document as may have been issued in lieu thereof at the time of claiming such benefit if demanded by the Insurance Medical Officer and if he fails to do so, medical benefit may be refused to him.

108. Further certificates. — Where any question arises as to the correctness of any certificate by virtue of which an insured person claims, or is entitled to, any benefit under Chapter IV of the Code, he shall, on being so required in writing or otherwise by the appropriate office submit himself, with a view to obtaining a further certificate, to medical examination by such medical authority as the Corporation may appoint in this behalf. If the further certificate specifies the date on which the insured person is or will be fit to resume work, any certificate which is or has been issued by the Insurance Medical Officer for the same spell of incapacity shall, to the extent to which it relates to any period after and including the said date on the further certificate, be deemed not to have been issued in accordance with these Regulations and such further certificate shall, notwithstanding anything contained in this Regulations, be deemed to be a final certificate issued under Regulations 45 and 47. Notwithstanding anything contained in these Regulations, such further certificate in so far as it relates to sickness or temporary disablement, may be issued at such interval and in respect of such periods as may be specified by such medical authority.

109. Change of circumstances to be notified. — Every person to whom any benefit is payable under Chapter IV of the Code shall, as soon as may be practicable, notify the appropriate office of any change of circumstances which he may be expected to know and which might affect the continuance of his right to receipt of such benefit.

110. Permission to leave the area in which medical treatment is provided. — For the purpose of sub section (3) (c) of section 41 of Code, if in the opinion of Medical Officer of the Corporation, the circumstances of a particular case so justify, a person in receipt of sickness

benefit or disablement benefit (other than benefit granted under permanent disablement) may be allowed to leave the area in which medical treatment is provided under Chapter IV.

Provided that a certificate issued by the Medical Officer of the State Government, Local Body or other medical institution, or a registered medical practitioner may also be accepted for the purpose, in the form containing such particulars, and in such manner, as may be specified by the Director General in this behalf.

111. Certificate in respect of a person claiming permanent disablement benefit. — Every person whose claim for any permanent disablement benefit has been admitted shall submit in January of every year a life certificate electronically or otherwise in Form 21.

112. Declaration by and certificate in respect of a person claiming dependants' benefit. — Every person whose claim for any dependants' benefit has been admitted shall submit in January of every year a declaration and a life certificate electronically or otherwise in Form 22.

113. Personal attendance of a person claiming permanent disablement benefit or dependants' benefit. — In the case of claimant for permanent disablement benefit or dependants' benefit, the appropriate Branch Manager may require personal attendance and due identification of any claimant, other than a person incapacitated by bodily illness or infirmity or *purdanashin* lady at the appropriate Branch Office, or at any other office of the Corporation provided that such appearance shall not be required more frequently than once every year.

114. Submission of additional information by employer or insured person. — The employer or insured person as the case may be shall, on demand from the appropriate office, submit information in such form as may be specified by the Director-General.

115. The period to serve the Corporation and the manner of bond for students. — The time for which students of medical education institutions shall serve the Corporation and the manner in which the bond shall be furnished shall be as in Schedule III.

116. Occupational and epidemiological surveys. — The corporation may undertake such number of occupational and epidemiological surveys and studies for assessment of health and working conditions of insured persons and their family members as it deems fit through the ESIC Occupational Disease Centres (ODCs)/ ESIC Institute of Occupational Health, Environment & Research (IOHER) or any other institution of Corporation.

117. User charges for other beneficiaries. — The Corporation may notify the rate of user charges and other details of the scheme referred to in section 44 of the Code with prior approval of Central Government for availing of medical services in the under-utilised hospitals established by the Corporation by other beneficiaries in the scheme framed under section 44 of the Code.

118. Receipt Book. — The receipt book, referred to in sub-rule (1) of Rule 30 of the Central Rules, shall be in Form 24 and numbered serially by machine and the unused forms shall be kept in the custody of the Financial Commissioner or such other officer of the Corporation as may be authorised by the Corporation in this behalf.

119. Commencement of proceedings before an Employees' Insurance Court. — (1) The proceeding before an Employees' Insurance Court shall be commenced by application.

(2) Every such application shall be made within a period of three years from the date on which the cause of action arose.

Explanation: For the purpose of this Regulation—

(a) the cause of action in respect of a claim for benefit shall not be deemed to arise unless the insured person or in the case of dependants' benefit, the dependants of the insured person claims or claim that benefit in accordance with the Regulations made in that behalf within a period of twelve months after the claim became due or within such further period as the Employees' Insurance Court may allow on grounds which appear to it to be reasonable;

(b) the cause of action in respect of a claim by the Corporation for recovering contributions (including interest and damages) from the employer shall be deemed to have arisen on the date on which such claim is made by the Corporation for the first time:

Provided that where the proceeding under Section 125 of the Code has been initiated by the Corporation or the employer has declared the amount due to the Corporation electronically or otherwise, no claim shall be made by the Corporation after eight years from the period to which such proceeding relates or five years from the date of such declaration by the employer.

(c) the cause of action in respect of a claim by the employer for recovering contributions from a contractor shall not be deemed to arise till the date by which the evidence of contributions having been paid is due to be received by the Corporation under the Regulations.

(3) Every such application shall be in such form and shall contain such particulars and shall be accompanied by such fee if any, as may be prescribed by rules made by the State Government in consultation with the Corporation.

120. Inspection Book. — (1) Every employer shall maintain a bound inspection book and shall be responsible for its production, on demand by an Inspector-cum-facilitator or any other officer of the Corporation duly authorized to exercise the powers of the Inspector-cum-facilitator, irrespective of whether the employer is present in the establishment or not during the inspection.

(2) A note of all irregularities and illegalities discovered at the time of inspection indicating therein the action, if any, proposed to be taken against the employer together with the orders for their remedy or removal passed by the Inspector-cum-facilitator or any other officer of the Corporation duly authorized to exercise the powers of the Inspector-cum-facilitator, shall be sent to the employer who shall enter the note and orders in the inspection book.

(3) Every employer shall preserve the inspection book maintained under this Regulation, after it is filled for a period of 5 years from the date of the last entry therein.

121. Procedure on implementation of Information Technology. — Notwithstanding anything contained in these Regulations, wherever online system of functioning has been introduced, the registration of factory/establishment and employees, filing of contributions, generation of challans, payment of contributions, submission and processing of claims for benefits and all the related procedures under the Code and the Rules and Regulations made thereunder, shall be submitted/made online, with necessary digital signatures, wherever required, under these Regulations, as may be specified by the Director General from time to time.

122. Relaxation. — The Director-General may by special or general order relax any Regulation under such circumstances and subject to such conditions, as he may deem fit.

Form –I

Declaration Form for registration of employees

[Regulations 11 and 12]

(To be submitted in respect of employee who is not already registered under ESI Act)

1.

NAME OF THE EMPLOYEE (IN BLOCK LETTERS)	DATE OF BIRTH/AGE	SEX		MARITAL STATUS		
		M	F	M	U	W

2.

	Present	Permanent	Bank Details
Full Residential Address including Pin Code No. Phone/Mobile No. & E-mail Address			Name of Bank Branch and A/C No.

3. Father/Husband's name: ……

4. Date of appointment :

ESI Dispensary
chosen for Treatment

5. Name & Address of the Employer
& the Branch Office to which attached (Affix the Seal):

……
……
……

……
……
……
……

6. Details of the Nominee for payment of cash benefits after death:

Name	Relationship & age of the nominee	Permanent Address

7. Family Particulars:

Sl.No.	Name & Relationship with the I.P.	Date of birth & age as on date	Whether residing with the I.P.	If residing elsewhere, address along with name of the State

(In case the insured person is unmarried and his/her parents are not alive, details of minor brother or sister of the insured person wholly dependent on him may be given)

8. Please indicate the total monthly income of dependent parents, if any, from all sources.
9. In case of a person with disability, please specify the nature of disability and its percentage (Please enclose relevant documents).

DECLERATION

1. I understand to intimate any change in the membership of mu family within 15 days of such change.
2. I hereby certify that particulars furnished above are true to the best of my knowledge.

……..
Signature of the I.P.

……..
Countersignature of Employer
or Authorized Signatory (along with Name & Date)

Form – 1A
Insured Person Card

Employees' State Insurance (General) Regulations, 2026

[Regulation 14]

EMPLOYEES' STATE INSURANCE CORPORATION

INSURED PERSON CARD

PERSONAL DETAILS			
Name of IP	:	**Insurance No.**	:
Date of Birth	:	**UHID**	:
Gender	:	**UAN**	:
Mobile Number	:	**ABHA Number**	:
Email ID	:	**ABHA Address**	:
Registration Date	:	**Aadhaar**	:

REGISTRATION DETAILS			
Marital Status	:	**Name of Father / Husband**	:
Type Of Disability	:		
Present Address	:	**Permanent Address**	:
Dispensary / IMP for IP	:	**Dispensary / IMP for Family**	:

CURRENT EMPLOYER DETAILS			
Employer's Code No.	:	**Name of Employer**	:
Sub Unit's Code No.	:	**Date of Appointment**	:
Address of Employer	:	**Branch Office**	:

FAMILY DETAILS

Name	Relation with IP	Date of Birth	UHID/ABHA Number	ABHA Address	UAN/ Aadhaar	Is Residing with IP	State/District

NOMINEE DETAILS

Name of Nominee	Relation with IP	Date of Birth	UHID/ ABHA Number	Address of Nominee	Percentage (%)

Family Photograph Here.

(Attested and Stamped by Employer / ESIC Official)

Signature / LTI of Registered Employee / IP

Signature / Stamp of ESIC Officer / Employer

Note:

- This Insured Person card affixed with photograph of family & duly attested by the Employer/ESIC Staff shall be requested for availing cash/medical benefit.
- Insured Person card is a proof of registration under ESI scheme. However eligibility for various benefits depends upon the contribution conditions.

Printed By (Employer/Username):

IP Number:

Address:

Date:

Form – 1B

Form for updation of details of IP/Family

(Regulation 15)

FAMILY DECLARATION FORM

Name of the insured person ……

Insurance No. ……

Serial No.	Name	Date of Birth	Relationship with insured person	[Whether residing with him/her or not]

I hereby declare that the particulars above have been given by me and are true to the best of my knowledge and belief. I also undertake to intimate to the Corporation any changes in the membership of my family within 15 days of such changes having occurred.

Date …….. Signature or thumb-impression of the insured person……

Countersigned……

Date……

Designation…….
Name, Address and
Code No. of Employer…….

[Note.- According to section 2, clause (11) of the Employees' State Insurance Act, 1948 "family" means all or any of the following relatives of an insured person, namely, (i) a spouse; (ii) a minor legitimate or adopted child dependent upon the IP; (iii) a child who is wholly dependent on the earning of the IP and who is –(a) receiving education, till he or she attains the age of 21 years, (b) an unmarried daughter; (iv) a child who is infirm by reason of nay physical or mental abnormality or injury and who is wholly dependent on the earnings of the IP, so long as the infirmity continues; [(v) dependent parents, whose income from all sources does not exceed five thousand rupees a month; (vi) in case the insured person is unmarried and his or her parents are not alive, minor brother and /or sisters wholly dependent upon the earnings of the insured person.]

Form – 2

RETURN OF CONTRIBUTION

(Regulation 16)

EMPLOYEES' STATE INSURANCE CORPORATION

Name of Branch Office .....Employer's Code No. .....

Name and Address of the establishment: .....

Particulars of the employer(s)

(a) Name: .....

(b) Designation: .....

(c) Residential Address .....

Contribution Period from ..... to .....

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through a contractor or in connection with the work of the establishment or any work..... connected with the administration of the establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the Chapter IV of the Code on Social Security, 2020 (36 of 2020) applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Code and Regulations.

Employees' Share .....

Employer's Share .....

Total Contribution .....

Details of Challans: -

Sl.No.	Month	Date of Challan	Amount	Name of the Bank and Branch
1.				
2.				
3.				
4.				
5.				

6.				

Place: ..... Total amount paid: Rs. .....

Date: .....

Signature and Designation of the Employer

(with Rubber Stamp)

Important Instructions: Information to be given in 'Remarks Column (No. 9)"

(i) If any I.P. is appointed for the first time and / or leaves during the contribution period indicate "A ..... (date)" and / or "L ..... (date)" (ii) Please indicate Insurance Nos. in ascending order.

(iii) Figures in Columns 4,5 & 6 shall be in respect of wage periods ended during the contribution period.

(iv) Invariably strike totals of Columns 4, 5 and 6 of the Return.

(v) No overwriting shall be made. Any corrections, if made, should be signed by the employer. (vi) Every page of this Return should bear full signature and rubber stamp of the employer.

(vii) Daily wages in Column 7 of the return shall be calculated by dividing figures in Column 5 by figures in Column 4 to two decimal places.

For *CP ending 31st March, due date is 15th May

For CP ending 30th September, due date is 14th November.

EMPLOYEE'S STATE INSURANCE CORPORATION

Employer's Name and Address .....

Employer's Code No. .....Period from ..... to .....

Sl.No.	*Insurance Number*	*Name of Insured Person*	*No. of days for which wages paid*	*Total amount of wages paid (Rs.)*	*Employee's contribution deducted (Rs.)*	*Average Daily Wages (Rs.)*	*Whether still continues working*	*Remarks*
1	2	3	4	5	6	7	8	9
		Total						

*Date of appointment and leaving the job may be given in remarks column.

Signature of the Employer

(FOR OFFICIAL USE)

1. Entitlement position marked.
2. Total of Col. 5 of Return checked and found correct/correct amount is indicated.
3. Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed.

Countersignature .....

U.D.C. Head Clerk Branch Officer

Form – 3

CERTIFICATE OF CONTRIBUTION

(Regulation 17)

To be issued by the Employer on demand from the appropriate office.

1. Name of the Employer / Establishment:

_____

2. ESI Code Number of the Employer:

_____

3. Address of the Establishment:

_____

_____

_____

4. Name of the Insured Person:

_____

5. Insurance Number of the Insured Person:

_____

6. Father's / Husband's Name:

_____

7. Designation / Nature of Work of the Insured Person:

_____

8. Period for which Certificate is Issued: From _____ To _____

DETAILS OF CONTRIBUTION

Sl. No.	Contribution Period	Wages Paid (₹)	Employee Contribution (₹)	Employer Contribution (₹)	Total Contribution (₹)	Date of Payment

9. Total Wages for the Period (₹):

_____

10. Total Contribution Paid / Payable (₹):

_____

11. Remarks, if any:

_____

_____

_____

CERTIFICATION

I/We hereby certify that the above particulars relating to contributions paid or payable in respect of the above-mentioned insured person are true and correct to the best of my/our knowledge and belief.

Signature of Employer / Authorized Signatory: _____

Name:

_____

Designation:

_____

Date:

_____

Seal of Establishment

Form – 4

REGISTRER OF EMPLOYEES

(Regulation 24)

EMPLOYEES' STATE INSURANCE CORPORATION

Contribution period:

From……..to…….

Sl. No.	Insurance no.	Name of the insured person	Name of dispensary to which attached	Occupation	Deptt. And shift, if any	If appointed during the Contribution Period, date of appointment /leaving service	Month		
							No. of days for which wages paid/payable	Total amt. Of wages paid/payable	Employees share of contribution
(1)	(2)	(3)	3(A)	(4)	(5)	(6)	(7)	(8)	(9)
							Total		
							Employer's share		
							Grand total		
							Paid on		

	Month			Month			Month	
No. of days for which wages paid/payable	Total amount of wages paid/payable	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)
10	11	12	13	14	15	16	17	18
Total			Total			Total		
Employer's share			Employer's share			Employer's share		
Grand total			Grand total			Grand total		
Paid on			Paid on			Paid on		

No. of days for which wages paid/payable	Total amount of wages paid/payable	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	Total no. of days for which wages paid/payable in contribution period	Total amount of wages paid/payable in contribution period (Rs.)	Total Employees' share of contribution (Rs.)	Daily wage (26-25) (Rs.)
19	20	21	22	23	24	25	26	27	28
Total			Total						
Employer's share			Employer's share						
Grand total			Grand total						
Paid on			Paid on						

Note: The figures in Columns 7 to 24 shall be in respect of wage period ending in a particular calendar month.

Form – 5
First/ Intermediate/ final Certificate
[Regulations 43, 44, 45 and 84]
EMPLOYEES'STATE INSURANCE CORPORATION

Sl.No……..	Dated……
Insurance No…… ……..	Employer's Registration No……..
Date of first Certificate of spell of Sickness or Disablement ……	Branch Office Name and address…… …….. …
Name of the Insured Person (Sh./ Smt/Ms) …….....	Father's / Spouse name (Sh.) .... ……..

Certified that I have examined you today and that in my opinion: -

i. You now need medical treatment, attendance and abstention from your work on medical grounds by reason of (Diagnosis) …… ……

ii. You have continued toned medical treatment attendance and abstention from work on medical grounds up to and including this day by reason of (diagnosis) …….

iii. In my opinion you will be fit to resume work tomorrow/ on ……..

Any other remark by the Medical Officer: -

(Attestation by the Medical Officer)

Signature with seal of the Medical Officer…….

Important Instructions: -

1. Any person who makes false statement or representation for the purpose of obtaining benefit whether for himself or some other person shall be punishable with imprisonment up to 6 months or fine up to Rs 2000/- or both.
2. The insured person may fil his claim for cash benefits online also by logging on the IP Portal at www.esic.in.

Form – 6
Special Intermediate Certificate
(Regulations 47 and 84)
EMPLOYEES'STATE INSURANCE CORPORATION

Sl.No……..	Dated……
Insurance No…… ……..	Employer's Registration No……..
Date of first Certificate of spell of Sickness or Disablement …… …	Branch Office Name and address…… …… …….. …
Name of the Insured Person (Sh./ Smt/Ms) …….....	Father's / Spouse name (Sh.) .... ……..

Certified that I have examined you today and that in my opinion you have continued to need medical treatment and have remained incapable to work up to and including this day by reason of (diagnosis)…… ……I further certify that by judging your present condition it I found that your sickness is of such a character that it will be unnecessary to see you for the purpose of treatment more frequently than once in ……weeks, and you will require medical treatment will remain incapable to work at least up to end of …….weeks from this date……I propose to issue certificates in this form at the interval stated above, so long as your condition does not require more frequent attendance. In my opinion you should now/ need not be referred to a medical board to determine that you are permanently disabled.

Any other remark by the Medical Officer: -
(Attestation by the Medical Officer)

Signature with seal of the Medical Officer…….

Form – 7

CLAIM FOR SICKNESS BEENFIT/ T.D.B./ MATERNITY BENEFIT FOR SICKNESS

(Regulations 48 and 85)

EMPLOYEES'STATE INSURANCE CORPORATION

I ……. Insurance Number……. Son/wife/Daughter of……. hereby claim cash benefit for the period given below and state: -

i. *That because of sickness/temporary disablement/ sickness due to pregnancy/ confinement/premature birth of child/ miscarriage, I have not been at work since…….
ii. *I no longer claim to be sick/ temporary disabled/ sick due to pregnancy/ confinement/ premature birth of child/ miscarriage form ……. And I shall / did not take up any work for remuneration before that date.
iii. *I have not been in receipt of any wages for the days of leave/ holidays.
iv. *I was not on strike during the period of certified abstention on account of sickness/temporary disablement i.e. from…….to ……. for which the benefit I claimed.

The payment of benefit may be made in my bank account, details of which are already available with corporation / given below*: -

Name of the bank…….

Bank account number…….

IFSC code ……. (cancelled copy of cheque enclosed)

(*Strike-out if not applicable)

……

(Signature/LTI of the claimant)

Name…….

Address…….

Mobile Number…….

Important Instructions: -

1. Any person who makes false statement or representation for the purpose of obtaining benefit whether for himself or some other person shall be punishable with imprisonment up to 6 months or fine up to Rs 2000/- or both.
2. The insured person may fil his claim for cash benefits online also by logging on the IP Portal at www.esic.in

Form – 8

ABSTENTION VERIFICATION IN RESPECT OF SICKNESS BEENFIT/ TEMPORARY DISABLEMENT BENEEFIT/MATERNITY BENEFIT

(Regulation 38)

EMPLOYEES' STATE INSURANCE CORPORATION

From:
The Manager
……. Branch office
ESI Corporation
…….

To,
M/s …….
……

Subject: - Verification of abstention from work in respect of Sh./Smt./Km……. Insurance Number……...

Sir,

The above-mentioned employee of your establishment has submitted a certificate of incapacity for the period from…… to……... and has declared that he/she has not worked on any day during this period.

He/she has further declared that he/she has not received wages as defined under section 2(88) of the Code on Social Security 2020 for any leave/ holiday/ weekly off/lay off and strike in respect of any day during the above period and that he/ she was not on strike during the above period.

I shall be grateful if you confirm the exact position, in this regard, on the form appended within 10 days of the receipt of this form.

Yours faithfully

Dated: -

(Manager)
……. Branch Office
E.S.I.C.

FORM -9

ACCIDENT BOOK

(Regulation 66)

EMPLOYEES' STATE INSURANCE CORPORATION

Sl. No	Date of Notice	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the employee	Details of Injury				
								Cause	Nature	Date	Time	Place
1	2	3	4	5	6	7	8	9	10	11	12	13

What exactly was the injured person doing at the time of accident	Name, occupation, address and signature or the thumb impression of the person(s) giving notice	Signature and designation of the person who makes the entry in the Accident Book	Name, address and occupation of two witnesses	Remarks, if any
14	15	16	17	18

Form – 10
ACCIDENT REPORT FROM EMPLOYER
(Regulation 55)
EMPLOYEES' STATE INSURANCE CORPORATION

<table>
<tr><td>1.</td><td>NAME, INSURANCE NO. OF INJURED PERSON</td><td></td><td></td></tr>
<tr><td>2.</td><td>DEPARTMENT AND SHIFT HOURS</td><td></td><td></td></tr>
<tr><td>3.</td><td>WAS HE / SHE AN EMPLOYEE UNDER THE ACT ON THE DAY OF ACCIDENT</td><td></td><td></td></tr>
<tr><td>4.</td><td>EXACT TIME AND PLACE OF ACCIDENT</td><td></td><td></td></tr>
<tr><td>5.</td><td>NATURE AND LOCATION OF INJURY (GIVE ACCURATE DETAILS)</td><td></td><td></td></tr>
<tr><td>6.</td><td>EXTENT OF INJURY (SIMPLE, GRIEVOUS INVOLVING FRACTURE (S), LIKELY TO RESULT IN PERMANENT DISABILITY, FATAL) HOSPITALISED / NOT HOSPITALISED AS IN – PATIENT</td><td></td><td><table><tr><td>Type of injury</td><td>Check the relevant box</td></tr><tr><td>Simple</td><td></td></tr><tr><td>Grievous involving fracture</td><td></td></tr><tr><td>Likely to result in Permanent Disablement</td><td></td></tr><tr><td>Likely to result in Death</td><td></td></tr><tr><td>Fatal</td><td></td></tr><tr><td>IP Hospitalised</td><td></td></tr><tr><td>IP Not hospitalised</td><td></td></tr></table></td></tr>
<tr><td>7.</td><td>WHETHER THE ACCIDENT REPORTED TO THE INSPECTOR OF</td><td></td><td></td></tr>
</table>

	FACTORIES (YES / NO)		
8.	IF ACCIDENT OCCURRED OUTSIDE THE PREMISES OF THE ESTABLISHMENT, THEN		Exact Spot of The Accident Whether he was travelling at that time, if yes to where? The details of the vehicle he was travelling at the time of accident, (Registration no., make, whether it is his own etc.) Whether he was on official duty or coming to workplace or returning home? Is FIR lodged and any post-mortem conducted
9.	DATE OF ACCIDENT REPORT		
			SIGNATURE OF THE EMPLOYER / AUTHORISED SIGNATORY
			NAME, CODE NO. AND ADDRESS OF THE ESTABLISHMENT (SEAL)

FORM 11

(In Duplicate) *

DEATH CERTIFICATE
(For Dependants' Benefit or Funeral Expenses)
(Regulations 69 and 96)
EMPLOYEES ' STATE INSURANCE CORPORATION

Book No……. Stamp of Dispensary Serial No……

Name of the deceased Insured person .....s/w/d of …… Insurance No……

I certify that in my opinion the above - named deceased Insured Person died on the ..... day of ……. 20 ……. as a result of an injury / due to* ……..…. I **had been attended him/her for providing medical benefit before his/her for the last time on ……... day of ……... 20 ……...

Signature ……...
Insurance Medical Officer/I.M.P.
Name in block letters and rubber stamp

Any other remarks
by the Medical Officer

Date …….

* Please indicate the name of the disease.

** May be suitably amended if the Insurance Medical Officer /I.M.P. has not attended the deceased person before his / her death.]

Form – 12
CLAIM FOR PERMANENT DISABLEMENT BENEFIT
(Regulation 65)
EMPLOYEES STATE INSURANCE CORPORATION

I ……...…… s/w/d of ……..…… Insurance No. [ ] having been declared as permanently disabled by the Medical Board / Medical Appeal Tribunal / Employees' Insurance Court, claim Permanent Disablement Benet accordingly.

The amount due may be paid to me by ECS as per details of my Bank given below or in cash at Branch Office

Name of the Bank …….

Branch name …….

A / C number …….

MICR number ……

IFSC Code .....

Signature or thumb - impression
of the Claimant

Name in block letters .....

Address ……..

Date ……

IMPORTANT: Any person who make a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishment with imprisonment for a term which may extend up to six months or with a fine up to Rs. 2,000, or with both.]

Form – 13
CLAIM FORM FOR DEPENDANTS' BENEFIT
(Regulation 70)
EMPLOYEES ' STATE INSURANCE CORPORATION

Name of the deceased employee …… Ins. No. …… s/w/d of ……. Date of Death ……..…… Last employed as ……...…… by …….

I/We the following being dependants of the abovenamed deceased employee, hereby claim and accordingly apply for dependants' benefit on account of his/her death:

Name of the dependant	Sex	Age or year of birth	Marital status	Relationship with the deceased	Present Address	Name of guardian in case of a minor
1	2	3	4	5	6	7

I/We declare that the particulars given above are true to the best of my/our knowledge and belief.

I/We also declare that to the best of my / our knowledge and belief, there is no other dependant entitled to claim dependants' Benefit in r/o the death of the above – noted deceased I.P., save and except those mentioned above.

Signature*

1. ……
……....
2. ……
……..……
3. ……
……..
4. ……
……..

ATTESTATION**

Certified that the declarations, made above are true to the best of my knowledge and belief.

Name in Block letters and Rubber stamp or seal of the attesting authority

Signature
……
Designation
……..……

* All major dependants should sign individually and the guardian to sign in case of a minor dependant.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Departments of Government, or (ii) a Municipal Commissioner, or (iii) a Workmen's Compensation Commissioner, or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat, or (v) M.L.A./M.P., (vi) Gazetted Officer, or (vii) a member of Local Committee/Regional Board of the ESI Corporation, or (viii) any other authority considered appropriate by the Branch Manager.

IMPORTANT: Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months, or with a fine up to Rs. 2000 or with both.]

Form – 14

CLAIM FOR DEPENDANTS' BENEFIT

(Regulation 74)

EMPLOYEES ' STATE INSURANCE CORPORATION

Name of the deceased employee ..... Ins. No. ……

I ……., being the …… (relationship) of the above-named deceased employee and also being him/her dependant, do hereby claim Dependants' Benefit.

The amount due may be paid to me by ECS as per details of my Bank given below or in Cash at Branch Office:

Name of the Bank …….

Bank name …….

A / C number …….

MICR number ……

I also declare that –

* (i) I have not married*/re-married, so far (Applicable only in case of a female dependant).

* (ii) I have not attained the age of 18 years (Applicable in case of minor male/female dependant)

* (iii) I am still infirm.

(Applicable only in case of a legitimate/adopted* infirm son or a legitimate/adopted* unmarried infirm daughter who has attained the 25 years of age. The claim to be accompanied, if required, by a certificate of specified authority).

Date ……... **Signature or thumb-impression

of the claimant

Present address …….

……

Name in Block letter of Claimant/Guardian

or

***Signature/Thumb-impression

of the Guardian

for ……

(name of minor dependant)

through ……..……..

(name of Guardian)

his/her

……..……..……

……

(relationship with the Minor)

*Please strikeout whichever is not applicable
** Applicable in the case of a claim by a major dependant.
*** Applicable in the case of a claim for a minor dependant.
[Please refer to Rule 22(6) of the Social Security (Central) Rules, 2026.]

Form – 15

CERTIFICATE/NOTICE OF PREGNANCEY/NOTICE OF COMMISSIONING MOTHER

MATERNITY BENEFIT

(Regulations 79 and 80)

EMPLOYEES' STATE INSURANCE CORPORATION

Signature or thumb – impression
of the Insured Women

Employer's Code No. ……..... Book No. ……..….

Insured Woman's Name…… Serial No. …….

Insurance No. ……..….

Stamp of dispensary

Certified that I have examined the above-mentioned Insured Woman and that in my opinion she is pregnant and her pregnancy appears to be …… week old.

Or {proposed to be incorporated}

Certified that I have examined the original Agreement of embryo implantation executed between commissioning mother with the other woman. I have also examined certificate of embryo implantation issued by the Assisted Reproductive Technology Clinic Recognized by Indian Council of Medical Research.

Date……...

Signature of Counter – signature of
Insurance Medical Officer

……

Name in Block Letter and Rubber Stamp

Any other Remarks……

I, …….. Insurance No. ……. wife/daughter of …… hereby give notice of pregnancy.

Or

I, …….. Insurance No. ……. wife/daughter of …… hereby submit the copy of agreement for commissioning.

Present address…….

Present/last employer…….

Date……

..……

(Signature or thumb – impression of Insured Woman)

Form – 16

CERTIFICATE OF EXPECTED CONFINEMENT/CONFINEMENT/ MISCARRIAGE/MATERNITY BENEFIT

[Regulations 81 (i), 81 (iii) and 83]

EMPLOYEES' STATE INSURANCE CORPORATION

…….

Signature or thumb-impression of the Insured Woman

Employer's Code No …… Book No ……

Serial No ……..

Insured Woman's Name …….

Insurance No …….

Wife/Daughter of …….

Stamp of the Dispensary

I.* Certified that I have examined the above-mentioned Insured Woman today and that in my opinion she may expect to be confined on or about ……

II.* Certified that I attended the above-mentioned Insured Woman in connection with her confinement/miscarriage at ……. (address) and that she was there delivered of a child on the …… day of …….

……

……..

Date …… Signature of midwife, if any

Any other Remarks……

……..

……. Signature or counter- signature

of Insurance Medical Officer

……..

Name in Block Letters

and Rubber Stamp

* Delete whichever is not applicable.]

Form – 17
CLAIM FOR MATERNITY BENEFIT
AND NOTICE OF WORK
[Regulations 81(ii), 83, 86, 87 and 89],
EMPLOYEES' STATE INSURANCE CORPORATION

Signature or thumb – impression
of the Insured Women
Employer's Code No. ……..... Serial No. …….
Insured Woman's Name……
Insurance No. ……..….
Wife/Daughter of ……...

Stamp of the Dispensary
I, the above-mentioned Insured Woman hereby claim Maternity Benefit for expected confinement/confinement*/miscarriage of self/commissioned mother/Adoptive mother with effect from ……
I, further declare that I have ceased*/shall cease to work for remuneration with effect from the aforesaid date.
* I, do hereby give notice that I have taken up/shall take up work for remuneration with effect from the ……... I have drawn maternity benefit only upto …….
*** I hereby declare that as on date I have the following child/children and I do hereby declare that the information furnished is true and nothing has been concealed. *

S. No.	Name of Insured Woman	Gender	Date of Birth

Present/last employer**…….
Department, shift and occupation ……
Signature or thumb – impression
of the Insured Woman
Present address …….

Date …….. Name of the Branch Office ……...

* Please delete whichever not applicable
** If not in employment, mention the particulars of last employer.
*** The above declaration is not applicable for commissioning mother & adoptive mother.

IMPORTANT: -

1. No work for remuneration shall be taken up during the period of which Maternity Benefit is claimed or is to be claimed.
2. Notice of resumption of work must be sent before any work is taken up.
3. If Commissioning mother and other woman both are Insured Woman, then the claim will be provided only to the commissioning mother. Claim against miscarriage and will also not be payable to the commissioning as well as to the other woman.
4. In case annulment of adoption approved by the Court, Insured Women shall refund the entire amount of maternity benefit paid to her.
5. In case Insured woman giving birth of twine child such claim shall be treated a single claim.

   A person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offense punishable with imprisonment for a term which may extend up to six months, or with a fine up to Rs. 2,000/- or with both.

Form – 18

CLAIM FOR MATERNITY BENEFIT AFTER THE DEATH OF AN INSURED WOMAN LEAVING BEHIND THE CHILD

(Regulation 84)

EMPLOYEES' STATE INSURANCE CORPORATION

Claim arising from the death on ……..…….. of Ms ……..…….. wife of/daughter of ……, having Insurance No ……..…… and last employed by M/s……..…… ……..…..

I ……..,*being related to the above-named deceased Insured Person as her ……..…… and being her nominee/being her legal representative (applicable if the I.W. dies leaving no nominee), hereby claim Maternity Benefit for the period from …….to …… .

I also declare that-

**(i) The deceased Insured Women died on ……..…… leaving behind the child who is still alive; or

**(ii) The deceased Insured Women died on …….. leaving behind the child who also died on …….

The amount due may be paid to me by money order/or in cash at Branch Office.

I further declare that the particulars, as given here-in above, are true to the best of my knowledge and belief.

Date……..

……..……

Signature/Thumb-Impression
of the Claimant

Name in Block Letter and …….

Address of claimant…….

……..…….

ATTESTATION

*** Certified that the declarations, as made here-in above, are true to the best of my knowledge and belief.

Name in Block letters and Rubber stamp or seal of the attesting authority	Signature ……. Designation…….

* Strike out this line if not applicable.

** Delete either (i) or (ii), as may not be applicable in the case.

*** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the Head of the Gram -Panchayat under the official seal of the Panchayat; or M.L.A./M.P.; or (v) A Gazetted Officer of the Central/State Govt./Member of the Local committee/Regional Board, or (vi) any other authority considered as appropriate by the Branch Manager concerned.

FORM 19
DEATH CERTIFICATE IN CASE OF CONFINEMENT
OF CLAIMING MATERNITY BENEFIT
(Regulation 84)
EMPLOYEES' STATE INSURANCE CORPORATION

Stamp of the Dispensary

Book No…… Name of the deceased insured Women…….

Serial No…… w/d of ……

Insurance No…….

I certify that in my opinion-

(ii) The above-named deceased Insured Person Women died on……, as a result of ……, during her confinement/*during a period of …….., weeks (cause of death) immediately following her confinement, leaving behind the child.

(ii) The said child also died on ……. As a result of ……

Also certified that I had been attending her* / and also her child for providing medical benefit before *her/her said child's death and I attended her for the last time on …… and her said child for the last time on……

Any other remarks

……..

……..

Date……..

……..

Signature of Insurance Medical Officer
Insurance Medical Practitioner

Rubber Stamp and name in Block Letters

Note. - *Delete whichever is not applicable

(2) The language may be suitable amended if the Insurance Medical Officer / Insurance Medical Practitioner had not attended the deceased person before her/his child's death.]

Form – 20

FUNERAL EXPENSES CLAIM FORM

(Regulation 98)

EMPLOYEES' STATE INSURANCE CORPORATION

Claim arising from the death on……of ……

s/w/d of……aged…….. years, having Insurance No …….. and last employed as ……

by M/s. …… Code No. ……..

I…….. s/w/d of …… aged ……. Years declare: -

*(i) that I am the eldest surviving member of the family of the deceased Insured Person, whose particulars are furnished here-in-above, and that I actually incurred an expenditure of Rs. ……

(Rupees…… only)

necessary for the funeral of the said deceased person.

or

*(ii) that the deceased Insured Person, whose particulars are furnished there-in-above, did not have a family was not living with his family at the time of his/her death and that I actually incurred an expenditure of Rs. …… (Rupees …… only) necessary for the funeral of the said deceased insured person.

Accordingly, I do hereby claim funeral expenses for the amount of Rs. ……..... (Rupees ……. Only).

Date …… Name in Block ……..

Letters ……. Signature/thumb-impression

Of the claimant

ATTESTATION

**Certified that the declarations, as made here-in-above are true to the best of my knowledge and belief.

Name in Block letters and Rubber Stamp or Seal of the Attesting Authority

Signature…….

Designation…….

Date……

*Delete either (i) or (ii), which may not be applicable in the case.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a workman's Compensation Commissioner; or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat; or M.L.A./M.P; or (v) a Gazetted Officer of the Central/State Government, Local Committee/Regional Board; or (vi) any other authority considered as appropriate by the Branch Manager concerned.

IMPORTANT. – Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine up to Rs. 2000, or with both.

Note. - In case of a minor the guardian should sign the claim form on behalf of the minor and then add the following below his/her signature.

…….

(Name of the minor)

Through ……...

(Name of the Guardian)

His/her ……

(Relationship with the Minor)]

Form – 21

LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT

(Regulation 111)

EMPLOYEES' STATE INSURANCE CORPORATION

(To be submitted along with claim of June and December)

Insurance No. of
permanently disabled person

*Certified that Sh./Smt. ……w/s/d of ……. is alive this day of ……..20……..

Name in Block letter of ……..
Signing Claimant.

Signature

Date ……..
…….

Designation with Rubber stamp/ seal of the attesting authority

IMPORTANT. – Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months of with a fine up to Rs. 2,000, or with both.

*This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a workman's Compensation Commissioner; or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat; or (v)M.L.A./M.P; or (vi) a Gazetted Officer of the Central/State Government, Local Committee/Regional Board; or (vii) a member of local Committee/Regional Board of the State Government; or (viii) any other authority considered as appropriate by the Branch Manager concerned.]

Form – 22

DECLARATION AND CERTIFICATE FOR DEPENDANTS' BENEFIT

(Regulation 112)

EMPLOYEES' STATE INSURANCE CORPORATION

(To be submitted along with claim of June & December)

Name of the deceased [employee] ……

I ……., being the ……..of the above-named deceased [employee] and also being his dependant, do hereby solemnly declare: –

* (i) that I am not married/re-married so far.
  (to be given only by a female dependant)
* (ii) that I have not yet attained the age of eighteen years
  (to be given only in respect of a minor male or female dependant [other than legitimate or adopted son or daughter]).
* (iii) that I have attained the age of [twenty-five years] but continue to be infirm.
  (To be given by a legitimate/adopted infirm son or by a legitimate/adopted infirm daughter. Certificate as specified, to be attached, if required)
* [(iv) I have not attained the age of twenty-five years (Applicable in case of legitimate or adopted son).]

Present
Address……
……..
Date……..
……

Signature or thumb-impression
of the dependant
or

Name in Block letters
……..
of signing claimant

Signature or thumb-impression

of the Gaudian in case of a minor dependant

Name of the Minor…….
Through……..……

(name of the Guardian)

his/her……

(relationship with the minor)

CERTIFICATE

** Certified that Sh./Smt./Kumari ……..…….. w/s/d of …… is alive this day, the ……..…… day of …….. 20…… and that the declarations made above are true to the best of my knowledge and belief.

Date……..	Name in Block letters and Rubber Stamp or Seal of the Attesting Authority	Signature……...…….. Designation…….

* Strike out whichever is not applicable.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a workman's Compensation Commissioner; or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat; or (v)M.L.A./M.P; or (vi) a Gazetted Officer of the Central/State Government, Local Committee/Regional Board; or (vii) a member of local Committee/Regional Board of the State Government; or (viii) any other authority considered as appropriate by the Branch Manager concerned.]

IMPORTANT. – Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months of with a fine up to Rs. 2,000, or with both.

Form – 23

APPLICATION TO MEDICAL APPEAL TRIBUNAL

[Regulation 64]
EMPLOYEES' STATE INSURANCE CORPORATION

To

Chairman of Medical Appeal Tribunal

Insurance No. .....

I, ... (full name of appellant) of ..... (address of appellant) Appeal against the decision on ..... (date) of the medical board at ..... (address) notified to me by letter (from .....) dated ..... that: -

*(1) there is no appreciable disablement;

*(2) the disablement should continue to be treated as temporary and the next date when the case should be referred to the Medical Board is; or

*(3) the disablement can be declared to be of a permanent nature; and

(i) the extent of loss of earning capacity can be assessed provisionally or finally,

(ii) the assessment of the proportion of loss of earning capacity whether provisional or final; and

(iii) in case of provisional assessment, the period for which such assessment shall hold good.

The following are the grounds of my appeal:

List of documents, if any:

Date ..... Signature of appellant

*Delete whichever does not apply.

The statement of facts contained in this application is to the best of my knowledge and belief true and correct.

Signature of appellant

Form – 24
RECEIPT
[Regulation 119]
EMPLOYEES' STATE INSURANCE CORPORATION

Book No.	Receipt No.	Book No.	Receipt No. .....
Received from ..... the sum of Rs. ..... (in words) ..... on account of ..... Chief A/c. Officer/ Authorized Officer Entered in Cash Book, Page No. ..... Accountant		Received from ..... the sum of Rs. ..... (in words) ..... …… on account of ..... ……. Chief A/c. Officer/ Authorized Officer Employees' State Insurance Corporation	

SCHEDULE I

COMMUTATION VALUES FOR PERMANENT DISABLEMENT BENEFIT

(Ref: Regulation 65)

Age last birthday of insured person on the date on which the application for commutation is received in the appropriate case	***The factors with which daily rate of benefit is to be multiplied***
17 years and below	5690
18 years	5670
19 years	5660
20 years	5640
21 years	5620
22 years	5600
23 years	5580
24 years	5560
25 years	5540
26 years	5510
27 years	5480
28 years	5460
29 years	5420
30 years	5390
31 years	5360
32 years	5320
33 years	5280
34 years	5240
35 years	5200
36 years	5160
37 years	5110
38 years	5070
39 years	5020
40 years	4970
41 years	4910
42 years	4860
43 years	4800
44 years	4740
45 years	4670
46 years	4610

47 years	4540
48 years	4470
49 years	4400
50 years	4330
51 years	4250
52 years	4180
53 years	4100
54 years	4020
55 years	3930
56 years	3850
57 years	3760
58 years	3670
59 years	3590
60 years	3500
61 years	3400
62 years	3310
63 years	3220
64 years	3130
65 years	3030
66 years	2940
67 years	2850
68 years	2750
69 years	2660
70 years	2570
71 years	2470
72 years	2380
73 years	2290
74 years	2200
75 years	2120
76 years	2030
77 years	1950
78 years	1860
79 years	1780
80 years	1700

SCHEDULE II

MULTIPLICATION FACTOR BASED ON THE AGE OF THE INSURED PERSON OR DEPENDANTS FOR CALCULATING THE CAPITALISED VALUE OF PERMANENT DISABLEMENT BENEFIT OR DEPENDANTS' BENEFIT

(Ref: Regulation 74)

Table of capitalized values of Permanent Disablement Benefit / Disablement Benefit for both males and females:

Age on last birthday	*Multiplying factor*	*Age on last birthday*	*Multiplying factor*
17 and below	8495	49	6659
18	8462	50	6568
19	8429	51	64.73
20	8394	52	6377
21	8358	53	6277
22	8320	54	6176
23	8281	55	6071
24	8241	56	5964
25	8200	57	5854
26	8156	58	5742
27	8112	59	5627
28	8066	60	5510
29	8018	61	5390
30	7969	62	5268
31	7918	63	5143
32	7865	64	5017
33	7810	65	4888
34	7754	66	4757
35	7696	67	4624
36	7636	68	4489
37	7574	69	4353
38	7510	70	4215
39	7444	71	4076
40	7375	72	3936
41	7305	73	3795
42	7232	74	3654
43	7158	75	3512
44	7081	76	3370
45	7001	77	3229
46	6919	78	3088
47	6835	79	2948
48	6748	80	2810

Table of capitalized value for dependants' Benefit for children:

Age on last birthday	*Multiplying factor*
-	5750
1	5610
2	5465
3	5314
4	5155
5	4988
6	4814
7	4633
8	4445
9	4249
10	4045
11	3833
12	3614
13	3385
14	3148
15	2901
16	2645
17	2378
18	2100
19	1811
20	1511
21	1198
22	872
23	533
24	180

SCHEDULE III

THE TIME FOR WHICH STUDENTS OF MEDICAL EDUCATION INSTITUTIONS SHALL SERVE THE CORPORATION AND THE MANNER IN WHICH THE BOND SHALL BE FURNISHED.

(Ref: Regulation 116)

1. Students admitted to ESIC Medical Education Institutions, some Government Medical Colleges (provision of seats for ESIC Ward of IP) pursuing Undergraduate (Medical / Dental / Nursing), Allied Health Science courses, Post-graduate (Diploma / Degree) courses and Post graduate Super specialty (DM / M Ch & DrNB) in related disciplines shall furnish a Bond to serve the ESI System, i.e. ESIC institutions of the Corporation or ESI institutions of the State Government, as the case may be.

2. The Bond service and Bond amount for the existing courses is tabulated below. The students shall be liable to pay the following amount to the Corporation in case of default in serving Bond.

Course	Bond Amount	Duration of service under Bond
MBBS/BDS	Rs 5 lakh	1 Year
PG (MD/MS)	Rs 10 lakh	2 Years
DNB (Broad Specialty)	Rs 10 lakh	2 Year
Super Specialty (DM / MCh / DrNB)	Rs 15 lakh	2 Years
Allied Health Sciences	Rs 1 Lakh	1 Year

3. The MBBS/BDS students shall furnish a Bank Guarantee equal to the Bond amount one month before completion of internship, for a period of 14 months. Original documents would be retained by ESIC until the submission of Bank Guarantee. The bond shall be completed within a maximum period of 14 months.

   If the student seeks an option for exemption from furnishing Bank Guarantee, the original documents of the students shall be retained by ESIC till Bond conditions are met with, i.e. completion of service under Bond or payment in lieu.

   (iii) The posting of UG pass-outs (MBBS/BDS) shall be allotted for utilization of their service under Bond, based-on the vacancy, Institutional requirements and merit.

Regulations of the same to be formed. In event of inability to give posting due to absence of vacancy or otherwise, the pass-outs would be offered the option to be relieved from Bond without any obligations.

4. The PG-DNB (Post MBBS DNB and Post MBBS Diploma) students are liable to serve a bond of two years, failing which they shall pay an amount of Rs. 10 lakhs to the Corporation. (The NBE Board that controls DNB does not permit organization to collect Bank Guarantee as of date. The bond shall be completed within a maximum period of 28 months.

5. The PG (MD/MS) students shall furnish a Bank Guarantee equal to the bond amount at the time of admission. The sum of Bank Guarantee and Bond amount would not exceed the total Bond amount at any stage. The duration of Bank Guarantee shall cover their service period under Bond. The bond shall be completed within a maximum period of 28 months.

6. The PG Super Specialty (DM / M.Ch) students shall furnish Bank Guarantee equal to the bond amount at the time of admission. The sum of Bank Guarantee and Bond amount would not exceed the total Bond amount at any stage. The duration of Bank Guarantee shall cover their service period under Bond. The bond shall be completed within a maximum period of 28 months.

7. The PG Super specialty (DrNB) students are liable to serve a bond of two years, failing which they shall pay an amount of Rs. 15 lakhs to the Corporation. (The NBE Board that controls DrNB does not permit organization to collect Bank Guarantee as of date) The bond shall be completed within a maximum period of 28 months.

8. The Corporation would retain the original documents of students / trainees pending submission of Bank Guarantee by the students / trainees (MD / MS / DM / M.Ch). The Corporation shall have the right to encash Bank Guarantee in case of default / partial default by the bounden.

9. The Corporation reserves the right to revise / amend / modify / any of the conditions of the Bond, i.e. duration of service under Bond, Bond amount in lieu, provision and amount of Bank Guarantee etc. from time to time. The format of Bond would be revised accordingly from time to time.

10. The MBBS / BDS students shall be paid stipend during internship as per guidelines of Ministry of Health & Family Welfare, GOI, or as decided by the Corporation from time to time. Postgraduate/ super specialty trainees would be paid stipend during the tenure of their course as payable under the Central Residency Scheme of the Central Government or as decided by the Corporation from time to time.

11. The deferment of compulsory service under Bond in r/o pass-outs (UG/PG) of ESIC Medical Education Institution wanting to pursue higher studies (Post Graduation/ Super Specialty) as per the policy.

12. During the period of compulsory service under bond the pass-out doctors (graduate / post-graduate) shall be governed by the provisions of ESIC Residency Scheme, i.e. ESIC Junior Residency Scheme for Graduate Pass outs and ESIC Senior residency scheme for the post- graduate/super-specialty pass-outs as the case may be. The Corporation reserves the right to revise/amend/modify the provisions of the ESIC Residency Scheme from time to time.

13. Deployment Policy under bond for utilization of services of PG (MD / MS / DNB / DM / MCh / DrNB) pass-outs. will be as under:

(iii) PG (MD / MS / DM / MCh / DrNB) pass-outs (Except in-service candidates):

(3) They will be posted by their respective Dean at their parent institution immediately after successful completion of the course.

(3) However, they can also be posted to any other teaching / non-teaching institution of ESI. They shall not be entitled to any grant.

(3) Posting orders outside the parent institutions would be issued by ESIC Hqrs. Office as per the administrative requirement.

(iii) DNB Pass-outs (Except in-service candidates)

(a) They will be posted at parent institute immediately after successful completion of the course by the respective Medical Superintendent.

(b) However, they can also be posted to any other teaching / non-teaching institution of ESI. They shall not be entitled to any grant.

(b) Posting Orders outside the parent institutions would be issued by ESIC Hqrs. Office as per the administrative requirement.

(iii) The PG (MD / MS / DNB / DM / MCh / DrNB) pass-outs will be posted in a teaching / non-teaching institution of ESI. The PG Pass-outs will be bound to pay the entire bond amount in case of violation of bond condition irrespective of the period of default.

14. Non-completion of course: -

i. Academic failure (Not fit to continue), Medical grounds of serious nature- Exempted from Bond conditions.

ii. Others- Penalty to be calculated as:
Remaining course duration(days) X Bond amount Total course duration (days)

DETAILED COMPARISON BETWEEN ESI OLD AND NEW REGULATIONS

COMPARISON BETWEEN ESI OLD REGULATIONS AND NEW REGULATIONS

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
1	**1(1).** These Regulations may be called the Employees' State Insurance (General) Regulations, 1950. **(2).** They extend to the whole of India including the Union Territory of Pondicherry except the State of Jammu & Kashmir.	**1(1).** These regulations may be called the Employees' State Insurance (General) Regulations, 2026. **(2)**. They extend to the whole of India.	1. The year changed to 2026 from 1950. 2. Now, it extends to whole of India.	The year changed to 2026 from 1950. It extends to whole of India as per CoSS 2020.
2	Definitions. — In these regulations, unless the context otherwise requires — **2(a).** "Act" means the Employees' State Insurance Act, 1948 (XXXIV of 1948);	**2(f).** "Code" means the Code on Social Security 2020 (Act 36 of 2020);	'Act' changed to Code.	'Act' changed to Code.
2a	**2(b).** "Appointed Day" means with reference to any area, factory or establishment, the day from which the whole of Chapters IV and V of the Act apply to such area, factory or establishment, as the case may be;	**2(a).** "Appointed Day" means with reference to an establishment, the day from which the contribution from the employers and employees of such establishment shall be payable under Section 29 of the Code and any benefits under Chapter IV of the Code relating to the Employees' State Insurance Corporation are provided by the Corporation to the employees of such establishment.	Definition of 'Appointed Day' changed to reflect the change introduced in the Code (from the Act) in the process of notification (implementation) of the Scheme.	In the Act, implementation was mentioned in Sections 1(3), 1(4) and 1(5) whereas in the Code it is provided in the First Schedule as a different process. The changes made are to incorporate the difference in the process of the implementation notification.
2b	**2(c).** "Appropriate Office", "appropriate Branch Office" or "appropriate Regional Office", shall mean with reference to any action	**2(b).** "Appropriate Office", "appropriate Branch Office", "appropriate DCBO" "appropriate Regional Office" or "appropriate	DCBO and Sub Regional Office added. No other change.	DCBOs and Sub Regional Offices are recent concepts and hence

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	taken under these regulations, such office of the Corporation as may be specified for that purpose under a general or special order of the Corporation;	Sub-Regional Office", shall mean with reference to any action taken under these regulations, such office of the Corporation as may be specified for that purpose under a general or special order of the Corporation;		incorporated in the regulations.
2c	**2(d).** "Central Rules" means the rules made by the Central Government under section 95 of the Act;	**2(e).** "Central Rules" means the rules made by the Central Government under section 154 and 155 of the Code;	Changed section giving power to Central Govt . as per the CoSS have been mentioned.	Change of relevant Sections in CoSS.
2d	(e) *** (f) ***	These sub-sections are already deleted in the Regulations under the Act.	N.A.	N.A.
2e	**2(g**). "Employer" means the principal employer as defined in the Act;	**2(h).** "Employer" means the employer as defined in the Code;	The Principal employer has been changed to employer in Code.	The Principal employer has been changed to employer in Code.
2f	**2(h).** "Employer's Code Number" means the registration number allotted by the appropriate Regional Office to a factory or establishment for the purposes of the Act, the Rules and these Regulations;	**2(i).** "Employer's Code Number" means the registration number allotted to an establishment for the purposes of the Code, the Rules and these regulations;	The words 'by the appropriate Regional Office' and 'a factory' deleted.	Code number is presently allotted automatically online and not allotted through the Regional Office. Factories have been subsumed by the definition of 'Establishment' in the Code.
2g	**2(i).** "Factory or Establishment" means a factory or establishment to which the Act applies;	**2(j).** "Establishment" means an establishment to which the Code applies;	The word 'Factory' deleted.	Factories have been subsumed by the definition of 'Establishment' in the Code.
2h	**2(j).** "Form" means a form appended to these regulations;	**2(k).** "Form" means a form appended to these regulations;	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
2i	**2(k).** "Identity Card" means a permanent identity card issued by the appropriate office to an insured person for identification for the purposes of the Act, the Rules and these Regulations;	**2(l).** "Insured Person Card" means an identity card to be provided ~~by the appropriate office of~~ by the Corporation to an Insured Person or Insured Woman and his/her family members electronically or otherwise for identification for the purposes of the Code, the Rules and these Regulations, and which contains details of the Insured Person and his/her family member(s);	The name "Identity Card" changed to "Insured Person Card". The words 'electronically or otherwise' added. The words 'or Insured Woman and his/her family members' added. The Identity card / Insured Person Card is now issued online and hence 'the appropriate office of Corporation' has been replaced by 'the Corporation'.	The name "Identity Card" changed to "Insured Person Card" to establish the specificity of the identity card issued to the Insured Person. Identity card / Insured Person Card is now generated online. Identity card / Insured Person Card is required by family members also.
2j	**2(kk).** "Family Identity Card" means a card issued by the appropriate office to an insured person for identification of his family for the purposes of the Act, the Rules and these Regulations;	No corresponding new Regulation.	No corresponding new Regulation.	Identity card / Insured Person Card is now common for IP and family. Hence a separate Family Identity Card is not required.
2k	**2(l).** "Social Security Officer" means a person appointed as such by the Corporation under section 45 of the Act ;	**2(m).** "Inspector cum Facilitator" means a person appointed by notification by the Central Government under section 122 of the Code for the purpose of Chapter IV of the Code.;	"Social Security Officer" changed to "Inspector cum Facilitator" in the Code. Chapter IV of the Code mentioned.	To reflect the change in nomenclature. The Chapter of the Code that relates to ESIC is Chapter IV

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
				has been incorporated.
2l	**2(m).** "Instructions" means instructions or orders issued by the Corporation or by such officer or officers of the Corporation as may be authorised by the Corporation in this behalf ;	**2(n).** "Instructions" means instructions or orders issued by the Corporation or by such officer or officers of the Corporation as may be authorised by the Corporation in this behalf;	No change.	No change.
2m	**2(n).** "Insurance Medical Officer" means a medical practitioner appointed as such to provide medical benefit and to perform such other functions as may be assigned to him and shall be deemed to be a duly appointed medical practitioner for the purposes of Chapter V of the Act;	**2(o).** "Insurance Medical Officer" means a medical practitioner appointed as such to provide medical benefit and to perform such other functions as may be assigned to him and shall be deemed to be a duly appointed medical practitioner for the purposes of Chapter IV of the Code;	No change; only the relevant chapter (Chapter IV) of the Code is mentioned.	The Chapter of the Code that relates to ESIC is Chapter IV.
2n	**2(o).** "Insurance Number" means a number allotted by the appropriate Office to an employee for the purposes of the Act, the Rules and these Regulations;	**2(p).** "Insurance Number" means **a system generated registration number allotted by the specified portal** to an employee for the purposes of Chapter IV of the Code, the Rules and these regulations.	The words "a number allotted by the appropriate Office" replaced by "a system generated registration number allotted by the specified portal". Chapter IV of the Code mentioned.	Insurance Number is now allotted online by the ESIC Portal and not by any office. The Chapter of the Code that relates to ESIC is Chapter IV.
2o	**2(p)**. "Branch Office" and "Regional Office" shall mean, according to the context, such subordinate office of the Corporation, set up at such place and with such jurisdiction and functions as the Corporation may, from time to time, determine	**2(d).** "Branch Office", "DCBO", "Regional Office" and "Sub-Regional Office" shall mean, according to the context, such subordinate office of the Corporation, set up at such place and with such jurisdiction and functions as the Corporation may,	"DCBO" and "Sub-Regional Office" added. No other change.	DCBO is a new concept, Sub-Regional Office is also relatively new, and hence added.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		from time to time, determine;		
2p	**2(q).** "Branch Manager" means a person appointed by the Corporation as such or the officer-incharge of a Branch Office;	**2(c).** "Branch Manager" means a person appointed by the Corporation as such or the officer-in-charge of a Branch Office **or a Branch Manager of a DCBO**;	The words "or a Branch Manager of a DCBO" added.	In addition to the Branch Manager of Branch Office, now there is Branch Manager in DCBOs also.
2q	**2(r).** "State Rules" means the rules made by a State Government under section 96 of the Act ;	**2(w).** "State Rules" means the rules made by a State Government under sections 154 and 156 of the Code;	The Section in Act replaced by the corresponding Sections in the Code.	The Section in Act replaced by the corresponding Sections in the Code.
2r	**2(s).** "Regional Director" means a person appointed by the Corporation as such for a specified region;	**2(r).** Regional Director" means a person appointed by the Corporation as such for a specified region;	No change.	No change.
2s	**2(t).** "Registered Midwife" means a person who is registered as a midwife under any law in force in any State providing for registration of nurses and midwives;	**2(s).** "Registered Midwife" means a person who is registered as a midwife under any law in force in any State providing for registration of nurses and midwives;	No change.	No change.
2t	**2(u).** "Rules" means rules made by the Central or a State Government under the Act;	**2(t).** "Rules" means rules made by the Central or a State Government under the Code;	No change.	No change.
2u	**2(v).** "Specified" means specified by instructions issued from time to time by the Corporation or any authorised officer;	**2(u).** "Specified" means specified by instructions issued from time to time by the Corporation or any officer authorised by the corporation;	Authorised officer replaced by the any officer authorised by the Corporation.	To bring more clarity in the provision.
2v	**2(w**). "Year" means a calendar year except when specifically stated otherwise	**2(y).** "Year" means the year as defined in the Code on Social Security (Central) Rules or as specified otherwise;	In the Rules on the Code, 'year' means the financial year. Hence the definition changed to align the general meaning of	In the Rules on the Code, 'year' means the financial year. Hence the definition changed to align the general meaning of

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			'year' with the definition of 'year' in the Rules.	'year' with the definition of 'year' in the Rules.
2w	**2(x)** All other words and expressions have the meanings respectively assigned to them in the Act or the rules, as the case may be.	**2(2).** All other words and expressions have the meanings respectively assigned to them in the Code or the Rules, as the case may be.	Word 'Act' has been replaced by 'Code'.	Word 'Act' has been replaced by 'Code'.
2x	Nil (New Regulation drafted now.)	**2(g).** "DCBO" means Dispensary cum Branch Office established by the Corporation.	New Regulation to include the DCBO in the regulation.	DCBO is a new concept and hence defined.
2y	Nil (New Regulation drafted now.)	**2(q).** "Medical Board" means a body constituted by the Corporation under these regulations, consisting of duly appointed medical practitioners, including specialists wherever required, to examine, assess and certify the condition of an insured person in respect of sickness, temporary or permanent disablement, occupational disease, or other matters referred to it under the Code, the Rules or these regulations; and shall include any Special Medical Board constituted for such purposes.	New Regulation.	'Medical Board' is mentioned in the Regulations but was not defined earlier. Hence the definition of the term is needed as the term is not defined in the Code or in the Rules.
2z	Nil (New Regulation drafted now.)	**2(v).** "State Medical Officer" means an Insurance Medical Officer appointed as such by the Corporation.	New Regulation.	"State Medical Officer" is a newly created post in ESIC. The term is mentioned a few times in the Regulations. Hence definition of the term is needed as the same is

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				not defined in the Code or in the Rules.
2aa	New Regulation	**2(x).** "Wage Period" in relation to an employee, mentioned in sub-section (3) of section 29 of the Code, means the period in respect of which wages are ordinarily payable to him in terms of the contract of employment whether expressed, implied or otherwise.	New Regulation	"Wage Period" was earlier defined in Section 2[23] of the ESI Act. In the Code, it is not defined; and in Section 29(3) it is mentioned that "Wage Period" shall be the unit as specified in the Regulations. Hence this definition is required.
3	**3.** The manner in which the Corporation may exercise its powers. — (1) Where a regulation empowers the Corporation to specify, prescribe, provide, decide or determine anything or to do any other act, such power may be exercised by a resolution of the Corporation or subject to the provisions of section 18 of the Act by a resolution of the Standing Committee: Provided that the Corporation or the Standing Committee may delegate any of the powers under these regulations to a sub-committee or to such officers of the Corporation as it may specify in that behalf: Provided further that no power shall be delegated under this regulation which	**3.** The manner in which the Corporation may exercise its powers. — (1) Where a regulation empowers the Corporation to specify, prescribe, provide, decide or determine anything or to do any other act, such power may be exercised by a resolution of the Corporation or subject to the provisions of sub-section 4 of section 5 of the Code by a resolution of the Standing Committee: Provided that the Corporation or the Standing Committee may delegate any of the powers under these regulations to a sub-committee or to such officers of the Corporation as it may specify in that behalf:	No change except the change of 'Act' to 'Code' and the change of the Section in the Act to the corresponding Section in the Code.	No change except the change of 'Act' to 'Code' and the change of the Section in the Act to the corresponding Section in the Code.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	under the Act is required to be exercised by the Corporation only. (2) Any appointment to be made by the Corporation under these regulations, shall be made by the Director General or by such other officers as may be authorised in this behalf by the Standing Committee.	Provided further that no power shall be delegated under this regulation which under the Code is required to be exercised by the Corporation only. (2) Any appointment to be made by the Corporation under these regulations, shall be made by the Director General or by such other officers as may be authorised in this behalf by the Standing Committee.		
4	**3A.** Exercise of powers by an office. — Where a power is to be exercised by the appropriate office or appropriate Branch Office or appropriate Regional Office it shall be exercised by the officer for the time being in charge thereof or by such other officer as may be authorised for the purpose under general or special orders of the Director General.	**4.** Exercise of powers by an office. — Where a power is to be exercised by the appropriate office or appropriate Branch Office or appropriate DCBO or appropriate Regional Office or appropriate Sub-regional office, it shall be exercised by the officer for the time being in charge thereof or by such other officer as may be authorised for the purpose under general or special orders of the Director General.	No change other than the inclusion of DCBO 'sub-regional office' along with Regional Office.	Many of the functions which were earlier discharged by the Regional Office are now discharged by the DCBO, sub-regional offices for the respective Regions. Hence this change is made.
5	**4.** Contribution and Benefit periods. — (1) Contribution periods and the corresponding benefit periods shall be as under : — Contribution period Corresponding benefit period 1st April to 30th September 1st January of the year following, to 30th June. 1st October to 31st March of 1st July to 31st December. the year following. Provided that in the case of a person who becomes an	**5.** Contribution and Benefit periods. — (1) Contribution periods and the corresponding benefit periods shall be as under: — Contributory Period Corresponding Benefit Period 1st April to 30th September 1st January of the year following to 30th June. 1st October to 31st March of the year following 1st July to 31st December.	No change except that the word 'Act' is replaced by 'Code'.	No change except that the word 'Act' is replaced by 'Code'.

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	employee within the meaning of the Act for the first time, the first contribution period shall commence from the date of such employment in the contribution period current on that day and the corresponding benefit period for him shall commence on the expiry of the period of 9 months from the date of such employment.	Provided that in the case of a person who becomes an employee within the meaning of the Code for the first time, the first contribution period shall commence from the date of such employment in the contribution period current on that day and the corresponding benefit period for him shall commence on the expiry of the period of 9 months from the date of such employment.		
6	**5.** Allotment of Contribution and Benefit Periods. — * * *	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
7	**6.** Meetings of the Corporation, the Standing Committee and the Medical Benefit Council. — The meetings of the Corporation, the Standing Committee and the Medical Benefit Council shall be held in accordance with the Central Rules at such time and place as may be fixed by the Chairman concerned.	No corresponding new Regulation.	This Regulation is now incorporated in the new Rule 12(1).	This Regulation is now incorporated in the new Rule 12(1).
8	**7.** Decision by majority. — Every matter coming up for decision before a meeting of the Corporation, the Standing Committee or the Medical Benefit Council shall be decided by a majority of persons present and voting at the meeting and in case of equality of votes the Chairman of the meeting shall have an additional casting vote.	No corresponding new Regulation.	This Regulation is now incorporated in the new Rule 12(6).	This Regulation is now incorporated in the new Rule 12(6).
9	**8.** Mode of exercising vote. — The votes shall be taken by show of hands and the names of persons voting in	**6.** Mode of exercising vote in the meetings of the Corporation, the Standing Committee and the	The Corporation, the Standing committee and	As the meeting and notice of meeting included in

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	favour and against any proposition shall be recorded only if any member present requests the Chairman to do so.	Medical Benefit Committee. — The votes in the meetings of the Corporation, the Standing Committee and the Medical Benefit Committee shall be taken by show of hands, electronically or otherwise and the names of persons voting in favour and against any proposition shall be recorded only if any member present requests the Chairman to do so.	the Medical Benefit committee has been specified. The term electronic mode included.	Central Rule 12 (1) and casting of votes included in 12(6), to specify the intent The Corporation, the Standing Committee and the Medical Benefit Committee has been mentioned.
10	**9.** Matters to be brought before the Corporation. — In addition to the matters which are, under any specific provision of the Act or the Central Rules, required to be placed before the Corporation, the following matters shall be referred to the Corporation for its decision : (a) regulations under section 97 and amendments thereto before final publication ; (b) any measures proposed under section 19 of the Act; (c) any proposal to extend medical benefit to families under sub-section (2) of section 46 ; (d) any dispute proposed to be referred to arbitration under sub-section (4) of section 58 ; (e) any proposal to set up hospitals under section 59 ; (f) any proposal to grant exemption under section 91; (g) any proposal to enhance benefits under section 99;	**7.** <u>Matters to be brought before the Corporation.</u> — In addition to the matters which are, under any specific provision of the Code or the Central Rules, required to be placed before the Corporation, the following matters shall be referred to the Corporation for its decision: (a) regulations under section 157 and amendments thereto before final publication; (b) any measures proposed under section 33, 44 & 45 of the Code; (c) any proposal to extend medical benefit to families under sub-section (2) of section 32; (d) any dispute proposed to be referred to arbitration under sub-section (4) of section 40; (e) any proposal to set up hospitals under sub-sections (7) of section 40; (f) Any proposal to grant exemption under section143 (1).	Sections of the ESI Act replaced by the corresponding Sections of the Code. 'Any measures proposed' under the Sections 44 and 45 of the Code dealing with scheme for other beneficiaries, unorganized workers and gig and platform workers also included. The wording of the sub-regulation (g) changed to mirror the wording of Rule 22(8) which	The changes are included in view of the notification of the Code replacing the Act. Section 45— Scheme for unorganized workers, and gig and platform workers—is a new Section and this Scheme is a 'matter to be brought before the Corporation'.

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	(h) any other matter which the Corporation or its Chairman may direct the Standing Committee or the Director-General to place before the Corporation	(g) any proposal to review and alter the scale of any benefit admissible under the Code and the period for which such benefit may be given under sub-rule (8) of Rule 22 of the Central Rules. (h) any other matter which the Corporation or its Chairman may direct the Standing Committee or the Director-General to place before the Corporation.	necessitates this sub-regulation.	
11	**10.** Regional Boards. — (1) A Regional Board may be set up for each State or Union Territory by the Chairman of the Corporation and shall consist of the following members, namely: — (a) a Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory; (b) a Vice-Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory ; (c) one representative of the State or the Union Territory to be nominated by the State Government or the Administration of the Union Territory ; (d) (i) the Administrative Medical Officer or any other Officer directly in charge of the Employees' State Insurance Scheme in	**9.** Regional Board. — (1) A Regional Board may be set up for each State or Union Territory by the Chairman of the Corporation and shall consist of the following members, namely: — (a) a Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory; (b) a Vice-Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory; (c) one representative of the State or the Union Territory to be nominated by the State Government or the Administration of the Union Territory; (d) (i) the Administrative Medical Officer or any other Officer directly in charge of the Employees' State Insurance Scheme in	1. In 10(1)(g), Medical Benefit Council replaced by Medical Benefit Committee. 2. In the CoSS the constitution of the Medical Benefit committee is with the Central Govt. Thus "under clauses (e), (f) and (g) of section 10 of the Act" is not needed. 3. Insurance Commissioner	1. Medical Benefit Council is replaced by Medical Benefit Committee in the Code. 2. While earlier the constitution of the Medical Benefit Council was detailed in the ESI Act (Section 10), now the Medical Benefit Committee is to be constituted by Notification (Section 5(5)(a).) 3. In order to have the

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	the State or the Union Territory — ex-officio; (ii) the State Medical Officer of the Corporation, ex-officio; (e) one representative each of the employers and employees from the State or the Union Territory to be nominated by the Chairman of the Corporation in consultation with such organisations of the employers and the employees as may be recommended for the purpose by the State Government or the Union Territory ; (f) members of the Corporation other than the Chairman and the Vice-Chairman and officials, if any, amongst those nominated by the Central Government under clause (c) of section 4 of the Act, residing in the State or the Union Territory — ex-officio ; (g) members of the Medical Benefit Council nominated by the Central Government under clauses (e), (f) and (g) of section 10 of the Act, residing in the State or the Union Territory — ex-officio : Provided that where the Chairman of the Corporation so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding three from each side with a view to providing for the adequate representation of important organisations	the State or the Union Territory, ex-officio; (ii) the State Medical Officer of the Corporation, ex-officio; (e) one representative each of the employers and employees from the State or the Union Territory to be nominated by the Chairman of the Corporation in consultation with such organisations of the employers and the employees as may be recommended for the purpose by the State Government or the Union Territory ; (f) members of the Corporation other than the Chairman and the Vice-Chairman and officials, if any, amongst those nominated by the Central Government under clause (c) of Sub-section (1) of section 5 of the Code, residing in the State or the Union Territory, ex-officio; (g) members of the Medical Benefit Committee nominated by the Central Government residing in the State or the Union Territory, ex-officio; (h) Permanent Invitees: (i) Insurance Commissioner appointed by the Corporation; (ii) Medical Commissioner appointed by the Corporation; Provided that where the Chairman of the Corporation so considers it to be expedient, he may nominate such additional	and Medical Commissioner are made Permanent Invitees. 4. In 10(9), "A Regional Board shall meet at least twice every year." added. 5. In 10(14)(c), the following clause deleted: *(i) Extension of the Scheme to other categories of establishments in accordance*	representation of ESIC headquarters in the Regional Board and to provide policy support consistent with developments at the Corporation level, an Insurance Commissioner and a Medical Commissioner posted in the respective zones or from ESIC headquarters may be made permanent Invitees to the Regional Board. 4. This will stipulate how often the Regional Board should meet. 5. All categories of establishments are covered under the Code. Hence this clause is now redundant.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	and included in the nominations of the State Government or the Union Territory, and to maintain the parity between the number of representatives of such employers and employees : Provided further that the Chairman of the Corporation shall nominate such additional representatives of employers and employees not exceeding three from each side where the number of representatives of employers and employees including the ex-officio members, is less than three each. (2) A Regional Board may, if it considers it desirable, co-opt the Officer In-charge of a sub regional office set up within its boundaries, and/or a member of the medical profession in the Region and the person(s) so co-opted shall continue to be member(s) during the pleasure of the Regional Board. (3) The Regional Director or Officer in charge of the Regional Office shall be the Member Secretary of the Board. (4) (i) Save as expressly provided in this regulation, the term of office of the members of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall be three years commencing from the date on which their nomination is notified, provided that the members of the Regional	representatives of employers and employees, not exceeding three from each side, with a view to providing for the adequate representation of important organisations not included in the nominations of the State Government or the Union Territory, and to maintaining parity between the number of representatives of such employers and employees: Provided further that the Chairman of the Corporation shall nominate such additional representatives of employers and employees not exceeding three from each side where the number of representatives of employers and employees including the ex-officio members, is less than three each. (2) A Regional Board may, if it considers it desirable, co-opt the Officer In-charge of a sub-Regional office set up within its boundaries, and/or a member of the medical profession in the Region and the person(s) so co-opted shall continue to be member(s) during the pleasure of the Regional Board. (3) The Regional Director of the Regional Office ~~concerned~~ shall be the Member Secretary of the Board. (4) (i) Save as expressly provided in this Regulation, the term of office of the members of the Regional Board	*with the order of priorities laid down by the Corporation;* 6. Once the term of office of non-official members of the Regional Board (employers' and employees' representatives) expires, they cannot now continue for more than a year even if their successor is not nominated.	6. This will ensure that non-official members will not continue as members indefinitely.

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	Board, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successors is notified. (ii) Save as expressly provided in this regulation, the members of the Regional Board referred to in [clause (c)] of sub-regulation (1) shall hold office during the pleasure of the State Government nominating them. (iii) A member of the Regional Board referred to in clause (f) of sub-regulation (1) shall cease to hold office when he ceases to be a member of the Corporation or ceases to reside in that area. (iv) Any member referred in clause (1) of this sub-regulation nominated to fill a casual vacancy shall hold office for the remainder of the term of office of the member in whose place he is nominated. (v) An outgoing member shall be eligible for re-nomination. (5) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) above, may resign his office by notice in writing to the Chairman of the Corporation, through the Chairman, Regional Board, and his seat shall fall vacant on the acceptance of the resignation. (6) (i) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall cease to be a	referred to in clause (e) of and the proviso to sub-regulation (1) shall be three years commencing from the date on which their nomination is notified, provided that the members of the Regional Board, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successors is notified or for one year whichever is earlier. (ii) Save as expressly provided in this regulation, the members of the Regional Board referred to in clause (c) of sub-regulation (1) shall hold office during the pleasure of the State Government nominating them. (iii) A member of the Regional Board referred to in clause (f) of sub-regulation (1) shall cease to hold office when he ceases to be a member of the Corporation or ceases to reside in that area. (iv) Any member referred in clause (1) of this sub-regulation nominated to fill a casual vacancy shall hold office for the remainder of the term of office of the member in whose place he is nominated. (v) An outgoing member shall be eligible for re-nomination. (5) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) above, may resign his		

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	member of the Board if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Chairman of the Corporation on his being satisfied as to the unavoidable, nature of the circumstances which led to his non-attendance. (ii) When any person nominated to represent an employers' or employees' organisation on the Regional Board has ceased to represent such organisation, the Chairman of the Corporation may, by notification in the Gazette of India, declare that such person shall cease to be a member thereof with effect from such date as may be specified therein. (7) The members of the Regional Board shall receive such fees and allowances as may be prescribed by the Central Government for members of the Corporation. (8) A member shall be disqualified for being nominated or for being a member of the Regional Board — (i) if he is declared to be of unsound mind by a competent Court ; or (ii) if he is an undischarged insolvent ; or (iii) if before or after the commencement of the Regulations he has been convicted of an offence involving moral turpitude. (9) The Secretary shall, with the approval of the Chairman, fix the date, time and place of, and also	office by notice in writing to the Chairman of the Corporation, through the Chairman, Regional Board and his seat shall fall vacant on the acceptance of the resignation. (6) (i) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall cease to be a member of the Board if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Chairman of the Corporation on his being satisfied as to the unavoidable, nature or the circumstances which led to his non-attendance. (ii) When any person nominated to represent an employers' or employees' organisation on the Regional Board has ceased to represent such organisation, the Chairman of the Corporation may, by notification in the Gazette of India, declare that such person shall cease to be a member thereof with effect from such date as may be specified therein. (7) The members of the Regional Board shall receive such fees and allowances as may be prescribed by the Central Government for members of the Corporation. (8) A member shall be disqualified for being nominated or for being a member of the Regional Board —		

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	draw up the Agenda for every meeting. Notice of not less than ten days from the date of posting shall ordinarily be given to every member for each meeting, provided that if it is necessary to convene an emergency meeting, a reasonable notice thereof shall be given to every member. No matter other than that included in the Agenda shall be considered except with the permission of the Chairman. (10) No business shall be transacted at any meeting unless there is a quorum of not less than one-third of the number of the members on the Board : provided that if at any meeting, sufficient number of members are not present to form a quorum, the Chairman may adjourn the meeting, to a date not later than seven days from the date of original meeting and it shall thereupon be lawful to dispose of the business at such adjourned meeting irrespective of the number of members present. (11) All matters shall be decided by a majority of persons present and voting and in case of equality of votes, the Chairman shall have a casting vote or a second vote. (12) The Chairman or in his absence the Vice-Chairman of the Regional Board shall preside at the meetings. In the event of the absence of both the Chairman and the Vice-Chairman, the members present may	(i) if he is declared to be of unsound mind by a competent Court; or (ii) if he is an undischarged insolvent; or (iii) if before or after the commencement of the regulations he has been convicted of an offence involving moral turpitude. (9) A Regional Board shall meet at least twice every year. The Secretary shall, with the approval of the Chairman, fix the date, time and place of, and also draw up the agenda for every meeting. Notice of not less than ten days from the date of posting shall ordinarily be given to every member for each meeting, provided that if it is necessary to convene an emergency meeting, a reasonable notice thereof shall be given to every member. No matter other than that included in the agenda shall be considered except with the permission of the Chairman. (10) No business shall be transacted at any meeting unless there is a quorum of not less than one third of the number of the members on the Board: provided that if at any meeting, sufficient number of members are not present to form a quorum, the Chairman may adjourn the meeting to a date not later than seven days from the date of original meeting and it shall thereupon be lawful to dispose of the business at such adjourned meeting		

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	elect one from amongst themselves to preside. (13) (i) The minutes of each meeting showing inter alia the names of the members present thereat shall be forwarded to all members of the Regional Board as soon after the meeting as possible and in any case not later than fifteen days from the date of the meeting. (ii) The records of the minutes of each meeting shall be signed by the Chairman after confirmation with such modifications as may be considered necessary at the meeting, at which the minutes are confirmed. (14) A Regional Board shall perform the following functions in respect of the Region for which it is set up (a) Such administrative and/or executive functions as may, from time to time be entrusted or delegated to it by a resolution, by the Corporation or the Standing Committee. (b) To make recommendations from time to time in regard to changes which may in its opinion be advisable in the Act, Rules and Regulations and forms and procedure to be followed in the running of the Scheme. (c) To decide within the broad framework of the general decisions and programme of priorities of the Corporation, the following matters, provided that where the specific approval of the Corporation or the	irrespective of the number of members present. (11) All matters shall be decided by a majority of persons present and voting and in case of equality of votes, the Chairman shall have a casting vote or a second vote. (12) The Chairman or in his absence the Vice-Chairman of the Regional Board shall preside at the meetings. In the event of the absence of both the Chairman and the Vice-Chairman, the members present may elect one from amongst themselves to preside. (13) (i) The minutes of each meeting showing inter alia the names of the members present there at shall be forwarded to all members of the Regional Board as soon after the meeting as possible and in any case not later than fifteen days from the date of the meeting. (ii) The records of the minutes of each meeting shall be signed by the Chairman after confirmation with such modifications as may be considered necessary at the meeting at which the minutes are confirmed. (14) A Regional Board shall perform the following functions in respect of the Region for which it is set up: (a) Such administrative and/or executive functions as may, from time to time ,be		

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	appropriate Government is required, such approval shall be taken : — (i) Extension of the Scheme to other categories of establishments in accordance with the order of priorities laid down by the Corporation ; (ii) Extension of Scheme to new areas and extension of Medical care to families ; (iii) Adoption of special measures to meet peculiar conditions in the area ; (iv) Improvement in benefits ; (v) Provision of indoor medical treatment ; (vi) Measures and arrangements for the rehabilitation of insured persons in the area, who are permanently disabled ; (vii) Securing compliance by employers with the various provisions of the Employees' State Insurance Act, the Regulations and other Rules and instructions . (d) To review from time to time the working of the Scheme in the State both on the medical side as well as cash benefit side and to advise the Corporation and the State Government on measures to improve the working of the Scheme both in regard to payment of cash benefits and administration of medical benefit and in particular to promote preventive health measures, safety and personal hygiene and to review and check lax certification and other abuses of the Scheme.	entrusted or delegated to it by a resolution, by the Corporation or the Standing Committee. (b) To make recommendations from time to time in regard to changes which may in its opinion be advisable in the Code, Rules and regulations and forms and procedure to be followed in the running of the Scheme. (c) To decide within the broad framework of the general decisions and programme of priorities of the Corporation, the following matters, provided that where the specific approval of the Corporation or the appropriate Government is required, such approval shall be taken: — (i) Extension of Scheme to new areas and extension of Medical care to families; (ii) Adoption of special measures to meet peculiar conditions in the area; (iv) Improvement in benefits; (v) Provision of indoor medical treatment; (vi) Measures and arrangements for the rehabilitation of insured persons in the area, who are permanently disabled; (vii) Securing compliance by employers with the various provisions of the Code, the regulations and other Rules and instructions; (d) To review from time to time the working of the Scheme in the State		

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	(e) To look into general grievances, complaints and difficulties of insured persons, employers, etc., as it may consider necessary. (f) To advise the Corporation on such matters as may be referred to it for advice by the Standing Committee or the Director-General. The Regional Board may set up suitable sub-committees for carrying out any of its functions and may seek the assistance or advice of Local Committees where necessary. (15) (i) If in the opinion of the Corporation, the Regional Board persistently makes default in performing the duties imposed on it by or under this regulation or abuses its powers, the Corporation may by notification in the Gazette of India supersede the Regional Board. (ii) Upon the publication of a notification under clause (i) above superseding the Regional Board all the members of the Regional Board shall from the date of such publication be deemed to have vacated their offices. (iii) When the Regional Board has been superseded the Corporation may — (a) immediately constitute a new Regional Board in accordance with this regulation ; or (b) appoint such agency for such period as it may think fit to exercise the powers and perform the functions of the Regional Board and	both on the medical side as well as cash benefit side and to advise the Corporation and the State Government on measures to improve the working of the Scheme both in regard to payment of cash benefits and administration of medical benefit and in particular to promote preventive health measures, safety and personal hygiene and to review and check lax certification and other abuses of the Scheme. (e) To look into general grievances, complaints and difficulties of insured persons, employers, etc., as it may consider necessary. (f) To advise the Corporation on such matters as may be referred to it for advice by the Standing Committee or the Director-General. The Regional Board may set up suitable sub-committees for carrying out any of its functions and may seek the assistance or advice of Local Committees where necessary. (15) (i) If in the opinion of the Corporation, the Regional Board persistently makes default in performing the duties imposed on it by or under this regulation or abuses its powers, the Corporation may by notification in the Gazette of India supersede the Regional Board.		

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	such agency shall be competent to exercise all powers and perform all the functions of the Regional Board.	(ii) Upon the publication of a notification under clause (i) above superseding the Regional Board, all the members of the Regional Board shall from the date of such publication be deemed to have vacated their offices. (iii) When the Regional Board has been superseded the Corporation may — (a) immediately constitute a new Regional Board in accordance with this regulation; or (b) appoint such agency for such period as it may think fit to exercise the powers and perform the functions of the Regional Board and such agency shall be competent to exercise all powers and perform all the functions of the Regional Board.		
12	**10A.** Local Committee. — (1) A local committee may be set up in each notified Districts for such area as may be considered appropriate and shall consist of the following members, namely : — (a) a Chairman to be nominated by Regional Director of the State / Union Territory; (b) an official of the State to be nominated by the State Government ; (c) Six representatives of employees out of which (i) two longest contributing employees of such area, (ii) two representatives of employees in the area representing organizations of employees and (iii) two employees from ESI	**10.** Local Committee. — (1) A local committee may be set up in each notified Districts for such area as may be considered appropriate and shall consist of the following members, namely: — (a) A Chairperson to be nominated by Regional Director of the State / Union Territory; (b) An official of the State to be nominated by the State Government; (d) Six representatives of employees out of which (i) two longest contributing employees of such area, (ii) two representatives of employees in the area representing organizations of employees and (iii) two	1. Senior most Manager of Branch Office or DCBO in the district, as ex-officio member secretary. 2. The periodicity of the meeting has been prescribed to bring at par with the other committees.	1. Making the senior most Manager of Branch Office or DCBO the Secretary would bring clarity on who should be the Secretary when there is more than one office in a Local Committee area. 2. Periodicity of the meeting has been provided to ensure the timely convening of the meeting.

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	registered MSME establishments, to be nominated by Regional Director of the state / Union Territory; (d) Six representatives of the employers out of which (i) two employers who are contributing the highest value during the last three years (ii) two employers from ESI registered establishments of MSME Category and (iii) two employers representing employers/industry association in the area to be nominated by the Regional Director of the State/Union territory; (e) The Officer In charge of such District for which the committee is constituted, as ex officio Member Secretary: Provided that where the Chairman, Regional Board, so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding two from each side, with a view to providing for the adequate representation of important organisations not included in the nominations of the State Government and to maintaining the parity between the number of representatives of such employers and employees: Provided further that in any area in which medical care is provided through a panel system, a local committee may co-opt a member	employees from ESI registered MSME establishments, to be nominated by Regional Director of the state / Union Territory; (e) Six representatives of the employers out of which (i) two employers who are contributing the highest value during the last three years (ii) two employers from ESI registered establishments of MSME Category and (iii) two employers representing employers/industry association in the area to be nominated by the Regional Director of the State/Union territory; (f) (a) Senior most Manager of Branch Office or DCBO in such area, as ex-officio member secretary. Provided that where the Chairman, Regional Board, so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding two from each side, with a view to providing for the adequate representation of important organisations not included in the nominations of the State Governments and to maintaining the parity between the number of representatives of such employers and employees; Provided further that in any area in which medical care is provided through a		

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	representing the local Insurance Medical Practitioners. (2) (i) The term of office of the members of a local committee nominated under clauses (c) and (d) of sub-regulation (1) shall be three years, commencing from the date on which their nomination is notified, provided that such members, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successor is notified. (ii) The members of a local committee nominated under clauses (a) and (b) of subregulation (1) shall hold office during the pleasure of the authority nominating them. (3) A member of a local committee may resign his office by notice in writing, to the Regional Director and his seat shall fall vacant on the acceptance of the resignation. (4) (i) A member of a local committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Regional Director on being satisfied as to the unavoidable nature of the circumstances which led to his nonattendance. (ii) Where in the opinion of the Regional Director any person nominated to represent employers or employees on a local	panel system, a local committee may co-opt a member representing the local Insurance Medical Practitioners. (2) (i) The term of office of the members of a local committee nominated under clauses (d) and (e) of sub-regulation (1) shall be three years, commencing from the date on which their nomination is notified by the Regional Director, provided that such members, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successor is notified. (ii) The members of a local committee nominated under clauses (a) and (b) of sub regulation (1) shall hold office during the pleasure of the authority nominating them. (3) A member of a local committee may resign his office by notice in writing, to the Regional Director and his seat shall fall vacant on the acceptance of the resignation. (4) (i) A member of a local committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Regional Director on being satisfied as to the unavoidable nature of the circumstances which led to his non-attendance.		

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	committee has ceased to represent such employers or employees, the Regional Director may declare that such person shall cease to be a member thereof with effect from such date as may be specified by him. (5) The members of the committee shall receive such fees and allowances as may be specified by the Central Government. (6) A Local Committee shall meet at least thrice each year. The Secretary shall, in consultation with the Chairman, fix the date, time and place of, and also draw up the Agenda for every meeting. Notice of not less than seven days shall ordinarily be given to every member for such meeting. No matter other than that included in the Agenda shall be considered except with the permission of the Chairman. (7) No business shall be transacted at any meeting of a committee unless there is a quorum of not less than one-third of the number of the members of the Committee. (8) All matters at the meeting of a local committee shall be decided by a majority of persons present at the meeting and voting, and in case of equality of votes, the Chairman shall have a casting vote or a second vote. (9) A local committee shall perform the following functions in respect of the area for which it is set up, namely : —	(ii) Where in the opinion of the Regional Director, any person nominated to represent employers or employees on a local committee has ceased to represent such employers or employees, the Regional Director, may declare that such person shall cease to be a member thereof with effect from such date as may be specified by him. (5) The members of the committee shall receive such fees and allowances as may be specified by the Central Government. (6) A Local Committee shall meet quarterly each year. The Secretary shall, in consultation with the Chairman, fix the date, time and place of, and also draw up the agenda for every meeting. Notice of not less than seven days shall ordinarily be given to every member for such meeting. No matter other than that included in the agenda shall be considered except with the permission of the Chairman. (7) No business shall be transacted at any meeting of a committee unless there is a quorum of not less than one-third of the number of the members of the Committee. (8) All matters at the meeting of a local committee shall be decided by a majority of persons present at the meeting and voting, and in case of equality of votes, the Chairman shall have a		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	(a) to discuss local problems in regard to the Employees' State Insurance Scheme so as to secure its efficient working with the full co-operation of all parties concerned and to make recommendations ; (b) to refer such complaints as it may consider necessary to the Regional Director concerned ; or in the case of complaints concerning medical benefit, to the State Government or such authority as that Government may nominate for the purpose ; and (c) to advise the Corporation or the Regional Board concerned on such matters as may be referred to it for advice.	casting vote or a second vote. (9) A local committee shall perform the following functions in respect of the area for which it is set up, namely: — (a) to discuss local problems in regard to the Employees' State Insurance Scheme so as to secure its efficient working with the full co-operation of all parties concerned and to make recommendations; (b) to refer such complaints as it may consider necessary to the Regional Director concerned; or in the case of complaints concerning medical benefit, to the State Government or such authority of the State Government; and (c) to advise the Corporation or the Regional Board concerned on such matters as may be referred to it for advice.		
13	**10B.** Registration of Factories or Establishments. — (a) The employer in respect of a factory or an establishment to which the Act applies for the first time and to which an Employer's Code Number is not yet allotted, and the employer in respect of a factory or an establishment to which the Act previously applied but has ceased to apply for the time being, shall furnish to the appropriate Regional Office not later than 15 days after the Act becomes	No corresponding new Regulation	No corresponding new Regulation is needed.	Registration of establishments is now incorporated in Rule 5 of the Central Rules.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	applicable, as the case may be, to the factory or establishment, a declaration of registration in writing in Form-01 and Form-01-A (Sic.) (hereinafter referred to as Employer's Registration Form). (b) The employer shall be responsible for the correctness of all the particulars and information required for and furnished on the Employer's Registration Form. (c) The appropriate Regional Office may direct the employer who fails to comply with the requirements of paragraph (a) of this regulation within the time stated therein to furnish to that office Employer's Registration Form duly completed within such further time as may be specified and such employer shall, thereupon, comply with the instructions issued by that office in this behalf. (cc) The employer in respect of a factory or establishment to which a code number has been issued by the Corporation based on information collected or decision taken regarding applicability of the Act to such factory or establishment, shall, within fifteen days of receipt of information of allotment of code number, furnish a declaration in Form-01. (d) Upon receipt of the completed Employer's Registration Form, the appropriate Regional Office shall, if satisfied that			

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	the factory or the establishment is one to which the Act applies, allot to it an Employer's Code Number (unless the factory or the establishment has already been allotted an Employer's Code Number) and shall inform, the employer of that number. (e) The employer shall enter the Employer's Code Number on all documents prepared or completed by him in connection with the Act, the rules and these regulations and in all correspondence with the appropriate office.			
14	**10C.** Intimation regarding change in particulars submitted at the time of registration of factory/establishment. — The employer in respect of a factory/establishment to which this Act applies and to whom, a code number has already been allotted, shall intimate to the appropriate Regional Office, Sub- Regional Office, Divisional Office or Branch Office, any change in the particulars furnished in Form 01 at the time of registration of the factory/establishment within two weeks of such change.	No corresponding new Regulation	No corresponding new Regulation is required as the procedure for registration is included in Rule 5 of the Central Rules, 2026.	Registration of establishments is now incorporated in Rule 5.
15	**11.** Declaration by persons in employment on appointed day. — The employer in respect of a factory or an establishment shall require every employee in such factory or establishment to furnish and such employee shall on demand furnish to him either before or on the	**11.** Declaration by persons in employment on Appointed Day. — Every employer shall require every employee to furnish and such employee shall on demand furnish to him either before or on the Appointed Day correct particulars along with	1. Registration of employees is now incorporated in Rule 19. Regulation 11 is, however, retained with the changes highlighted so as to have a	1. Registration of employees is now incorporated in Rule 19. Regulation 11 is, retained with the changes highlighted so as to authorise the employer

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	appointed day correct particulars along with his/her photograph and that of his/her family] required for the purpose of Form-1 (hereinafter referred to as the Declaration Form). Such employer shall enter the particulars in the Declaration Form including the Temporary Identification Certificate, and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.	his/her photograph and that of his/her family required for the purpose of registering him/her on the specified portal. Such employer shall enter the particulars in Form I (hereinafter referred to as the Declaration Form) and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon. Every employer shall preserve the Declaration Form for every employee during the service period of employment of such employee with him.	written record of the information in respect of the employee (which the employer must enter in the employee's account on the ESIC portal.)	to obtain the details of the employee being registered. Thus, the written record of the information in respect of the employee (which the employer must enter in the employee's account on the ESIC portal.) is available.
16.	**12.** Declaration by persons engaged after the appointed day. — (1) The employer in respect of a factory or an establishment shall, before taking any person into employment in such factory or establishment after the appointed day, require such person (unless he can produce an Identity Card or other document in lieu thereof issued to him under these regulations) to furnish and such person shall on demand furnish to him correct particulars I [along with his/her photograph and that of his/her family] required for the Declaration Form including the Temporary Identification Certificate. Such employer shall enter the particulars in the Declaration Form including the Temporary Identification Certificate and obtain the signature or the thumb impression of	**12.** Declaration by persons engaged after the Appointed Day. — Every employer shall, before taking any person into employment after the Appointed Day, require such person (unless he can produce an Insured Person Card or other document in lieu thereof issued to him under these regulations) to furnish and such person shall on demand furnish to him correct particulars along with his/her photograph and that of his/her family required for the purpose of registering him/her on the specified portal. Such employer shall enter the particulars in Form I (hereinafter referred to as the Declaration Form) and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.	1. Registration of employees is now incorporated in Rule 19. Regulation 12 is, however, retained with the changes highlighted so as to have a written record of the information in respect of the employee (which the employer must enter in the employee's account on the ESIC portal.)	1. Registration of employees is now incorporated in Rule 19. Regulation 11 is, retained with the changes highlighted so as to have authorise the employer to obtain the details of the employee being registered. Thus, the written record of the information in respect of the employee (which the employer must enter in the employee's account on the ESIC portal.) is available .

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	such person and also complete the form as indicated thereon.. 1(2) Where an Identity Card is produced under sub-regulation (1), the employer shall make relevant entries thereon	Every employer shall preserve the Declaration Form for every employee during the service period of employment of such employee with him.		
17	**13.** Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
18	**14.** Declaration Forms to be sent to appropriate Office. — The employer shall send to the appropriate Office by registered post or messenger, all Declaration Forms without detaching the Temporary Identification Certificate prepared under these regulations together with a return in duplicate in Form 3 within ten days of the date on which the particulars for the Declaration Forms were furnished.	No corresponding new Regulation	Registration of employees is now incorporated in Rule 19. So this Regulation is not needed.	Registration of employees is now incorporated in Rule 19. So this Regulation is not needed.
19	**15.** Allotment of Insurance Number. — On receipt of the return required under Regulation 14, the appropriate Office shall promptly allot an Insurance Number to each person in respect of whom the Declaration Form has been received unless it finds that the person had already been allotted an Insurance Number. The Temporary Identification Certificate with Insurance Number marked thereon shall be detached and returned to the employer along with one copy of Form 3. The employer shall deliver the Temporary Identification Certificate to the	No corresponding new Regulation	Registration of employees is now incorporated in Rule 19. So this Regulation is not needed.	Registration of employees is now incorporated in Rule 19. So this Regulation is not needed.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	employee to whom it relates after obtaining his signature or thumb impression thereon except in the case of an employee to whom a certificate of employment has been issued under Regulation 17-A. The Insurance Number allotted by the appropriate Office to an employee and indicated in the copy of Form 3 returned to the employer, shall be entered by the employer on the register of employees Form 6 and Return of contributions.			
20	**15A.** Registration of families. — On the issue of a notification under Regulation 95-A specifying the date from which the family of an insured person shall also be entitled to medical benefit under the Act, every insured person who has not furnished the particulars of his family at the time of his registration under the Act, shall furnish to the employer correct particulars along with their photograph in respect of his family in Form 1-A. The employer shall enter the particulars in the Form and obtain the signature or the thumb impression of such person and complete the Form as indicated thereon and send it to the appropriate office within ten days of the date on which the particulars were furnished.	Nil (No corresponding new Regulation).	Registration of families as well as employees is now incorporated in Rule 19. So this Regulation is not needed.	Registration of families as well as employees is now incorporated in Rule 19. So this Regulation is not needed.
21	**15B.** Changes in family. — An insured person shall intimate all changes in the membership of the family as defined under the Act,	**15.** Changes in family. — An insured person shall intimate electronically or otherwise all changes in the membership of the	Changes appropriate to the transition from manual process to	Changes appropriate to the transition from manual process to

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	to the employer within 15 days of such change having occurred and the employer shall enter such particulars in Form 2 and shall forward it to the appropriate Office within ten days of the date on which the particulars of the changes were furnished.	family as defined under the Code, to the employer as soon as the change has occurred and the employer shall ensure to incorporate such changes in the registration details of the Insured Person as available on the specified portal in Form 1B.	electronic process made.	electronic process made.
22	**16.** The Corporation to receive assistance from employers. — An employer shall render all necessary assistance which the Corporation may require in connection with the Registration of his factory or establishment and the registration of his employees and specially for photographing such employees and affixing the photographs to the Identity Cards.	**13.** The Corporation to receive assistance from employers. — An employer shall render all necessary assistance which the Corporation may require in connection with the registration of his establishment and the registration, or updating of particulars, of his employees and their family.	Changes appropriate to the transition from manual process to electronic process made.	Changes appropriate to the transition from manual process to electronic process made.
23	**17.** Identity Card. — The appropriate Office shall arrange to have an identity Card prepared in Form 4 for each person along with the photograph in respect of whom an insurance number is allotted and shall include in such card the particulars and photograph of the family entitled to medical benefit under Regulation 95A and send all such identity cards to the employer. Such employer shall if and when the employee has been in service for 3 months, obtain the signature or thumb impression of the employee on the Identity Card and shall after making relevant entries thereon, deliver the Identity Card to him. The employer shall obtain a receipt from the	14. Insured Person Card. — On registration of the Insured Person on the specified portal by the employer, an Insurance Person Card (IP Card) shall be generated electronically in Form 1A for the Insured Person containing details of the Insured Person and his/her family member(s).	The name "Identity Card" changed to "Insured Person Card". Changes appropriate to the transition from manual process to electronic process.	The name "Identity Card" changed to "Insured Person Card" to establish the specificity of the identity card issued to the Insured Person. Changes appropriate to the transition from manual process to electronic process.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	employee for the Identity Card. The Identity Card in respect of an employee who has left employment before 3 months shall not be given to him, but shall be returned to the appropriate Office as soon as possible. The Identity Card shall not be transferable.			
24	**17A.** Issue of Certificate of Employment. — If an insured person happens to need medical care before the Temporary Identification Certificate is issued to him, the employer shall issue a certificate of employment in such form as may be specified by the Director General to such person on demand. Such certificate shall also be issued on demand, if an insured person loses his Temporary Identification Certificate before the receipt of the Identity Card.	No corresponding new Regulation.	Since the generation of the Identity Card / Insured Person Card is now online and instantaneous, this Regulation is not needed now.	Since the generation of the Identity Card / Insured Person Card is now online and instantaneous, this Regulation is not needed now.
25	**17B.** Issue of permanent Acceptance Card. — In areas where the Director General considers it appropriate the appropriate Office shall also supply a permanent Acceptance Card for each employee in such form as the Director General may specify along with the Identity Card and this shall also be delivered to the employee. Permanent Acceptance Card for the employee who has left employment before 3 months shall not be given to him but returned to the appropriate Office along	No corresponding new Regulation	Since the generation of the Identity Card / Insured Person Card is now online and instantaneous, the concept of a permanent Acceptance Card is irrelevant and outdated now. (Acceptance Card was not used in the offline days also.)	Since the generation of the Identity Card / Insured Person Card is now online and instantaneous, the concept of a permanent Acceptance Card is irrelevant and outdated now. (Acceptance Card was not used in the offline days also.)

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	with the Identity Card as soon as possible.			
26	**18.** Loss of Identity Card. — In case of loss, defacement or destruction of an Identity Card, the insured person shall report the matter to the appropriate Branch Office, and the Corporation may issue a duplicate copy of the Identity Card subject to such conditions and payment of such fees as may be determined by the Director-General.	No corresponding new Regulation	Since the Identity Card / Insured Person Card can now be electronically generated through portal any number of times and instantaneously , the concept of duplicate identity card is outdated.	Since the Identity Card / Insured Person Card is now electronically generated through portal and instantaneous, and the concept of duplicate identity card not needed.
27	**19.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
28	**20.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
29	**21.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
30	**22.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
31	**23.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
32	**24.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
33	**25.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
34	**26.** Return of contributions to be sent to appropriate office. — (1) Every employer shall send a return of contributions in quadruplicate in Form 5 along with receipted copies of challans for the amounts deposited in the Bank, to the appropriate office by registered post or messenger, in respect of all employees for whom	**16.** Monthly return of contribution — Every employer shall file monthly returns of contribution on the specified portal in respect of all employees engaged by them or through their contractor for whom contributions are payable, within fifteen days from the end of the month;	1. Changes appropriate to the transition from manual process to electronic process made. 2. Earlier, contributions had to be paid within 21 days, now the	1. Changes appropriate to the transition from manual process to electronic process made. 2. Earlier, contributions had to be paid within 21 days, now the

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	contributions are payable in a contribution period, so as to reach that office — (a) within 42 days of the termination of contribution period to which it relates ; (b) within 21 days of the date of permanent closure of the factory or establishment, as the case may be ; (c) within 7 days of the date of receipt of requisition in that behalf from the appropriate office. 1(A) Every employer shall be required to submit details in Form 5 (Return of Contribution) with regard to employees engaged through Principal and Immediate Employers and their coverage, submission of Declaration Forms, distribution of Temporary Identification Certificates/Permanent Identity Cards and wages considered for payment of contribution and wages excluded for such purpose. (2) For the purposes of Section 77 of the Act, the due date by which the evidence of contributions having been paid must reach the Corporation shall be the last of the days respectively specified in clauses (a), (b) and (c) of sub-regulation (1).	Provided that the employer shall in any case file all monthly returns for a contribution period within 45 days of the termination of contribution period; Provided further that in case of permanent closure of the establishment, the employer shall file all monthly returns within 15 days of the date of such permanent closure.	Returns are to be filed and contributions can be paid without interest within 15 days. Therefore, since the earlier time-limit to submit all the Returns for the Contribution Period—42 days—is outdated now, it has been changed to a more reasonable 45 days (45 days is the half of the time gap between the Contribution Period and the corresponding Benefit Period). Also, in the case of closure the time-limit to submit the Return from 21 days to 15 days.	Returns are to be filed and contributions can be paid without interest within 15 days. Therefore, since the earlier time-limit to submit all the Returns for the Contribution Period—42 days—is outdated now, it has been changed to a more reasonable 45 days (45 days is the half of the time gap between the Contribution Period and the corresponding Benefit Period). Also, in the case of closure the time-limit to submit the Return from 21 days to 15 days.
35	**27.** Issue of a Certificate of Contributions. — An employer shall, on demand from the appropriate office, issue certificate of contributions paid or payable in respect of an insured person in such form as may be specified by the Director-General.	**17.** Certificate of Contribution. — An employer shall, on demand from the appropriate office, issue certificate of contributions paid or payable in respect of an insured person in such	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		form as may be specified by the Director-General.		
36	**28.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
37	**29.** Payment of Contribution. — Contribution payable under the Act shall, except when otherwise provided, be paid into a Bank duly authorised by the Corporation.	**18.** Payment of Contribution. — Contribution payable under Chapter IV of the Code shall, except when otherwise provided, be paid electronically into a bank duly authorised by the Corporation.	No change other than the mention of the Code and electronic mode of payment.	No change other than the mention of the Code and electronic mode of payment.
38	**30.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
39	**31.** Time for payment of contribution.—An employer who is liable to pay contributions in respect of any employee shall pay those contributions within 15 days of the last day of the calendar month in which the contributions fall due : Provided that where a factory/establishment is permanently closed, the employer shall pay contribution on the last day of its closure : Provided that an employer may opt, in such manner as may be prescribed, by the Director General for payment of amount in advance towards contribution to be adjusted against contributions payable by him (including employees' contribution) for a wage period so that the balance of advance amount continues to be more than the contributions due and payable at the end of the concerned wage period.	**19.** Time for payment of contribution. — An employer who is liable to pay contributions in respect of any employee shall pay those contributions within 15 days of the last day of the calendar month in which the contributions fall due: Provided that where an establishment is permanently closed, the employer shall pay all contributions within 15 days of the date of such permanent closure.	1. Time to pay Contributions in the case of closure changed form the day of closure to within 15 days from closure. 2. Provision for advance payment of contribution, if the employer opts to do it, removed as now the registrations are uniform through SSP.	1. This is a reasonable, employer-friendly change. 2. Since the registration of the unit under the CoSS is uniform through SSP, the registration of Security and Manpower employer with advance contribution may not be relevant now.

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	Such an employer shall furnish in the prescribed pro forma Form 5-A, a six monthly statement of contributions payable and paid in advance with the balance left at the end of each month along with return of contributions to the appropriate regional office of the Corporation.			
40	**31D.** Appellate Authority. — The Appellate Authority under Section 45-AA of the Act shall be the Insurance Commissioner, the Additional Commissioner, Regional Director and Joint Director.	**20.** Appellate Authority. — The Appellate Authority under section 126 of the Code shall be the Insurance Commissioner, the Additional Commissioner, Regional Director, Director and Joint Director.	Reference of the section of Act replaced by the relevant section of Code.	Reference of the section of Act replaced by the relevant section of Code.
41	**31A.** Interest on contribution due, but not paid in time. — An employer who fails to pay contribution within the periods specified in Regulation 31, shall be liable to pay simple interest at the rate of 12 per cent. per annum in respect of each day of default or delay in payment of contribution.	**21.** Interest on contribution due, but not paid in time. — (1) An employer who fails to pay contribution within the periods specified in regulation 19, shall be liable to pay simple interest at the rate as notified by the Central Government in respect of each day of default or delay in payment of contribution. (2) Any interest payable on the contribution paid after the due date shall be recovered as if it were an arrear of land revenue.	1. The rate of 12% per annum changed to "at the rate as notified by the Central Government". 2. Old Regulation 31B. *Recovery of Interest*, incorporated into this Regulation.	1. By Section 127 of the Code, rate of interest should be notified by the Central Govt. 2. Because this is a related matter, a sub-regulation rather than a separate Regulation is more appropriate.
42	**31B.** Recovery of interest. — Any interest payable under regulation 31-A may be recovered as an arrear of land revenue or under section 45-C to section 45-I of the Act.	This Regulation made part of Regulation 20 above.	This Regulation made part of Regulation 20 above.	Because this is a matter related to Regulation 20, a sub-regulation to that Regulation has been incorporated.

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43	**31C.** Damages on contributions or any other amount due, but not paid in time. — If an employer fails to pay contribution within the periods specified under Regulations 31, or any other amount payable under the Act, the Corporation may recover damages, not exceeding the rates mentioned below, by way of penalty : — Period of delay Maximum rate of damages in % per annum of the amount due (i) less than 2 months 5% (ii) 2 months and above but less than 4 months 10% (iii) 4 months and above but less than 6 months 15% (iv) 6 months and above 25% Provided that the Corporation in relating to a company in respect of which a Resolution Plan has been sanctioned by the National Company Law Tribunal under the Insolvency & Bankruptcy Code, 2016 may: (a) Waive up to 50 percent of the damages levied or leviable depending upon merits of the case. (b) In exceptional hard cases, waive either totally or partially the damages levied or leviable.	**22.** Damages on contributions or any other amount due, but not paid in time. — (1) If an employer fails to pay contribution within the periods specified under regulation 19, or any other amount payable under the Code, the Corporation may levy damages at the rate of 1.0 per cent on the amount due for every month of delay. Provided that the Corporation may reduce or waive the damages levied subject to the terms and conditions specified by notification by the Central Government as provided in Section 128 of the Code. (2) Any damages payable under sub-regulation (1) shall be recovered as if it were an arrear of land revenue.	The old Regulation replaced by the newly proposed Regulation on Damages approved by the ESI Corporation in its 196th Meeting held on 27.06.2025 in Shimla*. (Varying rates of Damages going up to 25%/annum replaced by a uniform 1%/month.) (*In accordance with Section 128 of the Code, the provision of reduction or waiver of damages shall be specified in notification by the Central Govt.)	The new Regulation is the one approved by the ESI Corporation in its 196th Meeting held on 27.06.2025 in Shimla. (*In accordance with Section 128 of the Code, the provision of reduction or waiver of damages shall be specified in notification by the Central Govt.)
44	**31E.** Interest on amounts refunded to the employer. — If an employer finally succeeds in the appeal under Section 45-AA, the amount deposited by him with the Corporation, in full or part, as per decision of the Appellate Authority, shall be refunded to him	**23.** Interest on amounts refunded to the employer. — If an employer finally succeeds in the appeal under section 126 of the Code, the amount deposited by him with the Corporation, in full or part, as per decision of the Appellate Authority, shall	Reference of the section of Act replaced by the relevant section of Code.	Reference of the section of Act replaced by the relevant section of Code.

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	along with simple interest at the rate specified in Regulation 31-A.	be refunded to him along with simple interest at the same rate as specified in Regulation 20(1).		
45	**32.** Register of Employees. — (1) Every employer shall maintain a register in Form 6 in respect of every employee of his factory or establishment. (1) (a) Register of employees engaged by immediate employer. — Every immediate employer shall maintain a register in Form 6 in respect of every employee engaged by him and submit the same to the principal employer before the settlement of any amount payable under sub-section (1) of section 41 of the Act. (2) Every employer shall preserve every register maintained under this regulation after it is filled, for a period of five years from the date of last entry therein. (3) The employer shall give a reasonable opportunity to any of his employees, if he so desires to see entries in respect of such employee in this register once a month.	**24.** Register of Employees. — (1) Every employer shall maintain, electronically or otherwise, a register in Form 6 in respect of every employee of his factory or establishment. (1A) Register of employees engaged by contractor. — Every contractor shall maintain, electronically or otherwise, a register in Form 6 in respect of every employee engaged by him and submit the same to the employer before the settlement of any amount payable under sub-section (6) of section 31 of the Code. (2) Every employer shall preserve every register maintained under this regulation after it is filled, for a period of five years from the date of last entry therein. (3) The employer shall give a reasonable opportunity to any of his employees, if he so desires to see entries in respect of such employee in this register once a month.	1) Reference of the section of Act replaced by the relevant section of Code. 2) 'Immediate employer' changed to 'contractor'.	1) Reference of the section of Act replaced by the relevant section of Code. 2) 'Immediate employer' changed to 'contractor'.
46	**33.** Other modes of payment of contribution. — Subject to the directions of the Standing Committee, the Director General may, if he thinks fit and subject to such terms and conditions as he may impose, approve of any arrangement, whereby the contributions are paid at	**25.** Other modes of payment of contribution. — Subject to the directions of the Standing Committee, the Director General may, if he thinks fit and subject to such terms and conditions as he may impose, approve of any arrangement, whereby the	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	times or in a manner other than those specified in these regulations and such arrangements may include provision for the payment to the Corporation of such fees as may be determined by him to represent the estimated additional expenses to the Corporation, and may require such deposit of money by way of security as he may determine.	contributions are paid at times or in a manner other than those specified in these regulations and such arrangements may include provision for the payment to the Corporation of such fees as may be determined by him to represent the estimated additional expenses to the Corporation, and may require such deposit of money by way of security as he may determine.		
47	**34.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
48	**35.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
49	**36.** Employment for part of a wage period. — Where an employee is employed by an employer for part of a wage period, the contributions in respect of such wage period, shall fall due on the last day of the employment by such employer in that wage period.	**26.** Employment for part of a wage period. — Where an employee is employed by an employer for part of a wage period, the contributions in respect of such wage period shall fall due on the last day of the employment by such employer in that wage period.	No change.	No change.
50	**37.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
51	**38.** Scheme by joint employers. — Where an employee is ordinarily employed by two or more employers in a wage period, the employers of such an employee may, if they think fit, submit to the Corporation a scheme for the payment of contributions in respect of such employee and the Corporation may, if it is satisfied that the scheme is	Nil (No corresponding new Regulation).	With the online system the IP no is unique to an employee during entire service. Further the payments are online so this provision becomes redundant.	This system may not be needed as with the online system the IP no is unique to an employee during entire service. Further the payments are online so both of the employers can pay

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	such as will secure the due payment of the contributions, approve such a scheme subject to such terms and conditions as it may think necessary : Provided that if no such scheme is submitted to or approved by the Corporation, the Corporation may specify that any one of such employers shall be treated as the employer for the purposes of the provisions of the Act and the regulation relating to contributions, and in such a case the contribution for any wage period shall fall due on the last day of the wage period on which an employee was employed by the employer so specified.			contribution separately and both payments will be reflected separately against the IP number.
52	**39.** Reckoning of wages of employee employed by two or more employers in the same wage period. — Where an employee is employed by an employer for only a part of the wage period, or where an employee is employed by two or more employers in a wage period, only the wages payable to him for the days upto and including the day on which the contribution falls due for that wage period shall be taken into account in reckoning wages for the purposes of determining the average daily wages of the employee for that wage period.	**27.** Reckoning of wages of employee employed by two or more employers in the same wage period. — Where an employee is employed by an employer for only a part of the wage period, or where an employee is employed by two or more employers in a wage period, only the wages payable to him for the days up to and including the day on which the contribution falls due for that wage period shall be taken into account in reckoning wages for the purposes of determining the average daily wages of the employee for that wage period.	No change.	No change.
53	**40.** Refund of contribution erroneously paid. — (1) Any contribution paid by a person under the erroneous belief that the	**28.** Refund of contribution erroneously paid. — (1) Any contribution paid by a person under the	The 'Principal employer' and 'Immediate employer' has been replaced	The 'Principal employer' and 'Immediate employer' has been replaced

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	contributions were payable by that person under that Act may be refunded without interest by the Corporation to that person, if application to that effect is made in writing before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid. (2) Where any contribution has been paid by a person at a rate higher than that at which it was payable the excess of the amount so paid over the amount payable may be refunded without interest by the Corporation to that person, if application to that effect is made before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid. (3) In calculating the amount of any refund to be made under this regulation there may be deducted the amount, if any, paid to any person by way of benefit on the basis of the contribution erroneously paid and for the refund of which the application is made. (4) Where the whole or part of the amount of any contribution referred to in sub-regulations (1) and (2), was recovered from an immediate employer or deducted from the wages of an employee by the principal employer, he	erroneous belief that the contributions were payable by that person under Chapter IV of the Code may be refunded without interest by the Corporation to that person, if application to that effect is made in writing before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid. (2) Where any contribution has been paid by a person at a rate higher than that at which it was payable the excess of the amount so paid over the amount payable may be refunded without interest by the Corporation to that person, if application to that effect is made before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid. (3) In calculating the amount of any refund to be made under this regulation the amount, if any, paid to any person, by way of benefit on the basis of the contribution erroneously paid and for the refund of which the application is made, may be deducted. (4) Where the whole or part of the amount of any contribution referred to in sub-regulations (1) and (2), was recovered from a contractor or deducted	by Employer and Contractor as per the provisions of the Code.	by Employer and Contractor as per the provisions of the Code.

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	shall, on getting the refund of the amount from the Corporation, be liable to pay back the amount so recovered or deducted to the person from whom the amount was so recovered or deducted. (5) Applications for refund under this regulation shall be made in such form and in such manner and shall be supported by such documents as the Director-General may, from time to time, determine.	from the wages of an employee by the employer, he shall, on getting the refund of the amount from the Corporation, be liable to pay back the amount so recovered or deducted to the person from whom the amount was so recovered or deducted. (5) Applications for refund under this regulation shall be made in such form and in such manner and shall be supported by such documents as the Director General may, from time to time, determine.		
54	**41.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
55	**42.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
56	**43.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
57	**44.** Claim for benefits. — Every claim for a benefit payable under the Act shall be made in writing, in accordance with these regulations, to the appropriate Branch Office on the form appropriate for the purpose of the benefit for which the claim is made, or in such other manner as the appropriate office may, subject to its being in writing, accept as sufficient in the circumstances of any particular case or class of cases. Assistance for filling in the form of claim in case of insured persons who cannot do so themselves shall be provided at the	**29.** Claim for benefits. — Every claim for a benefit payable under Chapter IV of the Code shall be made in accordance with these regulations, to the appropriate Branch Office electronically or otherwise on the form appropriate for the purpose of the benefit for which the claim is made, or in such other manner as the appropriate office may, subject to its being in electronic form or otherwise, accept as sufficient in the circumstances of any particular case or class of cases. Assistance for filling in the form of claim in case	1. Changes appropriate to the transition from manual process to electronic process made. 2. Provision to acknowledge receipt of claims made. 3. No claim needed for PDB and DB after the first claim.	1. Changes appropriate to the transition from manual process to electronic process made. 2. This is an employee-friendly provision. 3. PDB and DB payments are now made through the batch process

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	Branch Offices of the Corporation. PROVIDED that in case of permanent disablement benefit and dependants' benefit, claim shall be required to be made only for the first payment, and no claim shall be required for subsequent periodical payments.	of insured persons who cannot do so themselves shall be provided at such places and in such manner as specified by the appropriate office. The claim for any benefit shall be acknowledged electronically or otherwise. PROVIDED that in case of permanent disablement benefit and dependants' benefit, claim shall be required to be made electronically or otherwise only for the first payment, and no claim shall be required for subsequent periodical payments.		and no monthly claim is required for it.
58	**45.** When claim becomes due. — A claim for any benefit under the Act shall for the purposes of section 77 of the Act, becomes due on the following days : — (a) for sickness benefit or for disablement benefit for temporary disablement for any period, on the date of issue of the medical certificate in respect of such periods ; provided that in cases where a person is not entitled to sickness benefit for the first two days of sickness, the due date shall be deferred by such days ; (b) for maternity benefit : — (i) in case of confinement, on the date of issue, in accordance with these regulations, of the certificate of expected confinement or on the day six weeks preceding the expected date of confinement so certified whichever is later or, if no	**30.** When claim becomes due. — A claim for any benefit under the Code shall, for the purposes of Regulation 120, become due on the following days: — (a) for sickness benefit or for disablement benefit for temporary disablement for any period, on the date of issue of the medical certificate in respect of such periods; provided that in cases where a person is not entitled to sickness benefit for the first two days of sickness, the due date shall be deferred by such days; (b) for maternity benefit: — (i) in case of confinement, on the date of issue, in accordance with these regulations, of the certificate of expected confinement or on the day eight weeks preceding the	'Six weeks preceding the expected date of confinement' replaced by 'eight weeks preceding the expected date of confinement'	Maternity Benefit is now payable from eight weeks preceding the confinement or expected date of confinement.

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	such certificate is issued, on the date of confinement ; and (ii) in case of miscarriage and in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, on the date of issue of the medical certificate of such miscarriage or sickness, as the case may be ; (c) for first payment of disablement benefit for permanent disablement, on the date on which an insured person is declared as permanently disabled in accordance with the Act and these regulations; (d) for first payment of dependants' benefit, on the date of the death of the insured person in respect of whose death the claim for such benefit arises or, where disablement benefit was payable for that date, on the date following the date of death or, where the beneficiary becomes entitled to a claim on any subsequent date, on the date on which he becomes so entitled ; (e) for subsequent payments of disablement benefit for permanent disablement and for subsequent payments of dependants' benefit, on the last day of the month to which the claim relates ; and (f) for funeral expenses, on the date of the death of the insured person in respect of whose death the claim for such benefit arises.	expected date of confinement so certified whichever is later or, if no such certificate is issued, on the date of confinement; and (ii) in case of miscarriage and in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, on the date of issue of the medical certificate of such miscarriage or sickness, as the case may be; (c) for first payment of disablement benefit for permanent disablement, on the date on which an insured person is declared as permanently disabled in accordance with the chapter IV of the Code and these regulations; (d) for first payment of dependants' benefit, on the date of the death of the insured person in respect of whose death the claim for such benefit arises or, where disablement benefit was payable for that date, on the date following the date of death or, where the beneficiary becomes entitled to a claim on any subsequent date, on the date on which he or she becomes so entitled; (e) for subsequent payments of disablement benefit for permanent disablement and for subsequent payments of dependants' benefit, on the last day of the month to which the claim relates; and		

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		(f) for funeral expenses, on the date of the death of the insured person in respect of whose death the claim for such benefit arises.		
59	**46.** Availability of claims forms. — Claim forms shall be available to intending claimants from such persons and such offices of the Corporation as it may appoint or authorise for that purpose, and shall be supplied free of charge.	**31.** Availability of claims forms. — Claim forms shall be available to intending claimants electronically or otherwise from such persons and such offices of the Corporation as it may appoint or authorise for that purpose, and shall be supplied free of charge.	No change other than incorporating the electronic mode.	No change other than incorporating the electronic mode.
60	**47.** Claims on wrong form. — Where a claim for any benefit has been made on an approved form other than the form appropriate to the benefit claimed, the Corporation may treat the claim as if it was made on the appropriate form: Provided that the Corporation may in any such case require the claimant to complete the appropriate form.	**32.** Claims on wrong form. — Where a claim for any benefit has been made electronically or otherwise on an approved form other than the form appropriate to the benefit claimed, the Corporation may treat the claim as if it was made on the appropriate form: Provided that the Corporation may in any such case require the claimant to complete the appropriate form.	No change other than incorporating the electronic mode	No change other than incorporating the electronic mode.
61	**48.** Evidence in support of claim. — Every person who makes a claim for any benefit shall, in addition to the medical certificate and other forms specifically required under these regulations, furnish such other information and evidence for the purpose of determining the claim as may be required by the appropriate office, and, if reasonably so required, shall for that purpose attend at such office or place as the appropriate office may direct.	**33.** Evidence in support of claim. — Every person who makes a claim electronically or otherwise for any benefit shall, in addition to the medical certificate and other forms specifically required under these regulations, furnish such other information and evidence for the purpose of determining the claim as may be required by the appropriate office, and, if reasonably so required, shall for that purpose attend at such office or	No change other than incorporating the electronic mode.	No change other than incorporating the electronic mode.

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		place as the appropriate office may direct.		
62	**49.** Defective claim. — If, in the absence of due signature or of due certification, a claim is defective on the date of its receipt by an office of the Corporation, the office of the Corporation may in its discretion, refer the claim to the claimant and if the form is returned duly signed and/or certified within three months from the date on which it was so referred, the office may treat the claim as if it had been duly made in the first instance.	**34.** Defective claim. — If, in the absence of due signature or of due certification, a claim made electronically or otherwise is defective on the date of its receipt by an office of the Corporation, the office of the Corporation may in its discretion, refer the claim to the claimant and if the form is returned electronically or otherwise duly signed and/or certified within three months from the date on which it was so referred, the office may treat the claim as if it had been duly made in the first instance.	No change other than incorporating the electronic mode.	No change other than incorporating the electronic mode
63	**50.** Claim for inappropriate benefit. — Where it appears that a person who has made a claim for any benefit payable under the Act, may be entitled to a benefit other than that which he has claimed, any such claim may be treated as a claim in the alternative for that other benefit.	**35.** Claim for inappropriate benefit. — Where it appears that a person who has made a claim for any benefit payable under chapter IV of the Code may be entitled to a benefit other than that which he has claimed, any such claim may be treated as a claim in the alternative for that other benefit.	'Act' replaced by 'Code'.	'Act' replaced by 'Code'.
64	**51.** Authority for certifying eligibility of claimants. — The authority which is to certify eligibility of claimants shall be the appropriate Branch Office in respect of maternity, sickness ,temporary disablement benefits and funeral expenses and the appropriate Regional Office, in respect of permanent disablement and dependants' benefits.	**36.** Authority for certifying eligibility of claimants. — The authority which is to certify eligibility of claimants shall be the appropriate Branch Office or appropriate DCBO in respect of sickness, maternity, temporary disablement benefits and funeral expenses and the appropriate Regional Office or Sub-regional	'DCBO' and 'Sub-Regional Office' added. No other change.	'DCBO' and 'Sub-Regional Office' added. No other change.

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		office, in respect of permanent disablement and dependants' benefits.		
65	**52.** Benefits when payable. — (1) Any benefit payable under the Act shall be paid — (a) in the case of sickness benefit, not later than 7 days (b) in the case of funeral expenses not later than 15 days (c) in the case of the first payment in respect of maternity benefit not later than 14 days ; (d) in the case of the first payment in respect of temporary disablement benefit not later than one month ; (e) in the case of first payment of permanent disablement benefit not later than one month ; (f) in the case of first payment of dependant's benefit not later than three months ; After the claim therefor together with the relevant medical or other certificates and any other documentary evidence which may be called for under these regulations has been furnished completed in all particulars to the appropriate office. (2) Second and subsequent payments in respect of any maternity, temporary disablement, permanent disablement or dependants' benefit shall be paid along with the first payment in respect thereof, or within the calendar month following the month to the whole or part of which they relate,	**37.** Benefits when payable. — (1) Any benefit payable under Chapter IV of the Code shall be paid — (a) in the case of sickness benefit, not later than 7 days; (b) in the case of funeral expenses not later than 15 days; (c) in the case of the first payment in respect of maternity benefit not later than 14 days; (d) in the case of the first payment in respect of temporary disablement benefit not later than one month; (e) in the case of first payment in respect of permanent disablement benefit not later than one month; (f) in the case of first payment in respect of dependant's benefit not later than three months, after the claim therefore together with the relevant medical or other certificates and any other documentary evidence which may be called for under these regulations electronically or otherwise has been furnished complete in all particulars to the appropriate office. (2) Second and subsequent payments in respect of any maternity, temporary disablement, permanent disablement or dependants' benefit shall be paid along with the first	'Act' replaced by 'Code'. Changes appropriate to the transition from manual process to electronic process made. The Sub Regional office and DCBO added.	'Act' replaced by 'Code'. Changes appropriate to the transition from manual process to electronic process made. The Sub Regional office and DCBO added.

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	whichever is later subject to production of any documentary evidence which may be required under these regulations. (3) Where a benefit payment is not made within the time limits specified in sub-regulations (1) and (2) above, it shall be reported to the appropriate Regional Office and shall be paid as soon as possible. (4) Benefits under the Act shall be paid in cash at a Branch Office on such days and working hours as may be fixed by the Director-General or such other officer of the Corporation, as may be authorised by him from time to time in this behalf or at the option of the claimant and subject to deduction of the cost of remittance by means of postal money orders or other orders payable through a post office, or by any other means which the appropriate office may in the circumstances of any particular case consider appropriate : Provided that the Corporation may waive the deduction of the cost of remittance in such cases as the Director-General may, from time to time, specify. Provided further that the Director-General may decide that in respect of certain areas/pay offices as may be specified by him from time to time, the payments shall be remitted through money order also at the cost of the Corporation subject to such restrictions as may be	payment in respect thereof, or within the calendar month following the month to the whole or part of which they relate, whichever is later subject to submission of any documentary evidence electronically or otherwise which may be required under these regulations. (3) Where a benefit payment is not made within the time limits specified in sub-regulations (1) and (2) above, it shall be reported to the appropriate Regional Office or Sub-Regional Office and shall be paid as soon as possible. (4) Benefits under Chapter IV of the Code shall be paid, on such days and working hours as may be fixed by the Director General or such other officer of the Corporation as may be authorised by him from time to time in this behalf, or at the option of the claimant, by electronic mode to the bank account of the Insured Person or the beneficiaries as the case may be, by a branch office, DCBO, or such other office of the Corporation as may be decided by the Director-General; or such other officer of the corporation , as may be authorised by him from time to time in this behalf' Provided that in exceptional circumstances the Director General may allow payment of benefits		

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	imposed by the Director-General from time to time. (5) Where the payment of a benefit is to be made at a Branch Office, such office may insist upon the production of the Identity Card or other document issued in lieu thereof in respect of the insured person.	to the Insured persons or Beneficiaries by any other mode in respect of whole or part of the country. (5) Where the payment of a benefit is to be made by a branch office, DCBO, or any other office, such office may insist upon production of bank account details, Insured Person Card, or other documents issued in lieu thereof in respect of the Insured Person or the beneficiary.		
66	**52A.** Abstention verification. — (1) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured person from work for which sickness benefit or disablement benefit for temporary disablement, as provided under the Act has been claimed or paid, in Form 10 and within such time as the said office may in writing require in the said form. (2) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured woman from work for which maternity benefit as provided under the Act has been claimed or paid, in Form 10 and within such time as the said office may in writing require in the said form.	**38.** Abstention verification. — (1) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured person from work for which sickness benefit or disablement benefit for temporary disablement, as provided under Chapter IV of the Code has been claimed or paid, in Form-4 and within such time as the said office may in writing or in electronic form require in the said form. (2) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured woman from work for which maternity benefit as provided under Chapter IV of the Code has been claimed or paid, in Form-4 and within such time as the said office may in writing or in electronic form require in the said form.	No change other than to mention the electronic mode. 'Act' replaced by 'Code'.	No change other than to mention the electronic mode. 'Act' replaced by 'Code'.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
67	**53.** Evidence of sickness and temporary disablement. — Every insured person, claiming sickness benefit or disablement benefit for temporary disablement, shall furnish evidence of sickness or temporary disablement in respect of the days of his sickness or temporary disablement by means of a medical certificate given by an Insurance Medical Officer in accordance with these regulations in the form appropriate to the circumstances of the case : Provided that in areas where arrangements for medical benefit under the Employees' State Insurance Act have not been made or otherwise if in its opinion the circumstances of a particular case so justify, the Corporation may accept any other evidence of sickness or temporary disablement in the form of a certificate issued by the medical officer of the State Government, local body or other medical institution, or a certificate issued by any registered medical practitioner containing such particulars and attested in such manner as may be specified by the Director General in this behalf.	**39.** Evidence of sickness and temporary disablement. — Every insured person, claiming sickness benefit or disablement benefit for temporary disablement, shall furnish evidence of sickness or temporary disablement in respect of the days of his sickness or temporary disablement by means of a medical certificate given by an Insurance Medical Officer in electronic form or otherwise in accordance with these regulations in the form appropriate to the circumstances of the case; Provided that in areas where arrangements for medical benefit under the Chapter IV of the Code have not been made or otherwise if in its opinion the circumstances of a particular case so justify, the Corporation may accept any other evidence of sickness or temporary disablement in the form of a certificate issued by the medical officer of the State Government, local body or other medical institution, or a certificate issued by any registered medical practitioner in electronic form or otherwise, containing such particulars and attested in such manner as may be specified by the Director General in this behalf.	No change other than to mention the electronic mode. 'Act' replaced by 'Code'.	No change other than to mention the electronic mode. 'Act' replaced by 'Code'.
68	**54.** Persons competent to issue medical certificate. — No medical certificate under these regulations	**40.** Persons competent to issue medical certificate. — No medical certificate under these regulations	"or such other Documents", as under these regulations,	A minor change, to simplify the

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	shall be issued except by the Insurance Medical Officer to whom an insured person has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which an insured person is allotted and such Insurance Medical Officer shall examine and if in his opinion the condition of the insured person so justifies, issue to such insured person free of charge, any medical certificates reasonably required by such insured person under or for the purposes of the Act or any other enactment or these regulations : Provided that an Insurance Medical Officer may issue a medical certificate under these regulations to an insured person who is not allotted to him or to the dispensary, hospital, clinic or other institution to which he is attached, if such officer is satisfied that in the circum-stances of any particular case the insured person cannot reasonably be expected to get medical benefit from the Insurance Medical Officer or the dispensary, hospital, clinic or other institution to which such insured person has been allotted ; and such certificate also shall be issued free of charge : Provided further that an insured person shall not be granted a medical certificate unless he produces to the Insurance Medical Officer his Identity	shall be issued except by the Insurance Medical Officer to whom an insured person has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which an insured person is allotted and such Insurance Medical Officer shall examine and if in his opinion the condition of the insured person so justifies, issue to such insured person free of charge, any medical certificates reasonably required by such insured person under or for the purposes of Chapter IV of the Code or any other enactment or for these regulations: Provided that an Insurance Medical Officer may issue a medical certificate under these regulations to an insured person who is not allotted to him or to the dispensary, hospital, clinic or other institution to which he is attached, if such officer is satisfied that in the circumstances of any particular case the insured person cannot reasonably be expected to get medical benefit from the Insurance Medical Officer or the dispensary, hospital, clinic or other institution to which such insured person has been allotted; and such certificate also shall be issued free of charge: Provided further that an insured person shall not be granted a medical	may have been issued in lieu thereof." replaced by "or such other document, as may be specified by the Director General."	delivery of benefits.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Card or such other " Documents ", as under these regulations, may have been issued in lieu thereof.	certificate unless he produces to the Insurance Medical Officer his Insured Person Card or such other document, as may be specified by the Director General.		
69	**55.** Medical certificate. — The appropriate form of a medical certificate shall be filled in ink or otherwise as may be specified by the Director-General, by the Insurance Medical Officer in his own handwriting and shall contain a concise statement of the disease or disablement which in the opinion of the Insurance Medical Officer necessitates abstention from work on medical grounds or renders the person temporarily incapable of work. The statement of the disease or disablement in the medical certificate shall specify the nature thereof as precisely as the Insurance Medical Officer's knowledge of the condition of the insured person at the time of the examination permits	**41.** Medical certificate. — The appropriate form of a medical certificate shall be filled electronically or otherwise as may be specified by the Director General, by the Insurance Medical Officer and shall contain a concise statement of the disease or disablement which in the opinion of the Insurance Medical Officer necessitates abstention from work on medical grounds or renders the person temporarily incapable of work. The statement of the disease or disablement in the medical certificate shall specify the nature thereof as precisely as the Insurance Medical Officer's knowledge of the condition of the insured person at the time of the examination permits.	Minor changes considering the introduction of electronic mode.	Minor changes considering the introduction of electronic mode.
70	**56.** Time of granting medical certificate. — (a) An Insurance Medical Officer shall give the medical certificate to an insured person at the time of the examination to which it relates; where he is prevented from so doing he shall send the certificate to the insured person within twenty-four hours thereafter. (b) No further medical certificate relating to the same examination shall be	**42.** Time of granting medical certificate. — (1) An Insurance Medical Officer shall issue the medical certificate to an insured person electronically or otherwise at the time of the examination to which it relates; where he is prevented from so doing he shall issue the certificate to the insured person within twenty-four hours thereafter.	No change other than to mention the electronic mode.	No change other than to mention the electronic mode.

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	issued, except where a duplicate of such certificate is required, in which case it shall be issued free of charge and clearly marked " Duplicate "	(2) No further medical certificate relating to the same examination shall be issued, except where a duplicate of such certificate is required, in which case it shall be issued free of charge and clearly marked "Duplicate".		
71	**57.** Medical Certificate on first examination. — Where the examination is the first examination in respect of spell of sickness or a spell of temporary disablement, the medical certificate shall be in the form of a first certificate Form 7 and shall be only in respect of the date of examination : Provided that where the insured person, who needs abstention from work on the day of examination, states that he has been actually sick or temporarily disabled on a day earlier than the date of his first examination, the Insurance Medical Officer may, if he is satisfied as to the truth of the statement that the insured person was unable to present himself for medical examination earlier for reasons beyond his control, certify incapacity for work on the date preceding the date of examination : Provided further that where, in the opinion of the Insurance Medical Officer, the insured person is likely to become fit to resume work on a date not later than the third day after the date of the examination, the first certificate may be issued in	**43.** Medical Certificate on first examination. — When the examination is the first examination in respect of a spell of sickness or a spell of temporary disablement, the medical certificate shall be in the form of a first certificate Form-1 and shall be only in respect of the date of examination: Provided that where the insured person, who needs abstention from work on the day of examination, states that he has been actually sick or temporarily disabled on a day earlier than the date of his first examination, the Insurance Medical Officer may, if he is satisfied as to the truth of the statement that the insured person was unable to present himself for medical examination earlier for reasons beyond his control, certify incapacity for work on the date preceding the date of examination: Provided further that where, in the opinion of the Insurance Medical Officer, the insured person is likely to become fit to resume work on a date not later than the	No change except form number.	No change except form number.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	respect of the entire spell of sickness or temporary disablement, and, in such a case, it shall specify the date on which the insured person will, in his opinion, be fit to resume work; such a certificate shall, notwithstanding anything contained in the Regulations, be also treated as a final certificate.	third day after the date of the examination, the first certificate may be issued in respect of the entire spell of sickness or temporary disablement, and, in such a case, it shall specify the date on which the insured person will, in his opinion, be fit to resume work; such a certificate shall, notwithstanding anything contained in the regulations, be also treated as a final certificate.		
72	**58.** Final medical certificate. — If, at the date of the examination to which a medical certificate other than a first certificate relates, the insured person in the opinion of the Insurance Medical Officer is, or will become on a date not later than the third day after that date, fit to resume work, that certificate shall be in the form of a final certificate Form 7.	**44.** Final medical certificate. — If, on the date of the examination to which a medical certificate other than a first certificate relates, the insured person in the opinion of the Insurance Medical Officer is, or will become on a date not later than the third day after that date, fit to resume work, that certificate shall be in the form of a final certificate Form-1.	No change except the form number.	No change except the form number.
73	**59.** Intermediate certificates. — If the final certificate is not issued within seven days of the date of the first certificate, an insured person shall, except where the case is covered by regulation 61, submit certificates in the form of intermediate certificates Form 7 at intervals of not more than seven days each, commencing from the date of the first certificate.	**45.** Intermediate certificates. — If the final certificate is not issued within seven days of the date of the first certificate, an insured person shall, except where the case is covered by regulation 47 , submit certificates in the form of intermediate certificates Form-2 at intervals of not more than seven days each, commencing from the date of the first certificate.	No change except the form number and reference to new regulation no.	No change except the form number and reference to new regulation no.
74	**60.** Final medical certificate before commencing work for wages. — Every insured	**46.** Final medical certificate before commencing work for	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	person shall obtain a medical certificate in the form of a final certificate before he takes up any work for wages.	wages. — Every insured person shall obtain a medical certificate in the form of a final certificate before he takes up any work for wages.		
75	**61.** Intermediate certificate for longer period. — Where temporary disablement or sickness has continued for not less than twenty-eight days and the Insurance Medical Officer is satisfied that such disablement or sickness is likely to continue for a long period and that, owing to the nature of the disablement or sickness examination and treatment at intervals of more than one week will be sufficient, the insured person may, unless otherwise directed by the appropriate office, furnish medical certificates in the form of special intermediate certificates Form 8 at intervals of such longer periods not exceeding four weeks as may be specified by the Insurance Medical Officer.	**47.** Intermediate certificate for longer period. — When temporary disablement or sickness has continued for not less than twenty-eight days and the Insurance Medical Officer is satisfied that such disablement or sickness is likely to continue for a long period and that, owing to the nature of the disablement or sickness, examination and treatment at intervals of more than one week will be sufficient, the insured person may, unless otherwise directed by the appropriate office, furnish medical certificates in the form of special intermediate certificates in Form-2 at intervals of such longer periods not exceeding four weeks may be issued by the Insurance Medical Officer in respect of the Insured Person electronically or otherwise.	No change other than adding the electronic mode and changing the "the insured person may furnish medical certificates" to "may be issued by the insurance medical officer" for better clarity.	No change other than adding the electronic mode and changing the "the insured person may furnish medical certificates" to "may be issued by the insurance medical officer" for better clarity.
76	**62.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
77	**63.** Form of claim for sickness or temporary disablement. — An insured person intending to claim sickness benefit or disablement benefit for temporary disablement shall submit to the appropriate Branch Office by post or otherwise, a	**48.** Form of claim for sickness or temporary disablement. — An insured person intending to claim sickness benefit or disablement benefit for temporary disablement shall submit to the appropriate Branch Office, a claim for benefit	Minor changes considering the introduction of electronic mode.	Minor changes considering the introduction of electronic mode.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	claim for benefit in Form 9, together with the appropriate medical certificates : Provided that where only one claim in Form 9 is submitted in respect of more than one certificates, such Form 9 shall be deemed to be appropriate to all such certificates.	in Form-3, together with the appropriate medical certificates electronically or otherwise: Provided that where only one claim in Form-3 is submitted in respect of more than one certificates, such Form-3 shall be deemed to be appropriate to all such certificates.		
78	**64.** Failure to submit medical certificate. — If a person who intends to claim sickness benefit or disablement benefit for temporary disablement fails to submit to the appropriate Branch Office by post or otherwise the first medical certificate or any subsequent medical certificate within a period of three days from the date of issue of such certificate he shall not be eligible for that benefit in respect of any period (i) in the case of a first certificate, more than three days before the date on which the certificate is submitted to the appropriate Branch Office ; (ii) in the case of a subsequent certificate, more than fourteen days before the date on which such subsequent certificate is submitted to the appropriate Branch Office : Provided that the appropriate Regional Office or other office as authorised by the Director-General may relax all or any of the provisions of this regulation in any particular case, if it is satisfied that the	**49.** Failure to submit medical certificate. — If a person who intends to claim sickness benefit or disablement benefit for temporary disablement fails to submit to the appropriate Branch Office electronically or otherwise the first medical certificate or any subsequent medical certificate issued to him in form other than electronic form within a period of three days from the date of issue of such certificate he shall not be eligible for that benefit in respect of any period— (i) in the case of a first certificate, more than three days before the date on which the certificate is submitted to the appropriate Branch Office; (ii) in the case of a subsequent certificate, more than fourteen days before the date on which such subsequent certificate is submitted to the appropriate Branch Office: Provided that the appropriate Regional Office or other office as authorised by the	The words "issued to him in form other than electronic form" added.	This addition is made because if the certificate is issued online there is no need for the IP to submit the certificate to the Branch Office—the certificate is sent to the BO directly by the IMO online. Therefore, in such cases, there is no 'failure to submit medical certificate'.

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	delay in submitting a certificate was due to bona fide reasons.	Director General may relax all or any of the provisions of this regulation in any particular case, if it is satisfied that the delay in submitting a certificate was due to bona fide reasons.		
79	**65.** Notice of accident. — (i) Every employee who sustains personal injury caused by accident arising out of and in the course of his employment in a factory or establishment shall give notice of such injury either in writing or orally, as soon as practicable after the happening of the accident : Provided that any such notice required to be given by an employee person may be given by some other person acting on his behalf. Explanation. — No such notice shall be required to be given by an employee if an employment injury is caused by any Occupational Disease specified in the Third Schedule to the Act. (ii) Every such notice shall be given to the employer or to a foreman or to other official under whose supervision the employee is employed at the time of the accident or any other person designated for the purpose by the employer and shall contain the appropriate particulars. (iii) Any entry of the appropriate particulars of the accident made in a book kept for that purpose in accordance with the next following regulation shall, if made as soon as	**52.** Notice of accident. — (i) Every employee who sustains personal injury caused by accident arising out of and in the course of his employment in an establishment shall give notice of such injury either in writing or orally or electronically , as soon as practicable after the happening of the accident: Provided that any such notice required to be given by an employee may also be given by some other person acting on his behalf; Provided further that no such notice shall be required to be given by an employee if an employment injury is caused by any Occupational Disease specified in the Third Schedule to the Code. (ii) Every such notice shall be given to the employer or to a foreman or to other official under whose supervision the employee is employed at the time of the accident or any other person designated for the purpose by the employer and shall contain the appropriate particulars. (iii) Any entry of the appropriate particulars of the accident made in a book kept for that	The reference of 'Act' has been changes by the 'Code'. The option of electronic submission has been given to the injured person.	The reference of 'Act' has been changes by the 'Code'. The option of electronic submission has been given to the injured person.

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	practicable after the happening of the accident by the employee or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of these regulations. (iv) In this regulation and the next following regulation, the expression ' appropriate particulars ' means the particulars indicated below : — (a) Full name, Insurance Number, sex, age, address, occupation, department and shift of the injured person ; (b) Date and time of accident ; (c) Place where accident happened ; (d) Cause and nature of injury ; (e) Name, address and occupation of the person giving the notice, if he is other than the injured person ; (f) A statement of what exactly the injured person was doing at the time of injury ; (g) Names, addresses and occupation of two persons who were present at the spot when accident happened ; and (h) Remarks, if any.	purpose in accordance with the next following regulation shall, if made as soon as practicable after the happening of the accident by the employee or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of these regulations. (iv) In this regulation and the next following regulation, the expression 'appropriate particulars' means the particulars indicated below: — (a) Full name, Insurance Number, sex, age, address, occupation, department and shift of the injured employee; (b) Date and time of accident; (c) Place where accident happened; (d) Cause and nature of injury; (e) Name, address and occupation of the person giving the notice, if he is other than the injured employee; (f) A statement of what exactly the injured employee was doing at the time of injury; (g) Names, addresses and occupation of two persons who were present at the spot when accident happened; and (h) Remarks, if any.		
80	**66.** Maintenance of accident book. — Every employer shall — (i) keep a book readily accessible (hereinafter called ' the Accident Book ') in Form 11, in which the appropriate particulars of	**53.** Maintenance of accident book. — Every employer shall — (i) keep a book readily accessible (hereinafter called 'the Accident Book') in Form-X as prescribed under	The present appropriate form for Accident Book incorporated.	The present appropriate form for Accident Book incorporated.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	any accident causing personal injury to an employee may be entered ; (ii) preserve every such book when it is completed for a period of five years from the date of the last entry thereon : Provided that it shall not be necessary to enter in the said Accident Book particulars of any employment injury caused by an Occupational Disease specified in the Third Schedule to the Act. Provided further that the employer shall be deemed to have complied with this regulation sufficiently if in any register maintained by him, the appropriate particulars are also shown.	Rule 61 of the Occupational Safety, Health & Working Conditions (Central) Rules, 2020, in which the appropriate particulars of any accident causing personal injury to an employee may be entered; (ii) preserve every such book when it is completed for a period of five years from the date of the last entry thereon: Provided that it shall not be necessary to enter in the said Accident Book particulars of any employment injury caused by an Occupational Disease specified in the Third Schedule to the Code. Provided further that the employer shall be deemed to have complied with this regulation sufficiently if in any register maintained by him, the appropriate particulars are also shown.		
81	**67.** Notice otherwise than by an entry in accident book. — If notice of an employment injury under regulation 65 is given otherwise than by an entry in the Accident Book it shall be the duty of the employer or any other person to whom such notice is given under that regulation to make an appropriate entry in the book in respect of the accident to which the notice relates immediately after such notice is received, and where the notice is received otherwise than in writing	**54.** Notice otherwise than by an entry in accident book. — If notice of an employment injury under regulation 52 is given otherwise than by an entry in the Accident Book it shall be the duty of the employer or any other person to whom such notice is given under that regulation to make an appropriate entry in the book in respect of the accident to which the notice relates immediately after such notice is received, and where the notice is received otherwise than in writing	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	read over the particulars to the person who gives the notice and obtain his signature or thumb impression on the Accident Book.	read over the particulars to the person who gives the notice and obtain his signature or thumb impression on the Accident Book.		
82	**68.** Report of accident by an employer. — Every employer shall send a report in Form 12 to the appropriate Branch Office and to the Insurance Medical Officer of the insured person — (i) immediately, if the injury is serious, i.e., it is likely to cause death or permanent disablement or loss of a member, and (ii) in any other case within 48 hours after the receipt of the notice under regulation 65 or of the time when the accident came to the notice of the employer or of a foreman or other official under whose supervision the employee was employed at the time of the accident or any other person designated for the purpose by the employer : Provided that in case of a serious injury, and particularly when the injury results in death at the place of employment, the report to the Insurance Medical Officer and the Branch Office shall be sent through a special messenger, or otherwise as speedily as may be practicable under the circumstances : Provided further that if the accident does not involve absence of the employee from work initially, the employer may not send the report to the Branch Office	**55.** Report of accident by an employer. — Every employer shall send a report in Form-6 to the appropriate Branch Office and to the Insurance Medical Officer of the insured person electronically or otherwise (i) immediately, if the injury is serious, i.e., it is likely to cause death or permanent disablement or loss of a member; and (ii) in any other case within 48 hours after the receipt of the notice under regulation 52 or of the time when the accident came to the notice of the employer or other official under whose supervision the employee was employed at the time of the accident or any other person designated for the purpose by the employer: Provided that in case of a serious injury, and particularly when the injury results in death at the place of employment, the report to the Insurance Medical Officer and the Branch Office shall also be sent electronically and otherwise as speedily as may be practicable under the circumstances: Provided further that if the accident does not involve absence of the	1. The "the Factories Act, 1948" replaced by "the Occupational Safety, Health and Working Conditions Code, 2020".	1. Factories Act is now subsumed by the Occupational Safety, Health and Working Conditions Code.

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	and the Insurance Medical Officer but shall do so within 48 hours after the absence from work subsequently results from the injury. Provided further that where a report of the accident is made by the employer under the Factories Act, 1948, the report to the Branch Office and to the Insurance Medical Officer may be made in the same form as is prescribed under the Factories Act, 1948, provided that all the additional information required under Form 12 is added thereto : Provided further that it shall not be necessary for the employer to send a report in Form 12 if an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Act ; but the employer shall furnish on demand to the appropriate Branch Office, within such reasonable period as may be specified, such information and particulars as shall be required of the nature of and other relevant circumstances relating to any employment specified in the Third Schedule to the Act.	injured employee from work initially, the employer may not send the report to the Branch Office and the Insurance Medical Officer but shall do so within 48 hours after the absence from work which subsequently results from the injury. Provided further that where a report of the accident is made by the employer under the Occupational Safety, Health and Working Conditions Code, 2020, the report to the Branch Office and to the Insurance Medical Officer may be made in the same form as is prescribed under the Occupational Safety, Health and Working Conditions Code, 2020, provided that all the additional information required under Form 6 is added thereto: Provided further that it shall not be necessary for the employer to send a report in Form-6 if an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Code; but the employer shall furnish on demand to the appropriate Branch Office, within such reasonable period as may be specified, such information and particulars as shall be required of the nature of and other relevant circumstances relating to any employment specified		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		in the Third Schedule to the Code.		
83	**69.** Employer to arrange for first-aid. — Every employer shall arrange for such first-aid and medical care and transport for obtaining such aid and care as the circumstances of the accident may require till the injured person is seen by the Insurance Medical Officer and such employer shall be entitled to reimbursement in respect of expenses thereby incurred by him but not exceeding such scale of expenses as may be specified by the Corporation from time to time : Provided that if the employer is required to provide such medical aid free of charge under any other enactment, he shall not be entitled to any reimbursement of expenses.	**56.** Employer to arrange for first aid. — Every employer shall arrange for such first aid and medical care and transport for obtaining such aid and care as the circumstances of the accident may require till the injured person is seen by the Insurance Medical Officer and such employer shall be entitled to reimbursement in respect of expenses thereby incurred by him but not exceeding such scale of expenses as may be specified by the Corporation from time to time: Provided that if the employer is required to provide such medical aid free of charge under any other enactment, he shall not be entitled to any reimbursement of expenses.	No change.	No change.
84	**70.** Employer to furnish further particulars of accident. — Every employer shall furnish to the appropriate office such further information and particulars of an accident and within such time as the said office may, in writing, require.	**57.** Employer to furnish further particulars of accident. — Every employer shall furnish to the appropriate office such further information and particulars of an accident and within such time as the said office may, electronically or otherwise, require.	No change other than to mention the electronic mode.	No change other than to mention the electronic mode.
85	**71.** Directions by the Corporation. — Every claimant for and every beneficiary in receipt of disablement benefit shall comply with every direction given to him by the appropriate Regional Office which requires him	**58.** Directions by the Corporation. — Every claimant for and every beneficiary in receipt of disablement benefit shall comply with every direction given to him by the appropriate Regional Office or Sub-Regional	No change; only SRO has been added.	No change; only SRO has been added.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	either — (i) to submit himself to a medical examination by such medical authority as may be appointed by that office for the purpose of determining the effect of the relevant employment injury or the treatment appropriate to the relevant injury or loss of faculty, or (ii) to attend any vocational training courses or industrial rehabilitation courses provided by any institution maintained by any Government, local authority or any public or private body recognised for the purpose by the Corporation and considered appropriate by it in his case.	Office which requires him either— (i) to submit himself to a medical examination by such medical authority as may be appointed by that office for the purpose of determining the effect of the relevant employment injury or the treatment appropriate to the relevant injury or loss of faculty, and/or (ii) to attend any vocational training courses or industrial rehabilitation courses provided by any institution maintained by any Government, local authority or any public or private body recognised for the purpose by the Corporation and considered appropriate by it in his case.		
86	**72.** Reference to a Medical Board. — A reference to the Medical Board may be made — (a) at any time not later than twelve months, in cases where claim for temporary disablement benefit is made for an employment injury, from the date of the final certificate issued in respect of the spell of temporary disablement commencing on or immediately after the date of the occurrence of that injury, or from the date of the occurrence of an employment injury in cases where temporary disablement benefit not having been claimed, claim for permanent disablement is made on the basis thereof, by the appropriate	**59.** Reference to a Medical Board. — A reference to the Medical Board may be made— (a) at any time not later than twelve months in cases where claim for temporary disablement benefit is made for an employment injury, from the date of the final certificate issued in respect of the spell of temporary disablement commencing on or immediately after the date of the occurrence of that injury, or from the date of the occurrence of an employment injury in cases where temporary disablement benefit not having been claimed, claim for permanent disablement is made on	Sub-Regional Office also added along with Regional Offices. No other change.	Most of the powers of the RO in Benefit matters are now vested also in SROs.

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	Regional Office at the instance of the disabled person or the employer or any recognised employees' union : Provided that such reference may be made by the appropriate Regional Office after the expiry of the period prescribed as aforesaid if it is satisfied that the applicant was prevented by sufficient cause from applying for the making of the reference in time : Provided further that in the event of the claim for Temporary Disablement Benefit being rejected by the Corporation but afterwards granted by the Employees' Insurance Court in respect of the injuries resulted in Permanent Disablement, the limit of 12 months will apply from the date of the order of the Employees' Insurance Court granting the claim of the insured person for Temporary Disablement Benefit, or (b) by the Corporation, — (i) at any time, on the recommendation of an Insurance Medical Officer, and (ii) on its own initiative, after the expiry of the period of twenty-eight days from the first date on which the claimant was rendered incapable of work by the relevant employment injury.	the basis thereof, by the appropriate Regional Office or Sub-Regional Office at the instance of the disabled person or the employer or any recognised employees' union: Provided that such reference may be made by the appropriate Regional Office or Sub-Regional Office after the expiry of the period prescribed as aforesaid if it is satisfied that the applicant was prevented by sufficient cause from applying for the making of the reference in time: Provided further that in the event of the claim for Temporary Disablement Benefit being rejected by the Corporation but afterwards granted by the Employees' Insurance Court in respect of the injuries resulted in Permanent Disablement, the limit of twelve months will apply from the date of the order of the Employees' Insurance Court granting the claim of the insured person for Temporary Disablement Benefit, or (b) by the Corporation, — (i) at any time, on the recommendation of an Insurance Medical Officer, and (ii) on its own initiative, after the expiry of the period of twenty-eight days from the first date on which the claimant was rendered incapable of work by the		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		relevant employment injury.		
87	**73.** Report of Medical Board. — The Medical Board shall after examining the disabled person send its decision on such form as may be specified by the Director-General, to the appropriate Regional Office. The disabled person shall be informed in writing of the decision of the Medical Board and the benefit, if any, to which the disabled person shall be entitled.	**60.** Report of Medical Board. — The Medical Board shall, after examining the disabled person, send its decision on such form as may be specified by the Director General, to the appropriate Regional Office or Sub-Regional Office. The disabled person shall be informed electronically or in writing, of the decision of the Medical Board and the benefit, if any, to which the disabled person shall be entitled.	Sub-Regional Office also added along with Regional Offices. No other change.	Most of the powers of the RO in Benefit matters are now vested also in SROs.
88	**74.** Occupational Disease. — Any question whether an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Act shall be determined by a Special Medical Board which shall examine the disabled person and send a report in such form as may be prescribed by the Director-General in this behalf to the appropriate Regional Office stating : — (a) whether the disabled person is suffering from one or more of the diseases specified in the said Schedule ; (b) whether the relevant disease has resulted in permanent disablement ; (c) whether the extent of loss of earning capacity can be assessed provisionally or finally ; (d) the assessment of the proportion of loss of earning capacity and in case of provisional assessment,	**61.** Occupational Disease. — Any question whether an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Code shall be determined by a Special Medical Board which shall examine the disabled person and send a report in such form as may be prescribed by the Director General in this behalf to the appropriate Regional Office or Sub-Regional Office stating— (a) whether the disabled person is suffering from one or more of the diseases specified in the said Schedule; (b) whether the relevant disease has resulted in permanent disablement; (c) whether the extent of loss of earning capacity can be assessed provisionally or finally;	Sub-Regional Office also added along with Regional Offices. No other change.	Most of the powers of the RO in Benefit matters are now vested also in SROs.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	the period for which such assessment shall hold good. All assessments which are provisional may be referred to the Special Medical Board for review by the appropriate Regional Office not later than the end of the period taken into account by the provisional assessment. Any decision of the Special Medical Board may be reviewed by it at any time. The disabled person shall be informed in writing of the decision of the Special Medical Board by the appropriate Regional Office and the benefit, if any, to which the insured person shall be entitled.	(d) the assessment of the proportion of loss of earning capacity and in case of provisional assessment, the period for which such assessment shall hold good. All assessments which are provisional may be referred to the Special Medical Board for review by the appropriate Regional Office or Sub-Regional Office not later than the end of the period taken into account by the provisional assessment. Any decision of the Special Medical Board may be reviewed by it at any time. The disabled person shall be informed in writing of the decision of the Special Medical Board by the appropriate Regional Office or Sub-Regional Office and the benefit, if any, to which the insured person shall be entitled.		
89	**75.** Constitution of Medical Boards/Special Medical Boards. — Medical Boards for the purposes of the Act and the Special Medical Boards for the purposes of Regulation 74 shall be constituted by the Corporation and where it so desires it may approach the State Government for setting up the same and shall consist of such persons, have such jurisdiction and follow such procedure as the Director-General may from time to time decide	**63.** Constitution of Medical Boards/Special Medical Boards. — Medical Boards for the purposes of the Code and the Special Medical Boards for the purposes of regulation 61 shall be constituted by the Corporation and where it so desires it may approach the State Government for setting up the same and shall consist of such persons, have such jurisdiction and follow such procedure as the Director General may from time to time decide.	No change.	No change.
90	**76.** Medical Appeal Tribunals. — For the purposes of the Act, the	**64.** Medical Appeal Tribunals. — For the purposes of the Code, the		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	State Government shall constitute as many Medical Appeal Tribunals as it thinks fit. Each such Medical Appeal Tribunal shall consist of such persons, exercise such jurisdiction and follow such procedure (save for the manner in which and the time within which the appeals may be filed as may be prescribed by rules framed by the Central Government under the Act) as the State Government in consultation with the Corporation may, from time to time, decide. Notwithstanding the amendments hereby made, all appeals pending before the Appeal Tribunals at the date of coming into force of the provisions of the Act relating to Medical Appeal Tribunals shall be disposed of by the Appeal Tribunals. *The above regulation is correct as per copy of regulation available on ESI website, but differs from published books. As per the pubished book, the previous regulation is substituted by General amendment 24 dated 03.10.1962.	State Government shall constitute as many Medical Appeal Tribunals as it thinks fit. Each such Medical Appeal Tribunal shall consist of such persons, exercise such jurisdiction and follow such procedure (save for the manner in which and the time within which the appeals may be filed as may be prescribed by the rules framed by the Central Government under the Code) as the State Government in consultation with the Corporation may, from time to time, decide. Notwithstanding the amendments hereby made, all appeals pending before the Appeal Tribunals at the date of coming into force of the provisions of the Code relating to Medical Appeal Tribunals shall be disposed of by the Appeal Tribunals. Provided that the application (for presenting an appeal to Medical Appeal Tribunal), referred to in sub-rule (1) of Rule 24 of the Code on Social Security (Central) Rules, 2026 shall be in Form 17 and shall contain a statement of the grounds upon which the appeal is made.	1. The Form in which the application for presenting an appeal to Medical Appeal Tribunal mentioned (and is also added to the annexures).	1. Rule 24(2) states that the Form of the application of appeal to the Medical Appeal Tribunal will be in the Regulations.
91	**76A.** Submission of claims for permanent disablement. — An insured person who has been declared to be permanently disabled by a Medical Board or by a Medical Appeal Tribunal or an Employees'	**65.** Submission of claims for permanent disablement. — An insured person who has been declared to be permanently disabled by a Medical Board or by a Medical Appeal Tribunal	"a period of one or more complete calendar months except in the case of a first payment" changed to "for	Earlier, PDB payments were paid only when a claim was made. But since the start of the batch process for PDB

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Insurance Court shall submit, by post or otherwise, to the appropriate Branch Office a claim, for receiving the first payment of permanent disablement benefit in form 14.	or an Employees' Insurance Court shall submit electronically or otherwise, to the appropriate Branch Office a claim in Form-7 for claiming the first payment of the permanent disablement benefit. For subsequent payments of permanent disablement benefit, a claim will not be required.	claiming the first payment of the permanent disablement benefit. For subsequent payments of permanent disablement benefit, a claim will not be required".	payments, claim is needed only for the initial payment. Hence this change proposed.
92	**76B.** Commutation of permanent disablement benefit. — (1) An insured person whose permanent disablement has been assessed as final and who has been awarded permanent disablement benefit at a rate not exceeding Rs. 10.00 per day may apply for commutation of permanent disablement benefit into a lump sum : Provided that the insured person whose permanent disablement has been assessed as final and the benefit rate exceeds Rs. 10.00 per day may also apply for commutation of permanent disablement benefit into lump sum subject to the condition that the total commuted value of the lump sum permanent disablement benefit does not exceed Rs. 60,000 at the time of commencement of final award of his permanent disability : Provided further that the cases falling under clause (3) of this regulation where commutation has been refused because the insured person did not have average expectation	**66.** Commutation of permanent disablement benefit. — (1) An insured person whose permanent disablement has been assessed as final and who has been awarded permanent disablement benefit at a rate not exceeding Rs. 10.00 per day may apply for commutation of permanent disablement benefit into a lump sum: Provided that the insured person whose permanent disablement has been assessed as final and the benefit rate exceeds Rs. 10.00 per day may also apply for commutation of permanent disablement benefit into lump sum subject to the condition that the total commuted value of the lump sum permanent disablement benefit does not exceed Rs. 60,000 at the time of commencement of final award of his permanent disability: Provided further that the cases falling under clause (3) of this regulation where commutation has been refused because the insured person did not	No change	No change

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	of life, shall not be reopened. (2) Where such an application is made within 6 months of the date on which he can opt for commutation hereafter called the " date of possible option ", permanent disablement benefit shall be commuted into a lump sum. (3) Where such an application is made after the expiry of 6 months from the date of possible option, permanent disablement benefit] may be commuted into a lump sum if the Corporation is satisfied that the insured person has an average expectation of life for his age. For this purpose, the insured person shall, if so required by the appropriate office, present himself for examination by such medical authority as the Director-General may, by general or special order, specify. (4) For the purpose of this regulation, the date of possible option shall mean — (i) in the case of a person who, on the date on which this regulation comes into force is in receipt of permanent disablement benefit covered by sub-regulation (1), the date of coming into force of this regulation ; (ii) in the case of any other insured person, the date on which assessment of permanent disablement covered by sub-regulation (1), is communicated to	have average expectation of life, shall not be reopened. (2) Where such an application is made within 6 months of the date on which he can opt for commutation hereafter called the "date of possible option", the permanent disablement benefit shall be commuted into a lump sum. (3) Where such an application is made after the expiry of 6 months from the date of possible option, the permanent disablement benefit may be commuted into a lump sum if the Corporation is satisfied that the insured person has an average expectation of life for his age. For this purpose, the insured person shall, if so required by the appropriate office, present himself for examination by such medical authority as the Director General may, by general or special order, specify. (4) For the purpose of this regulation, the date of possible option shall mean — (i) in the case of a person who, on the date on which this regulation comes into force is in receipt of permanent disablement benefit covered by sub-regulation (1), the date of coming into force of this regulation; (ii) in the case of any other insured person, the date on which assessment		

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	him by the appropriate Regional Office. (5) The amount of lump sum admissible under this regulation shall be determined by multiplying the daily rate of permanent disablement benefit by the figure indicated in column 2 of Schedule III to these regulations, corresponding to the age on last birthday of the insured person on the date on which his application for commutation is received in the appropriate office and on and from that date the permanent disablement benefit shall cease to be payable to him : Provided that where no proof of age has been submitted as required by the appropriate office or if submitted, has not been accepted as satisfactory by the appropriate office, the corresponding age as aforesaid of the insured person shall be the age as estimated by the Medical Board on the date of examination adjusted by the period intervening between the date of examination by the Medical Board and the date on which the application for commutation was received in the appropriate office : Provided further that the age so estimated by the Medical Board shall also operate against any proof of age that may be submitted after the time allowed for the purpose to the insured person by the appropriate office before	of permanent disablement covered by sub-regulation (1), is communicated to him by the appropriate Regional Office or Sub-Regional Office. (5) The amount of lump sum admissible under this regulation shall be determined by multiplying the daily rate of permanent disablement benefit by the figure indicated in Column 2 of Schedule I to these regulations, corresponding to the age on last birthday of the insured person on the date on which his application for commutation is received in the appropriate office and on and from that date the permanent disablement benefit shall cease to be payable to him: Provided that where no proof of age has been submitted as required by the appropriate office or if submitted, has not been accepted as satisfactory by the appropriate office, the corresponding age as aforesaid of the insured person shall be the age as estimated by the Medical Board on the date of examination adjusted by the period intervening between the date of examination by the Medical Board and the date on which the application for commutation was received in the appropriate office:		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	reference of his case to the Medical Board.	Provided further that the age so estimated by the Medical Board shall also operate against any proof of age that may be submitted after the time allowed for the purpose to the insured person by the appropriate office before reference of his case to the Medical Board.		
92	**77.** Report of death of employee by employment injury.— In case of death of an employee as a result of an employment injury, — (a) if the death occurs at the place of employment the employer shall, and (b) if the death occurs at any other place, a dependant intending to claim dependants' benefit shall, or (c) any other person present at the time of death may, immediately report the death to the nearest Branch Office and to the nearest dispensary, hospital, clinic or other institution where medical benefit under the Act is available.	**67.** Report of death of employee by employment injury. — In case of death of an employee as a result of an employment injury, — (a) if the death occurs at the place of employment the employer shall, and (b) if the death occurs at any other place, a dependant intending to claim dependants' benefit shall, or (c) any other person present at the time of death may, immediately report the death to the nearest Branch Office and to the nearest dispensary, hospital, clinic or other institution where medical benefit under the Code is available.	'Act' has been changed to 'Code'.	'Act' has been changed to 'Code'.
93	**78.** Disposal of body of an employee dying by employment injury. — Where an employee dies as a result of an employment injury sustained as an employee under the Act, the body of the employee shall not be disposed of until the body has been examined by an Insurance Medical Officer, who will also arrange a post mortem examination, if considered necessary, in co-operation	**68.** Disposal of body of an employee dying by employment injury. — Where an employee dies as a result of an employment injury sustained as an employee under the Code, the body of the employee shall not be disposed of until the body has been examined by an Insurance Medical Officer, who will also arrange a post mortem examination, if considered	"the Code of Criminal Procedure, 1973" replaced by "the Bharatiya Nagarika Suraksha Samhita Act (BNSS) 2023".	The Code of Criminal Procedure, 1973 has been superseded by the Bharatiya Nagarika Suraksha Samhita Act (BNSS) 2023.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	with any other existing agency : Provided that if an Insurance Medical Officer is unable to arrive for the examination within 12 hours of such death, the body may be disposed of after obtaining a certificate from such medical officer or practitioner as may be available : Provided further that nothing contained in this regulation shall be in derogation of any power conferred on a Coroner under any law for the time being in force or on the officer-in-charge of a police station or some other police officer under section 174 of the Code of Criminal Procedure, 1973 (2 of 1974).	necessary, in co-operation with any other existing agency: Provided that if an Insurance Medical Officer is unable to arrive for the examination within 12 hours of such death, the body may be disposed of after obtaining a certificate from such medical officer or practitioner as may be available: Provided further that nothing contained in this regulation shall be in derogation of any power conferred on a Coroner under any law for the time being in force or on the officer-in-charge of a police station or some other police officer under section ~~174 of the Code of Criminal Procedure, 1973 (2 of 1974), read with~~ section 194 of the Bharatiya Nagarika Suraksha Samhita Act (BNSS) 2023.		
94	**79.** Issue of death certificate. — An Insurance Medical Officer attending the disabled person at the time of his death or the Insurance Medical Officer who examines the body after the death or the Medical Officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 13 to the dependants of the deceased and shall send a report to the appropriate Regional Office.	**69.** Issue of death certificate. — An insurance medical officer attending the disabled insured person at the time of his death or the insurance medical officer who examines the body after the death or the medical officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 13 to the dependants of the deceased and shall send a report to the appropriate Regional	Sub regional office has been added.	Sub regional office has also been delegated the powers relating to the sanction of the benefits under the Code.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		Office or Sub-Regional Office.		
95	**80.** Submission of claim for dependants' benefit. — (1) A claim for dependants' benefit shall be submitted to the appropriate Branch Office by post otherwise in Form 15 by the dependant or dependants concerned or by their legal representative or, in case of a minor, by his guardian, and such claim shall be supported by documents proving — (i) that the death is due to an employment injury ; (ii) that the person claiming is a dependent entitled to claim as provided in rule 58 of the Employees' State Insurance (Central) Rules, 1950 ; (iii) the age of the claimant ; (iv) the infirmity of the dependant claiming to be infirm within the purview of rule 58 of the Employees' State Insurance (Central) Rules, 1950, by a certificate of such medical or other authority as the Director-General may, by a general or special order specify in this behalf : Provided that where the appropriate Regional Office is satisfied about the bona fides of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with. (2) The following may be accepted as proof of age : — (a) Certified extract from an official record of births showing the date and place	**70.** Submission of claim for dependants' benefit. — (1) A claim for dependants' benefit shall be submitted to the appropriate Branch Office electronically or otherwise in Form-8 by the dependant or dependants concerned or by their legal representative or, in case of a minor, by his guardian, and such claim shall be supported by documents proving— (i) that the death is due to an employment injury; (ii) that the person claiming is a dependant entitled to claim as provided in sub-rule (6) of Rule 22 of the Central Rules. (iii) the age of the claimant; (iv) the infirmity of the dependant claiming to be infirm within the purview of Sub-rule (6) of Rule 22 of the Central Rules, by a certificate of such medical or other authority as the Director-General may, by a general or special order specify in this behalf: Provided that where the appropriate Regional Office or Sub-Regional Office is satisfied about the bona-fides of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.	1. "(b) Original horoscope prepared soon after birth; (c) Certified extract from baptismal register;" deleted. 2. "(c) any document accepted as proof of age by the Central Government or the respective State Government;" added.	1. These two documents are outdated now. 2. This addition is made to be more helpful to the dependants and to remove any subjectivity in decision making.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	of birth and father's name ; (b) Original horoscope prepared soon after birth ; (c) Certified extract from baptismal register ; (d) Certified extract from school record showing the date of birth and father's name ; (e) such other evidence as may be acceptable to the appropriate Regional Office in the circumstances of a particular case.	(2) The following may be accepted as proof of age— (a) certified extract from an official record of births showing the date and place of birth and father's name; (b) certified extract from school record showing the date of birth and father's name; (c) any document accepted as proof of age by the Central Government or the respective State Government; (d) such other evidence as may be acceptable to the appropriate Regional Office or Sub-Regional Office in the circumstances of a particular case.		
96	**81.** Notice for dependants' benefit. — On receipt of a claim or claims for dependants' benefit in respect of the death of an employee and, after making such enquiries as may be necessary about the circumstances and cause of death and about all persons, who may be entitled to dependants' benefit, the appropriate Regional Office shall issue by registered post to such other persons if any, as appear on enquiry, to be entitled to dependants' benefit, and who have not yet submitted a claim for such benefit a notice for submission of claims for dependants' benefit within a period of thirty days from the date of such notice.	**71.** Notice for dependants' benefit. — On receipt of a claim or claims for dependants' benefit in respect of the death of an employee and, after making such enquiries as may be necessary about the circumstances and cause of death and about all persons, who may be entitled to dependants' benefit, the appropriate Regional Office or Sub-Regional Office shall issue electronically or otherwise to such other persons if any, as appear on enquiry, to be entitled to dependants' benefit, and who have not yet submitted a claim for such benefit a notice for submission of claims for	Mention of electronic mode and of Sub-Regional Office and reference of Code in place of Act.	The electronic mode is now prevalent. Further the SRO has also been delegated powers for acceptance of the benefit claims. The reference of 'Act' has been changes by the 'Code'.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	The notice shall indicate inter alia the relevant provisions of the Act and regulations and the procedure for submission of a claim for dependants' benefit.	dependants' benefit within a period of thirty days from the date of such notice. The notice shall indicate inter alia the relevant provisions of the Code and regulations and the procedure for submission of a claim for dependants' benefit.		
97	**82.** Intimation of decision regarding dependants' benefit. — As soon as possible after the expiry of the period during which claims can be submitted in terms of the notice issued under regulation 81, the appropriate Regional Office shall intimate by registered post the decision of the Corporation in regard to the claim of each of the dependants in writing to the dependant concerned or to his legal representative, or, in the case of a minor, to his guardian.	**72.** Intimation of decision regarding dependants' benefit. — As soon as possible after the expiry of the period during which claims can be submitted in terms of the notice issued under regulation 71, the appropriate Regional Office or Sub-Regional Office shall intimate electronically or otherwise the decision of the Corporation in regard to the claim of each of the dependants in writing to the dependant concerned or to his legal representative, or, in the case of a minor, to his guardian.	No change other than the mention of electronic mode and of Sub-Regional Office.	The electronic mode is now prevalent. Further the SRO has also been delegated powers for acceptance of the benefit claims.
98	**83.** Date of accrual of dependants' benefit. — The dependants' benefit shall accrue from the date of the death in respect of which the benefit is payable or, where disablement benefit was payable or where wages were payable for that date from the date following the date of death.	**73.** Date of accrual of dependants' benefit. — The dependants' benefit shall accrue from the date of the death in respect of which the benefit is payable, or, where disablement benefit was payable or where wages were payable for that date, from the date following the date of death.	No change.	No change.
99	**83A.** Submission of claims for dependants' benefit. — Each dependant whose claim for dependants' benefit is admitted under regulation 82, shall submit to the appropriate Branch	**74.** Submission of claim for dependants' benefit. — Each dependant whose claim for dependants' benefit is admitted under regulation 72, shall submit to the appropriate Branch	To bring more clarity subsequent payments of permanent	Earlier, PDB payments were paid only when a claim was made. But since

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Office, by post or otherwise, a claim covering, except in the case of first or a final payment, a period of one or more complete calendar months in Form 16. Such claim may be made by the legal representative of a beneficiary or in the case of a minor, by his guardian.	Office, electronically or otherwise, a claim in Form-9 for first payment of the dependents' benefit. Such claim may be made by the legal representative of a beneficiary or in the case of a minor, by his guardian. For subsequent payments of dependents' benefits, no claim shall be required.	disablement benefit, no claim shall be required" has been added.	the start of the batch process for PDB payments, claim is needed only for the initial payment. Hence this change proposed.
100	**84.** Review of Dependants' benefit. (1) The amounts payable as dependants' benefit in respect of the death of any insured person may be reviewed by the appropriate regional office as its own initiative, and shall be so reviewed if an application is made to that effect, under any of the following circumstances- (a) if any of the beneficiaries ceases to be entitled to the dependants' benefit by reason of marriage, remarriage, death, age or otherwise, or (b) if a fresh dependant is admitted to the claim for dependants' benefit by the birth of a posthumous child, or (C) if, after the previous decision as to the distribution of the dependants' benefit was taken, some facts materially affecting such distribution come to light. (2) Any review under this regulation shall be made after giving due notice by registered post to each of the dependants' stating therein the reasons for the proposed review and giving them an opportunity to	**76.** Review of dependents' benefit. — (1) The amounts payable as dependants' benefit in respect of death of any insured person may be reviewed by the appropriate Regional Office or Sub-Regional Office at its own initiative, and shall be so reviewed if an application is made to that effect under any of the following circumstances- (a) If any of the beneficiaries ceases to be entitled to the dependants' benefit by reason of marriage, re-marriage, death, age or otherwise, or (b) If a fresh dependant is admitted to the claim for dependants' benefit by the birth of a posthumous child, or (c) If, after the previous decision as to the distribution of the dependants' benefit was taken, some facts materially affecting such distribution come to light. (2) Any review under this regulation shall be made after giving due notice electronically or otherwise to each of the	Minor changes considering the introduction of electronic mode. Sub regional office has been added.	The electronic mode is now prevalent. Further the SRO has also been delegated powers for acceptance of the benefit claims.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	submit objections, if any, to such review. (3) Subject to the provisions of the Act and these regulations, the appropriate regional office may, as a result of such review, commence, continue, increase, reduce or discontinue from such date as it may decide the share of any of the dependants.	dependants, stating therein the reason for the proposed review and giving them opportunity to submit objections, if any, to such review. (3) Subject to the provisions of the Code and these regulations, the appropriate Regional office or Sub-Regional Office may as a result of such review, commence, continue, increase, reduce or discontinue from such date as it may decide the share of any of the dependents.		
101	**85.** * * *. Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
102	**86.** Appointment of another guardian. — If at any time the appropriate Regional Office is satisfied that a child who is in receipt of dependants' benefit is being neglected by his guardian, not being a guardian appointed under the Guardian and Wards Act, 1890, and the child's share of the dependants' benefit is not being properly spent on his or her maintenance, the appropriate Regional Office may direct that such share may be paid subject to such conditions as it may specify to such other person as it deems fit and as in its opinion would utilise it for the care and maintenance of child.	**77.** Appointment of another guardian. — If at any time the appropriate Regional Office or Sub-Regional office is satisfied that a child who is in receipt of dependants' benefit is being neglected by his guardian, not being a guardian appointed under the Guardian and Wards Act, 1890, and the child's share of the dependants' benefit is not being properly spent on his or her maintenance, the appropriate Regional Office or Sub-Regional Office may direct that such share may be paid subject to such conditions as it may specify to such other person as it deems fit and as in its opinion would utilise it for the care and maintenance of child.	Sub regional office has been added.	Sub regional office has also been delegated the powers relating to the sanction of the benefits under the Code.
103	**87.** Notice of pregnancy. — An insured woman, who decides to give notice of	**79.** Notice of pregnancy. — An insured woman, who decides to give notice	No change other than to mention the	The electronic mode of communication

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	pregnancy before confinement, shall give such notice in Form 17 to the appropriate Branch Office, by post or otherwise and shall submit, together with such notice, a certificate of pregnancy in Form 17 given in accordance with these regulations on a date not earlier than seven days before the date on which such notice is given.	of pregnancy before confinement, shall give such notice in Form-10 to the appropriate Branch Office, electronically or otherwise, and shall submit, together with such notice, a certificate of pregnancy in Form 10 given in accordance with these regulations on a date not earlier than seven days before the date on which such notice is given.	electronic mode.	is now prevalent.
104	**87A.** Notice of Commissioning Mother- An Insured Woman who wishes to have a child and get embryo implanted in any other women shall give such notice in Form 17 amended to the appropriate branch office by post or otherwise and shall submit together with Agreement of embryo implantation executed between commissioning mother with the other woman.	**80.** Notice of the commissioning mother. — An Insured woman who wishes to have a child and get embryo implanted in any other woman shall give such notice in Form 10 to the appropriate branch office electronically or otherwise together with Agreement of embryo implantation executed between the commissioning mother with the other woman.	No change other than to mention the electronic mode and form number.	No change other than to mention the electronic mode and form number.
105	**88.** Claim for maternity benefit commencing before confinement. — Every insured woman claiming maternity benefit before confinement shall submit to the appropriate Branch Office by post or otherwise (i) a certificate of expected confinement in Form 18 given in accordance with these regulations, not earlier than fifty days before the expected date of confinement ; (ii) a claim for maternity benefit in Form 19 stating therein the date on which she ceased or will cease to	**81.** Claim for maternity benefit commencing before confinement. — Every insured woman claiming maternity benefit before confinement shall submit to the appropriate Branch Office, electronically or otherwise — (i) a certificate of expected confinement in Form-11 given in accordance with these regulations, not earlier than sixty days before the expected date of confinement; (ii) a claim for maternity benefit in Form-	In (ii), fifty days changed to fifty-six days. Electronic mode of submission added.	Maternity Benefit can now be claimed for 8 weeks before the expected date of confinement. 8x7 = 56 days. Hence the earlier 50 days needs to be changed to 56 days. The electronic mode of communication is now prevalent

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	work for remuneration ; and (iii) within thirty days of the date on which her confinement takes place, a certificate of confinement in Form 18 given in accordance with these regulations.	12 stating therein the date on which she ceased or will cease to work for remuneration; and (iii) within thirty days of the date on which her confinement takes place, a certificate of confinement in Form-12 given in accordance with these regulations.		
106	**88A.** Declaration by Insured Women of her surviving child or children -- Insured Women claiming maternity benefit before confinement or after confinement or miscarriage shall submit the declaration of her surviving child or children. In case Insured woman giving birth to more than one child such claim shall be treated a single claim, however, for the next confinement the number of surviving children should be counted as per the actual number of surviving children at the time of claiming maternity benefit.	**82.** Declaration by insured woman of her surviving child or children. — An Insured woman claiming maternity benefit before confinement or after confinement or miscarriage shall submit the declaration of her surviving child or children. In case the insured woman giving birth to more than one child, such claim shall be treated a single claim; however for the next confinement the number of surviving children should be counted as per the actual number of surviving children at the time of claiming maternity benefit.	No change.	No change.
107	**89.** Claim for maternity benefit only after confinement or for miscarriage. — Every insured woman claiming maternity benefit for miscarriage shall within 30 days of the date of the miscarriage, and every insured woman claiming maternity benefit after confinement, shall submit to the appropriate office by post or otherwise a claim for maternity benefit in Form 19 together with a certificate of confinement or miscarriage in Form 18	**83.** Claim for maternity benefit only after confinement or for miscarriage. — Every insured woman claiming maternity benefit for miscarriage shall within 30 days of the date of the miscarriage, and every insured woman claiming maternity benefit after confinement, shall submit to the appropriate Branch Office electronically or otherwise a claim for maternity benefit in Form 12 together with a certificate of confinement	Electronic mode of submission added. Form no revised.	The electronic mode of communication is now prevalent.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	given in accordance with these regulations.	or miscarriage in Form -11 given in accordance with these regulations.		
108	**89A.** Claim for maternity benefit after the death of an insured woman leaving behind the child. — For the purposes of the proviso to sub-section (2) of section 50 of the Act, the person nominated by the deceased insured woman on Form 1 or on such other form as may be specified by the Director General in this behalf and if there is no such nominee, the legal representative, shall submit to the appropriate office by post or otherwise a claim for maternity benefit, as may be due, in Form 20 within 30 days of the death of the insured woman together with a death certificate in Form 21 given in accordance with those regulations.	**84.** Claim for maternity benefit after the death of an insured woman leaving behind the child. — For the purposes of the proviso to clause (b) of sub-rule (3) of Rule 22 of the Central Rules, the person nominated by the deceased insured woman on Form-III of the Central Rules or on such other form as may be specified by the Director General in this behalf and if there is no such nominee, the legal representative, shall submit to the appropriate office electronically or otherwise a claim for maternity benefit, as may be due, in Form 13 within 30 days of the death of the insured woman together with a death certificate in Form 19 given in accordance with those regulations.	The reference of the Central Rules under the Code has been incorporated.	Central Rules in Code has been referred.
109	**89B.** Claim for maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage. (1) Every insured woman claiming maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, shall submit to the appropriate office by post or otherwise a claim for benefit in Form 9 appropriate to the circumstances of the case together with the appropriate medical	**85.** Claim for maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage. — (1) Every insured woman claiming maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, shall submit to the appropriate office electronically or otherwise a claim for benefit in one of the forms appropriate to the circumstances of the case [Form-4] together with the appropriate medical	Form numbers revised.	Form numbers revised.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	certificate in Form 7 or 8 as the case may be, given in accordance with these regulations. (2) The provision of Regulations 55 to 61 and 64 shall, so far as may be, apply in relation to a claim submitted and a certificate given in accordance with this Regulation as they apply to certification and claims under these regulations.	certificate in Form 2 or 3 as the case may be, given in accordance with those regulations. (2) The provision of regulations 41 to 47 and 49 shall, so far as may be, apply in relation to a claim submitted and a certificate given in accordance with this regulation as they apply to certification and claims under those regulations.		
110	**89C.** Claim for Maternity Benefit by Commissioning Mother. Every Commissioning mother who as biological mother wishes to have a child and prefers to get embryo implanted in any other woman, claiming maternity benefit shall submit to the appropriate office by post or otherwise a claim for maternity benefit in Form 19 (Amended) together with copy of agreement on non-judicial stamp paper between commissioning mother and the other woman to whom embryo implantation is intended, copy of certificate issued by Assisted Reproductive Technology Clinic and copy of birth certificate issued by the authority under the Registration of Births & Deaths Act, 1969. Provided further that if commissioning mother and the other woman both are Insured Women, the claim will be provided only to the commissioning mother. Claim against miscarriage will not be payable to the	**86.** Claim for maternity benefit by commissioning mother. — Every commissioning mother who as a biological mother wishes to have a child and prefers to get embryo implanted in any other woman, claiming maternity benefit shall submit to the appropriate office electronically or otherwise a claim for maternity benefit in Form 17 together with the copy of agreement on non-judicial stamp paper between commissioning mother and the other woman to whom embryo implantation is intended, copy of certificate issued by Assisted Reproductive Technology Clinic and copy of birth certificate issued by the authority under the Registration of Births and Deaths Act 1969. Provided further that if commissioning mother and the other woman both are insured women, the claim will be provided only to the commissioning mother. Claim against miscarriage will not be	Electronic mode of submission added. Form numbers revised.	Electronic mode of submission added. Form numbers revised.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	commissioning as well as to the other woman.	payable to the commissioning mother as well as to the other woman.		
111	**89D.** Claim for Maternity Benefit by Adoptive Mother Every Insured woman, who legally Adopts a child of upto 3 months of age, claiming maternity benefit shall submit to the appropriate office by post or otherwise a claim for maternity benefit in (Form19 Amended) together with copy of the court order/Certificate from Registrar and birth certificate issued by the Authority under the Registration of Births & Deaths Act, 1969 incorporating the name of adoptive parents or single Insured woman who legally adopts a child and copy of the Adoption Order issued by the Competent Court. In case of annulment of adoption approved by the court Insured Woman will refund maternity benefit received by her.	**87.** Claim for maternity benefit by Adoptive Mother. — Every insured woman who legally adopts a child of up to 3 months age, claiming maternity benefit shall submit to the appropriate office electronically or otherwise a claim for maternity benefit in Form 17 amended together with the copy of court order / certificate from Registrar and birth certificate issued by the Authority under the Registration of Birth & Deaths Act 1969 incorporating the name of adoptive parents or single insured woman who legally adopts a child and copy of the Adoption Order issued by the Competent Court. In case of annulment of adoption approved by the court Insured woman will refund the maternity benefit received by her.	Electronic mode of submission added. Form numbers revised.	Electronic mode of submission added. Form numbers revised.
112	**90.** Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a certificate of pregnancy, expected confinement, confinement death during maternity, miscarriage or sickness arising out of pregnancy, confinement, premature birth of child or miscarriage by an Insurance Medical Officer, if in its opinion, the circumstances of any particular case so justify.	**88.** Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a certificate of pregnancy, expected confinement, confinement death during maternity, miscarriage or sickness arising out of pregnancy, confinement, premature birth of child or miscarriage by an Insurance Medical Officer, if in its opinion, the circumstances of any particular case so justify.	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
113	**91.** Notice of work for remuneration. — Except as provided in Regulation 89-B every insured woman who has claimed maternity benefit shall give notice in Form 19 if she does work for remuneration on any day during the period for which maternity benefit would be payable to her but for her working for remuneration.	**89.** Notice of work for remuneration. — Except as provided in Regulation 84 every insured woman who has claimed maternity benefit shall give notice in Form 12 if she does work for remuneration on any day during the period for which maternity benefit would be payable to her but for her working for remuneration.	No change.	No change.
114	**92.** Date of payment of maternity benefit. — Maternity benefit shall be payable from the date from which it is claimed provided that such date does not precede the expected date of confinement by more than forty-two days, and that no work is undertaken by the insured woman for remuneration.	**90.** Date of payment of maternity benefit. — Maternity benefit shall be payable from the date from which it is claimed provided that such date does not precede the expected date of confinement by more than fifty-six days and that no work is undertaken by the insured woman for remuneration.	"forty-two days" replaced by "fifty-six days"	Maternity Benefit can now be claimed for 56 days before the expected date of confinement.
115	**93.** Disqualification for maternity benefit. — An insured woman may be disqualified from receiving maternity benefit if she fails without good cause to attend for or to submit herself to medical examination when so required ; and such disqualification shall be for such number of days as may be decided by the authority authorised by the Corporation in this behalf: Provided that an Insured woman may refuse to be examined by other than a female doctor or midwife.	**91.** Disqualification for maternity benefit. — An insured woman may be disqualified from receiving maternity benefit if she fails without good cause to attend for or to submit herself to medical examination when so required; and such disqualification shall be for such number of days as may be decided by the authority authorised by the Corporation in this behalf Provided that an Insured woman may refuse to be examined by other than a female doctor or midwife.	No Change	No Change
116	**94.** Authority which may issue certificate. — No certificate required under any of the Regulations 87	**92.** Authority which may issue certificate. — No certificate required under any of the regulations 79	'Act' has been changed to 'Code'.	'Act' has been changed to 'Code'.

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	to 89-B shall be issued except by the Insurance Medical Officer to whom the insured woman has or had been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which the insured woman is or was allotted, and such Insurance Medical Officer shall examine and if in his opinion the condition of the woman so justifies or in case of death of the insured woman or the death of the child, if satisfied about such death issue to such insured woman or in case of her death to her nominee or legal representative as the case may be, free of charge any such certificate when reasonably required by such insured woman or her nominee or legal representative, as the case may be, under or for the purposes of the Act or any other enactment or these regulations : Provided that such officer may issue a certificate, as aforesaid, under these regulations, to or in respect of an insured woman who is or was not allotted to him or to the dispensary, hospital, clinic or other institution to which such officer is attached, if such officer is attending the woman for pre-natal care, for confinement, for miscarriage or for sickness arising out of pregnancy, confinement, premature birth of child or miscarriage or in case of death, was	to 85 shall be issued except by the Insurance Medical Officer to whom the insured woman has or had been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which the insured woman is or was allotted, and such Insurance Medical Officer shall examine and if in his opinion the condition of the woman so justifies, or in case of death of the insured woman or the death of the child, if satisfied about such death issue to such insured woman or in case of her death to her nominee or legal representative, as the case may be, free of charge any such certificate when reasonably required by such insured woman or her nominee or legal representative, as the case may be, under or for the purposes of the Code or any other enactment or these regulations : Provided that such officer may issue a certificate, as aforesaid, under these regulations, to or in respect of an insured woman who is or was not allotted to him or to the dispensary, hospital, clinic or other institution to which such officer is attached, if such officer is attending the woman for pre-natal care, for confinement, for miscarriage or for sickness arising out of pregnancy, confinement, premature birth of child		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	attending the deceased insured woman or the child at the time of the death of the insured woman or the child : Provided further that a certificate of pregnancy, of expected confinement, of confinement or miscarriage required under these regulations may be issued by a registered mid-wife which shall be accepted by the Corporation on countersignature by the Insurance Medical Officer.	or miscarriage or in case of death, was attending the deceased insured woman or the child at the time of the death of the insured woman or the child : Provided further that a certificate of pregnancy, of expected confinement or confinement or miscarriage required under these regulations may be issued by a registered mid-wife which shall be accepted by the Corporation on counter signature by the Insurance Medical Officer.		
117	**95.** Obligations of Insurance Medical Officer. — Nothing in these regulations shall relieve an Insurance Medical Officer to whom an insured woman has been allotted, or an Insurance Medical Officer attached to the dispensary, hospital, clinic or other institution to which an insured woman is allotted of the obligation to examine and if in his opinion, the condition of the woman so justifies, issue free of charge a certificate of pregnancy, of expected confinement or confinement or miscarriage or of a sickness arising out of pregnancy, confinement, premature birth of a child or miscarriage during any period in which such insured woman is obtaining treatment or attendance from any other person or from any other hospital or institution.	**93.** Obligations of Insurance Medical Officer. — Nothing in these regulations shall relieve an Insurance Medical Officer to whom an insured woman has been allotted, or an Insurance Medical Officer attached to the dispensary, hospital, clinic or other institution to which an insured woman is allotted of the obligation to examine and if in his opinion, the condition of the woman so justifies, issue free of charge a certificate of pregnancy, of expected confinement or confinement or miscarriage or of a sickness arising out of pregnancy, confinement, premature birth of a child or miscarriage during any period in which such insured woman is obtaining treatment or attendance from any other person or from any	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		other hospital or institution.		
118	**95A.** Medical benefit to families of insured persons. — (1) Medical benefit may be extended to the families of insured persons from such date as the Corporation may in consultation with State Government, notify. (2) The family of an insured person shall become entitled to medical benefit from the day the insured person himself becomes entitled to medical benefit and shall continue to be so entitled so long as the insured person is entitled to receive medical benefit for himself, or in the case of death of the insured person till such date upto which the insured person would have remained entitled to medical care, had he survived. (3) The nature and scale of medical benefit to which the family of an insured person shall be entitled shall be such as may be specified by the State Government in consultation with the Corporation from time to time. (4) The appropriate office shall arrange to add in Form 4, Form 4-A, the particulars of the family entitled to medical benefits.	Nil (No corresponding new Regulation).	Nil (No corresponding new Regulation).	(1) and (2) of the old Regulation 95A are covered by Rule 25(7). (3) is covered by 25(8) and by new Regulation 94. (4) is outdated due to the online systems. The authority to specify the scale of medical benefit in Regulations is provided in Rule 25(8).
119	**95B.** Report of death of insured person. — In case of death of an insured person, — (a) if the death occurs at the place of employment, the employer shall, and	**95.** Report of death of insured person. — In case of death of an insured person — (a) if the death occurs at the place of	No change other than to mention of the electronic mode of communication .	The electronic mode of communication is now prevalent.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	(b) if the death occurs at any other place, the person entitled and intending to claim funeral expenses shall, or (c) any other person present at the time of death (sic.) may, immediately, report the death to the Branch Office of the deceased insured person.	employment, the employer shall, and (b) if the death occurs at any other place, the person entitled and intending to claim funeral expenses shall, or (c) any other person present at the time of death of the Insured Person may, immediately, report the death to the Branch Office of the deceased insured person electronically or otherwise.		
120	**95C.** Issue of death certificate. — An Insurance Medical Officer attending the insured person at the time of death or the Insurance Medical Officer who examines the body after the death or the Medical Officer who attended the insured person in a hospital or other institution where such insured person died, shall issue free of charge a death certificate in Form 13 to the person entitled and intending to claim funeral expenses.	**96.** Issue of death certificate to claim funeral expenses. — An insurance medical officer attending the insured person at the time of his death or the insurance medical officer who examines the body after the death or the medical officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 14 to the person entitled and intending to claim funeral expenses.	No change.	No change.
121	**95D.** Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a death certificate by Insurance Medical Officer if in its opinion, the circumstances of any particular case so justify	**97.** Other evidence in lieu of a death certificate — The Corporation may accept any other evidence in lieu of a death certificate by Insurance Medical Officer if in its opinion, the circumstances of any particular case so justify.	No change.	No change.
122	**95E.** Submission of claim for Funeral Expenses. — (1) A claim to funeral expenses shall be submitted to the appropriate Branch Office	**98.** Submission of claim for funeral expenses. — (1) A claim to funeral expenses shall be submitted to the appropriate Branch Office	"(viii) An official of the Trade Union;" removed from the list of authorities	The wording 'the Trade union' is ambiguous. In any case, there are enough

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
	by post or otherwise in Form 22 by the claimant entitled under the Act and in case of a minor, by his guardian, and such claim shall be supported by documents proving : — (i) the death of the deceased person. (ii) that the person claiming is the eldest surviving member of the family of the deceased insured person and incurred the expenditure necessary for the funeral of the deceased, or (iii) in case the claimant is other than the eldest surviving member of the family : — (a) that the deceased insured person did not have a family or that the deceased insured person was not living with his family at the time of his death ; and (b) that the claimant actually incurred the expenditure claimed on the funeral of the deceased insured person: Provided that where the appropriate office is satisfied about the bona fides of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with. (2) The following may be accepted as proof for purposes of clauses (ii) and (iii) of sub-regulation (1) of this Regulation : — A declaration of the claimant duly countersigned by — (i) An Officer of the Revenue, Judicial or	electronically or otherwise in Form-14 by the claimant entitled under Chapter IV of the Code and in case of a minor, by his guardian, and such claim shall be supported by documents proving: — (i) the death of the deceased person, (ii) that the person claiming is the eldest surviving member of the family of the deceased insured person and incurred the expenditure necessary for the funeral of the deceased, or (iii) in case the claimant is other than the eldest surviving member of the family — (a) that the deceased insured person did not have a family or that the deceased insured person was not living with his family at the time of his death; and (b) that the claimant actually incurred the expenditure claimed on the funeral of the deceased insured person; Provided that where the appropriate office is satisfied about the bona fides of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with. (2) The following may be accepted as proof for purposes of clauses (ii) and (iii) of sub-regulation (1) of this regulation—	who may countersign the declaration of the claimant. Members of the Regional Board, Local Committee and Insured Medical officer have been included in the list of the authorities authorised to issue the Certificate. Mention of the electronic mode of communication .	other authorities in the list. More authorities are included to simplify the procedure.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Magisterial Departments of Government ; or (ii) A Municipal Commissioner ; or (iii) A Workmen's Compensation Commissioner ; or (iv) The Head of Gram Panchayat under the official seal of the Panchayat ; or (v) The employer of the deceased insured person ; (vi) Any other evidence or declaration acceptable to the appropriate office in the circumstances of a particular case.	(a) A declaration of the claimant duly countersigned by— (i) An Officer of the Revenue, Judicial or Magisterial Departments of Government; or (ii) A Municipal Commissioner; or (iii) A Workmen's Compensation Commissioner; or (iv) The Head of Gram Panchayat under the official seal of the Panchayat; or (v) The employer of the deceased insured person; or (vi) An Insurance Medical Officer; or (vii) A member of the Regional Board; or (viii) A member of the Local Committee; or (b) Any other evidence or declaration acceptable to the appropriate office in the circumstances of a particular case.		
123	**96.** Authority for determining benefits. — The authority for determining for purposes of sub-section (2) of section 70 of the Act, the value of benefits other than cash payment shall be the Medical Commissioner of the Corporation	**99.** Authority for determining benefits. — The authority for determining for purposes of sub-section (9) of section 41 of the Code, the value of benefits other than cash payment shall be the Medical Commissioner of the Corporation.	No change.	No change.
124	**96A.** Reimbursement of expenses incurred in respect of medical treatment. — Claims for reimbursement of expenses incurred in respect of medical treatment of insured person and (where such medical benefit is extended	**100.** Reimbursement of expenses incurred in respect of medical treatment. — Claims for reimbursement of expenses incurred in respect of medical treatment of insured person, and (where such medical benefit is	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	to his family) his family may be accepted in circumstances and subject to such conditions as the Corporation may by general or special order specify.]	extended to his family) his family, may be accepted in circumstances and subject to such conditions as the Corporation may by general or special order specify.		
125	**96B.** Scale of Medical Benefit for Reimbursement. An Insured Person and his family (where such medical benefit is extended to his family) shall be entitled to receive reimbursement of medical treatment in emergent condition to the extent rates prescribed and published by State Government or the Corporation or for the Central Government Health (CGHS).	**101.** Scale of Medical Benefit for Reimbursement. — An Insured Person, and his family (where such medical benefit is extended to his family), shall be entitled to receive reimbursement of medical treatment in emergent condition to the extent of rates prescribed and published by State Government or the Corporation or for the Central Government Health Scheme (CGHS).	No change.	No change.
126	**96C:** REFERRAL FOR SUPER SPECIALITY TREATEMENT TO TIE-UP HOSPITALS AND EXPENDITURE TO BE INCURRED BY EMPLOYEES' STATE INUSRANCECORPORATION DIRECTLY Subject to the provisions of the Act and the Regulations, the Corporation or State Government may refer a beneficiary to any tie-up arranged medical facilities, where cost of such facility is borne directly by the Corporation and where the fund permits; an Insured Person should have completed a minimum of six months of insurable employment from the date of registration and have contributed not less than	**94.** Scale of medical benefit. — (1) The insured person and his family, where the medical benefit has also been extended to the family, shall be provided medical treatment through the dispensary, hospital, clinic or other institution run by the Corporation or the State Government to which he or his family is allotted; Provided that the treatment of the insured person and his family for any rare diseases as mentioned in the National Policy for Rare Diseases of the Central Government may be provided by the dispensary, hospital, clinic or other institution run by the Corporation or the State Government up to	New Regulation drafted now, to replace the old Regulation 96C. The term 'SST' present in the old Regulation 96C has been removed; instead, reference to hospitals not maintained by the Corporation or the State Government is mentioned. The Regulation now gives the Corporation or the State Govt. the	This Regulation is necessitated by Section 39(3), and Rule 25(8). Instead of giving the limits, conditions and procedures for the medical benefit in the Regulation itself, the Regulation has been so worded as to enable the Corporation or the State Govt. to issue them through separate executive orders. This will give more flexibility in the

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	seventy eight (78) days in the relevant contribution period including in which registration was made. However, where the facility has been extended to his family members, an Insured Person should have completed a minimum of one year of insurable employment and have contributed for not less than seventy eight (78) days in each of the two (2) contribution period and such benefit shall be available to an Insured Person or a beneficiary in the corresponding benefit period. Provided further that an Insured Person with employment injury or Insured Woman with complications arising out of maternity or those in receipt of extended sickness benefit under the Act shall be eligible as per the relevant contributory conditions and in case of family of extended sickness beneficiaries, they shall also be eligible as long as the benefit period corresponding to contribution period covered in extended sickness by more than half of the contribution period.	such limit and subject to such conditions and procedures as may be prescribed by the Corporation from time to time; (2) Notwithstanding anything contained in sub-regulation (1), the insured person and his family may be provided medical treatment in any medical institution not maintained by the Corporation or the State Government, where the required medical facilities are not available in the institutions specified in sub-regulation (1), subject to such conditions and procedures as may be prescribed by the Corporation or the State Government, as applicable.	power to prescribe the conditions and procedures for referring IPs and their families to medical institutions not maintained by the Corporation or the State Govt.	revising of the conditions, if required.
127	**97.** Discontinuation or reduction of benefits. — An employer may discontinue or reduce benefits payable to his employees under con-ditions of their service which are similar to the benefits conferred by the Act to the extent specified below, namely : —	**102.** Discontinuation or reduction of benefits being provided by employer. — An employer may discontinue or reduce benefits payable to his employees under conditions of their service which are similar to the benefits conferred by the Chapter IV of the Code to	'Act' has been changed to 'Code'.	The Act has been subsumed by the Code.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	(a) from the date of the commencement of the first benefit period following the appointed day for his factory or establishment — (i) sick leave on half pay to the full extent ; (ii) such proportion of any combined general purposes and sick leave on half pay as may be assigned as sick leave but in any case not exceeding 50 per cent. of such combined leave ; (b) any maternity benefits granted to woman employees to the extent to which such woman employees may become entitled to the maternity benefit under the Act : Provided that where an employee avails himself of any leave from the employer for sickness, maternity or temporary disablement, the employer shall be entitled to deduct from the leave salary of the employee the amount of benefit to which he may be entitled under the Act for the corresponding period.	the extent specified below, namely— (a) from the date of the commencement of the first benefit period following the Appointed Day for his establishment— (i) sick leave on half pay to the full extent; (ii) such proportion of any combined general purposes and sick leave on half pay as may be assigned as sick leave but, in any case, not exceeding 50 per cent of such combined leave; (b) any maternity benefits granted to woman employees to the extent to which such woman employees may become entitled to the maternity benefit under the Code; Provided that where an employee avails himself of any leave from the employer for sickness, maternity or temporary disablement, the employer shall be entitled to deduct from the leave salary of the employee the amount of benefit to which he may be entitled under the Chapter IV of the Code for the corresponding period.		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
128	**98.** Discharge, etc., of employee under certain conditions. — If the conditions of service of any employee so allow, an employer may discharge or reduce on due notice an employee — (i) who has been in receipt of disablement benefit for tempo-rary disablement, after he has been in receipt of such benefit for a continuous period of six months or more ; (ii) who has been under medical treatment for sickness 1 [***] or has been absent from work as a result of illness duly certified in accordance with these regulations to arise out of the pregnancy or confinement rendering the employee unfit for work, after the employee has been under such treatment or has been absent from work for a continuous period of six months or more ; [(iii) who has been under medical treatment for any of the following diseases duly certified in accordance with these regulations, after the employee has been under such treatment for a continuous period of 18 months or more, notwithstanding provisions of clauses (i) and (ii) : — 3 [I. INFECTITIOUS DISEASES 1. Tuberculosis 2. Leprosy 3. Chronic Empyema 4. Bronchiatesis 5. Intersitial Lung Disease 6. A.I.D.S. II. NEOPLASMS	**103.** Discharge, etc., of employee under certain conditions. — If the conditions of service of any employee so allow, an employer may discharge or reduce on due notice an employee— (i) who has been in receipt of disablement benefit for temporary disablement, after he has been in receipt of such benefit for a continuous period of six months or more; (ii) who has been under medical treatment for sickness or has been absent from work as a result of illness duly certified in accordance with these regulations to arise out of the pregnancy or confinement rendering the employee unfit for work, after the employee has been under such treatment or has been absent from work for a continuous period of six months or more; (iii) who has been under medical treatment for any of the following diseases duly certified in accordance with these regulations, after the employee has been under such treatment for a continuous period of 18 months or more, notwithstanding provisions of clauses (i) and (ii): I. INFECTITIOUS DISEASES 1. Tuberculosis 2. Leprosy 3. Chronic Empyema 4. Bronchiectasis	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	7. Malignant Diseases III.ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS 8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy IV. DISORDERS OF NERVOUS SYSTEM 9. Monoplegia 10. Hemiplegia 11. Paraplegia 12. Hemiparesis 13. Intracranial Space Occupying Lesion 14. Parkinson's disease 15. Spinal Cord Compression 16. Myaesthenia Gravis/Neuromuscular Dystrophies V. DISEASES OF EYE 17. Immature Cataract with vision 6/60 or less 18. Detachment of Retina 19. Glaucoma VI. DISEASES OF CARDIOVASCULAR SYSTEM 20. Coronary Artery Disease (a) Unstable Angina (b) Myocardial infarction with ejection less than 45% 21. Congestive Heart Failure Left Right 22. Cardiac Valvular Diseases with Failure/complications 23. Cardiomyopathies 24. Heart Disease with Surgical intervention along with complications. VII. CHEST DISEASES 25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale) VIII. DISEASES OF THE DIGESTIVE SYSTEM	5. Interstitial Lung Disease 6. A.I.D.S. II. NEOPLASMS 7. Malignant Diseases III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS 8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy. IV. DISORDERS OF NERVOUS SYSTEM 9. Monoplegia 10. Hemiplegia 11. Paraplegia 12. Hemiparesis 13. Intracranial Space Occupying Lesion 14. Parkinson's disease 15. Spinal Cord Compression 16. Myasthenia Gravis/Neuromuscular Dystrophies V. DISEASES OF EYE 17. Immature Cataract with vision 6/6 or less 18. Detachment of Retina 19. Glaucoma VI. DISEASES OF CARDIOVASCULAR SYSTEM 20. Coronary Artery Disease (a) Unstable Angina b) Myocardial infarction with ejection less than 45% 21. Congestive Heart Failure Left Right 22. Cardiac Valvular Diseases with Failure/complications 23. Cardiomyopathies 24. Heart Disease with Surgical intervention along with complications.		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	26. Cirrhosis of liver with ascities/chronic active hepatitis IX. ORTHOPAEDIC DISEASES 27. Dislocation of vertebra/prolapse of intervertabral disc. 28. Non union or delayed union of fracture 29. Post Traumatic Surgical amputation of lower extremity 30. Compound fracture with chronic Osteomyelitis. X. PSYCHOSES 31. Sub groups under this are listed for clarification (a) Schizophrenia (b) Endogeneous depression (c) Manic Depressive psychosis (MDF) (d) Dementia XI. OTHERS 32. More than 20% burns with infection/complication 33. Chronic Renal Failure 34. Reynaud's diseases/Burger's disease.	VII. CHEST DISEASES 25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale) VIII. DISEASES OF THE DIGESTIVE SYSTEM 26. Cirrhosis of liver with ascities/chronic active hepatitis IX. ORTHOPAEDIC DISEASES 27. Dislocation of vertebra/prolapse of intervertebral disc. 28. Non-union or delayed union of fracture 29. Post Traumatic Surgical amputation of lower extremity 30. Compound fracture with chronic Osteomyelitis. X. PSYCHOSES 31. Subgroups under this are listed for clarification (a) Schizophrenia (b) Endogenous depression (c) Manic Depressive psychosis (MDF) (d) Dementia XI. OTHERS 32. More than 20% burns with infection/complication 33. Chronic Renal Failure 34. Reynaud's diseases/Burger's disease.		
129	**99.** Suspension of sickness or temporary disablement benefit. — Sickness benefit or disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefits fails to comply with any of the requirements of section 64 of the Act, and such suspension shall be for such	**104.** Suspension of sickness or temporary disablement benefit. — Sickness benefit or disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefits fails to comply with any of the requirements of sub-section (3) of section 41 of	'Act' has been changed to 'Code'.	The Act has been subsumed by CoSS.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	number of days as may be decided by the authority authorised by the Director-General in this behalf.	the Code, and such suspension shall be for such number of days as may be decided by the authority authorised by the Director General in this behalf.		
130	**99A.** Sickness or temporary disablement benefit during strike. — No person shall be entitled to sickness benefit or disablement benefit for temporary disablement on any day on which he remains on strike except in the following circumstances : — (i) if a person is receiving medical treatment and attendance as an indoor patient in any Employees' State Insurance Hospital or a hospital recognised by the Employees' State Insurance Corporation for such treatment ; or (ii) if a person is entitled to receive extended sickness benefit for any of the diseases for which such benefit is admissible ; or (iii) if a person is in receipt of sickness benefit or disablement benefit for temporary disablement immediately preceding the date of commencement of notice of the strike given by the Employees' Union(s) to the management of the factory/establishment ; (iv) if an insured person/insured woman has undergone operation on account of vasectomy/tubectomy, he/she shall be entitled to enhanced sickness benefit on any day on which he/she remains on leave during the	**105.** Sickness or temporary disablement benefit during strike. — No person shall be entitled to sickness benefit or disablement benefit for temporary disablement on any day on which he remains on strike except in the following circumstances— (i) if a person is receiving medical treatment and attendance as an indoor patient in any Employees' State Insurance Hospital or a hospital recognised by the Employees' State Insurance Corporation for such treatment ; or (ii) if a person is entitled to receive extended sickness benefit for any of the diseases for which such benefit is admissible; or (iii) if a person is in receipt of sickness benefit or disablement benefit for temporary disablement immediately preceding the date of commencement of notice of the strike given by the employees' union(s) to the management of the establishment; (iv) if an insured person/insured woman has undergone operation on account of vasectomy/tubectomy, he/she shall be entitled to enhanced sickness benefit on any day on which	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	period of strike or remains on leave, or on holiday for which he/she received wages	he/she remains on leave during the period of strike or remains on leave, or on holiday for which he/she received wages.		
131	**100.** Relaxation. — The Director-General may by special or general order relax any regulation under such circumstances and subject to such conditions, as he may deem fit.	**122.** Relaxation. — The Director-General may by special or general order relax any regulation under such circumstances and subject to such conditions, as he may deem fit.	No Change	No Change
132	**101.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
133	**102.** Certain officers to have powers of inspection. — The Director-General, the Insurance Commissioner, the Additional Commissioner, a Regional Director, a Joint Director, Deputy Director, Assistant Director and a Branch Manager shall have all the powers of an Social Security Officer specified in sub-section (2) of section 45 of the Act. In addition to the officers mentioned above, the Director General may, by a written order confer upon any employee of the Corporation or any Government officer the powers of an Social Security Officer for such period or periods as he may think fit.	No corresponding Regulation.	No corresponding Regulation.	Vide Section 122, Inspector-cum-Facilitators are to be appointed by notification by the Central Government.
134	**102A.** Inspection Book. — (i) Every principal employer shall maintain a bound inspection book and shall be responsible for its production, on demand by a Social Security Officer or any other officer of the Corporation duly authorised to exercise the powers of a Social Security	**120.** Inspection Book. — (1) Every employer shall maintain a bound inspection book and shall be responsible for its production, on demand by an Inspector-cum-facilitator or any other officer of the Corporation duly authorised to exercise the powers of	Principal employer has been changed to employer as per provisions of the Code. SSO has been replaced by the Inspector cum facilitator.	Principal employer has been changed to employer as per provisions of the Code. SSO has been replaced by the Inspector cum facilitator.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Officer irrespective of the fact whether the principal employer is present in the factory or establishment or not during the inspection. (ii) A note of all irregularities and illegalities discovered at the time of inspection indicating therein the action, if any, proposed to be taken against the principal employer together with the orders for their remedy or removal passed by a Social Security Officer or any other officer of the Corporation duly authorised to exercise the powers of a Social Security Officer, shall be sent to the principal employer who shall enter the note and orders in the inspection book. (iii) Every principal employer shall preserve the inspection book maintained under this regulation, after it is filled for a period of 5 years from the date of the last entry therein.	the Inspector-cum-facilitator, irrespective of whether the employer is present in the establishment or not during the inspection. (2) A note of all irregularities and illegalities discovered at the time of inspection indicating therein the action, if any, proposed to be taken against the employer together with the orders for their remedy or removal passed by the Inspector-cum-facilitator or any other officer of the Corporation duly authorised to exercise the powers of the Inspector-cum-facilitator, shall be sent to the employer who shall enter the note and orders in the inspection book. (3) Every employer shall preserve the inspection book maintained under this regulation, after it is filled for a period of 5 years from the date of the last entry therein.		
135	**103.** Medical Benefit during disablement. — A person who is in receipt of disablement benefit shall be entitled to medical benefit while he is in receipt of such benefit : Provided that after the disablement has been declared as permanent disablement, the person shall not be entitled to medical benefit, if he is not otherwise entitled to such benefit, except in respect of any medical treatment which may be rendered necessary on account of	No corresponding Regulation.	No corresponding Regulation.	This regulation is now incorporated in Rule 25(2).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	the employment injury from which the disablement resulted			
136	**103A.** Medical benefit after contribution ceases to be payable. — (1) A person on becoming an insured person for the first time shall be entitled to medical benefit for a period of 3 months provided that where such a person continues for 3 months or more to be an employee of a factory or establishment to which the Act applies, he shall be entitled to medical benefit till the beginning of the corresponding benefit period. (2) The person in respect of whom contributions have been paid in a contribution period for not less than seventy-eight days in the said contribution period shall be entitled to medical benefit till the end of the corresponding benefit period : Provided that in case of a person who becomes an employee within the meaning of the Act, for the first time, and for whom a shorter contribution period of less than 156 days is available, he shall be entitled to medical benefit till the end of the corresponding benefit period if the contributions in respect of him were payable for not less than half the number of days available for working in such contribution period : Provided further that where a person suffering from any of the following diseases, before the	No corresponding Regulation	No corresponding Regulation	103A(1) is now in Rule 25(3). 103A(2) is now in Rule 25(4) and Rule 25(5). (The list of ESB diseases is in Regulation 50.) 103A(3) is now in Rule 25(6). 103A(4) is not needed anymore because by Rule 25(6), a re-employed employee will become re-eligible for medical benefit 'immediately on registration on specified portal'. So a certificate of re-employment from the employer is no longer needed.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	commencement of the spell of sickness in which any such disease was diagnosed being in continuous service for a period of two years or more or where he did not have two years' continuous service but by virtue of relaxation granted by the authority competent in this behalf, the insured person qualifies to claim extended sickness benefit, he shall be entitled to medical benefit till the end of the relevant extended benefit period : I. INFECTITIOUS DISEASES 1. Tuberculosis 2. Leprosy 3. Chronic Empyema 4. Bronchiatesis 5. Intersitial Lung Disease 6. A.I.D.S. II. NEOPLASMS 7. Malignant Diseases III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS 8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy IV. DISORDERS OF NERVOUS SYSTEM 9. Monoplegia 10. Hemiplegia 11. Paraplegia 12. Hemiparesis 13. Intracranial Space Occupying Lesion 14. Parkinson's disease 15. Spinal Cord Compression 16. Myaesthenia Gravis/Neuromuscular Dystrophies V. DISEASES OF EYE 17. Immature Cataract with vision 6/60 or less			

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	18. Detachment of Retina 19. Glaucoma VI. DISEASES OF CARDIOVASCULAR SYSTEM 20. Coronary Artery Disease (a) Unstable Angina (b) Myocardial infarction with ejection less than 45% 21. Congestive Heart Failure Left Right 22. Cardiac Valvular Diseases with Failure/complications 23. Cardiomyopathies 24. Heart Disease with Surgical intervention along with compli- cations. VII. CHEST DISEASES 25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale) VIII. DISEASES OF THE DIGESTIVE SYSTEM 26. Cirrhosis of liver with ascities/chronic active hepatitis IX. ORTHOPAEDIC DISEASES 27. Dislocation of vertebra/prolapse of intervertabral disc. 28. Non union or delayed union of fracture 29. Post Traumatic Surgical amputation of lower extremity 30. Compound fracture with chronic Osteomyelitis. X. PSYCHOSIS 31. Sub groups under this are listed for clarification (a) Schizophrenia (b) Endogeneous depression (c) Manic Depressive psychosis (MDF) (d) Dementia XI. OTHERS 32. More than 20% burns			

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	with infection/complication 33. Chronic Renal Failure 34. Reynaud's diseases/Burger's disease. (3) An insured person, whose title to medical benefit has ceased under this Regulation shall again be entitled to medical benefit from the date of his re-employment as an employee under the Act by a factory or establishment to which the Act applies, if he produces a certificate from the employer in the form which may be specified by the Director-General for the purpose. Such an insured person shall, unless he is covered by sub-regulation (2), be entitled to medical benefit till the commencement of the benefit period corresponding to the contribution period in which he is re-employed. (4) An employer shall, on demand, issue the certificate referred to in sub-regulation (3) to an employee who has been employed by him after cessation of his previous insurable employment.			
137	**103B.** Medical Benefit to insured person who ceases to be in insurable employment on account of permanent disablement. — (1) An insured person who ceases to be in insurable employment on account of permanent disablement caused due to employment injury shall continue to receive medical benefit for himself and his/her spouse till the date on which he would have vacated the	No corresponding Regulation.	No corresponding Regulation.	103B (1) is now in Rule 25(10). 103B(2) is covered by Regulation 106. 103B(3) is covered by Regulation 106(2).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	employment on attaining the age of superannuation had he not sustained such permanent disablement, if he produces a certificate from the employer/a declaration in the form which may be specified by the Director-General for the purpose. (2) Medical benefit to retired insured persons. — An insured person who has attained the age of superannuation 4 [or retires under a Voluntary Retirement Scheme or takes premature retirement] shall be eligible to receive medical benefit for himself and his/her spouse, if he produces a certificate from the employer in the form which may be specified by the Director-General for the purpose. (3) An employer shall, on demand, issue the certificate as referred to in sub-regulations (1) and (2) to an employee who had been employed by him.			
138	**104.** Production of document for medical benefit. — A person intending to claim medical benefit, and who is otherwise entitled to such benefit, shall produce his Identity Card or such other document as may have been issued in lieu thereof at the time of claiming such benefit if demanded by the Insurance Medical Officer and if he fails to do so, medical benefit may be refused to him.	**107.** Production of document for medical benefit. — A person intending to claim medical benefit, and who is otherwise entitled to such benefit, shall produce his Insured Person Card or such other document as may have been issued in lieu thereof at the time of claiming such benefit if demanded by the Insurance Medical Officer and if he fails to do so, medical benefit may be refused to him.	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
139	**105.** Further certificates. — Where any question arises as to the correctness of any certificate by virtue of which an insured person claims, or is entitled to, any benefit under the Act, he shall, on being so required in writing or otherwise by the appropriate office submit himself, with a view to obtaining a further certificate, to medical examination by such medical authority as the Corporation may appoint in this behalf. If the further certificate specifies the date on which the insured person is or will be fit to resume work, any certificate which is or has been issued by the Insurance Medical Officer for the same spell of incapacity shall, to the extent to which it relates to any period after and including the said date on the further certificate, be deemed not to have been issued in accordance with these regulations and such further certificate shall, notwithstanding anything contained in this regulations, be deemed to be a final certificate issued under regulations 58 and 60. Notwithstanding anything contained in these Regulations, such further certificate in so far as it relates to sickness or temporary disablement, may be issued at such interval and in respect of such periods as may be specified by such medical authority.	**108.** Further certificates. — Where any question arises as to the correctness of any certificate by virtue of which an insured person claims, or is entitled to, any benefit under Chapter IV of the Code, he shall, on being so required in writing or otherwise by the appropriate office submit himself, with a view to obtaining a further certificate, to medical examination by such medical authority as the Corporation may appoint in this behalf. If the further certificate specifies the date on which the insured person is or will be fit to resume work, any certificate which is or has been issued by the Insurance Medical Officer for the same spell of incapacity shall, to the extent to which it relates to any period after and including the said date on the further certificate, be deemed not to have been issued in accordance with these regulations and such further certificate shall, notwithstanding anything contained in this regulations, be deemed to be a final certificate issued under regulations 44 and 46. Notwithstanding anything contained in these regulations, such further certificate in so far as it relates to sickness or temporary disablement, may be issued at such interval and in respect of such periods as may be	'Act' has been changed to 'Code'.	'Act' has been changed to 'Code'.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		specified by such medical authority.		
140	**106.** Change of circumstances to be notified. — Every person to whom any benefit is payable under the Act shall, as soon as may be practicable, notify the appropriate office of any change of circumstances which he may be expected to know and which might affect the continuance of his right to receipt of such benefit.	**109.** Change of circumstances to be notified. — Every person to whom any benefit is payable under Chapter IV of the Code shall, as soon as may be practicable, notify the appropriate office of any change of circumstances which he may be expected to know and which might affect the continuance of his right to receipt of such benefit.	'Act' has been changed to 'Code'.	'Act' has been changed to 'Code'.
141	**107.** Certificate in respect of a person claiming permanent disablement benefit. — Every person whose claim for any permanent disablement benefit has been admitted shall submit in January every year, a certificate in Form 23 attested by such authority or persons and in such manner as may be specified by the Director-General.	**111.** Certificate in respect of a person claiming permanent disablement benefit. — Every person whose claim for any permanent disablement benefit has been admitted shall submit in January of every year a life certificate electronically or otherwise in such manner as may be specified by the Director-General.	"attested by such authority or persons" changed to "electronically or otherwise".	Life Certificate need not be attested by any authority if be generated online using Aadhaar, etc. Other manner can be specified in instructions.
142	**107A.** Declaration by and certificate in respect of a person claiming dependants' benefit. — Every person whose claim for any dependants' benefit has been admitted shall submit in January every year, a declaration and a certificate in Form 24 attested by such authority or persons and in such manner as may be specified by the Director-General.	**112.** Declaration by and certificate in respect of a person claiming dependants' benefit. — Every person whose claim for any dependants' benefit has been admitted shall submit in January of every year a declaration and a life certificate electronically or otherwise in Form 22 or in such manner as may be specified by the Director-General.	"attested by such authority or persons" changed to "electronically or otherwise".	Life Certificate need not be attested by any authority if be generated online using Aadhaar, etc. Other manner can be specified in instructions.
143	**107B.** Personal attendance of a person claiming permanent disablement benefit or dependants' benefit. — In the case of claimant for permanent	**113.** Personal attendance of a person claiming permanent disablement benefit or dependants' benefit. — In the case of claimant for permanent	No change.	No change.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	disablement benefit or dependants' benefit, the appropriate Branch Manager may require personal attendance and due identification of any claimant, other than a person incapacitated by bodily illness or infirmity or purdanashin lady at the appropriate Branch Office, or at any other office of the Corporation provided that such appearance shall not be required more frequently than once in every year.	disablement benefit or dependants' benefit, the appropriate Branch Manager may require personal attendance and due identification of any claimant, other than a person incapacitated by bodily illness or infirmity or purdanashin lady at the appropriate Branch Office, or at any other office of the Corporation provided that such appearance shall not be required more frequently than once every year.		
144	**108.** * * * Deleted	This Section is already deleted in the Regulations under the Act.	N.A.	N.A.
145	**109.** Submission of additional information by employer or insured person. — The employer or insured person as the case may be shall on demand from the appropriate office, submit information in such form as may be specified by the Director-General.	**114.** Submission of additional information by employer or insured person. — The employer or insured person as the case may be shall, on demand from the appropriate office, submit information in such form as may be specified by the Director-General.	No change.	No change.
146	**110.** Procedure on implementation of Information Technology (IT) Roll Out — Notwithstanding anything contained in these Regulations, wherever, "on-line system" of functioning has been introduced, the registration of factory/establishment and employees, filing of contributions, generation of challans, payment of contributions, submission and processing of claims for benefits and all the related procedures under the Act and the	**121.** Procedure on implementation of Information Technology. — Notwithstanding anything contained in these Regulations, wherever online system of functioning has been introduced, the registration of factory/establishment and employees, filing of contributions, generation of challans, payment of contributions, submission and processing of claims for benefits and all the related procedures under the Code and the Rules and Regulations made	No change other than changing 'Act' to 'Code' and improving the language.	No change other than changing 'Act' to 'Code' and improving the language.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
	Rules and Regulations made thereunder, shall be submitted/made on-line, with necessary digital signatures, wherever required, under these regulations, as may be specified by the Director General from time to time.	thereunder, shall be submitted/made online, with necessary digital signatures, wherever required, under these Regulations, as may be specified by the Director General from time to time.		
147	Nil (New Regulation drafted now.)	**8. Committees to assist the Corporation.** — (1) The Corporation may, by order, constitute with effect from such date as may be specified therein, one or more committees to assist the Corporation upon such matters which the Corporation may refer to it for its recommendations. (2) The Committees may consist of the following: (i) A Chairperson; (ii) Equal number of members representing employees and employers; (iii) Official members; and (iv) Any other member(s) as nominated by the chairman of the Corporation: (3) The terms of reference of each committee shall be as specified in the said order. (4) All such committees shall meet at least twice in a year or at such frequency as specified by the Corporation.	Nil (New Regulation as required in code.)	This new Regulation is necessitated by Section 5(6).
148	Nil (New Regulation drafted now.)	**50.** Diseases for which Sickness Benefit may be extended. — Sickness benefit may be extended as per provisions of sub-rules 2(a) and 2(c) of Rule	Nil (New Regulation drafted now.)	This Regulation is part of the old Regulation 103A(2).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		22 of the Social Security (Central) Rules 2026, in case the Insured person is diagnosed to be suffering from any one or more of the following diseases. I. INFECTITIOUS DISEASES 1. Tuberculosis 2. Leprosy 3. Chronic Empyema 4. Bronchiectasis 5. Interstitial Lung Disease 6. A.I.D.S. II. NEOPLASMS 7. Malignant Diseases III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS 8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy. IV. DISORDERS OF NERVOUS SYSTEM 9. Monoplegia 10. Hemiplegia 11. Paraplegia 12. Hemiparesis 13. Intracranial Space Occupying Lesion 14. Parkinson's disease 15. Spinal Cord Compression 16. Myasthenia Gravis/Neuromuscular Dystrophies V. DISEASES OF EYE 17. Immature Cataract with vision 6/60 or less 18. Detachment of Retina 19. Glaucoma VI. DISEASES OF CARDIOVASCULAR SYSTEM 20. Coronary Artery Disease (a) Unstable Angina		The other parts of 103A(2) is now in Rule 25(4) and Rule 25(5). 103A(1) is now in Rule 25(3). 103A(3) is now in Rule 25(6). 103A(4) is not needed anymore because by Rule 25(6), a re-employed employee will become re-eligible for medical benefit 'immediately on registration on specified portal'. So a certificate of re-employment from the employer is no longer needed.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		(b) Myocardial infarction with ejection less than 45% 21. Congestive Heart Failure Left Right 22. Cardiac Valvular Diseases with Failure/complications 23. Cardiomyopathies 24. Heart Disease with Surgical intervention along with complications. VII. CHEST DISEASES 25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale) VIII. DISEASES OF THE DIGESTIVE SYSTEM 26. Cirrhosis of liver with ascities/chronic active hepatitis IX. ORTHOPAEDIC DISEASES 27. Dislocation of vertebra/prolapse of intervertebral disc. 28. Non-union or delayed union of fracture 29. Post Traumatic Surgical amputation of lower extremity 30. Compound fracture with chronic Osteomyelitis. X. PSYCHOSIS 31. Sub groups under this are listed for clarification (a) Schizophrenia (b) Endogenous depression (c) Manic Depressive psychosis (MDF) (d) Dementia XI. OTHERS 32. More than 20% burns with infection/complication 33. Chronic Renal Failure 34. Reynaud's diseases/Burger's disease.		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
149	Nil (New Regulation.)	**51.** Conditions subject to which sickness benefit may be extended. — (1) Sickness benefit may be extended by a maximum period of 124 days initially which may be further extended up to 309 days in chronic suitable cases by the Regional Director or in-charge of Sub-Regional Office on the recommendation of the State Medical Officer based in turn on the report of the specialist, where abstention from work is recommended for a total period of more than 124 days for any listed disease. (2) The Regional Director or in-charge of Sub-Regional Office may further enhance the duration of extended sickness benefit beyond the limit of 400 days (91 days of sickness benefit plus 309 days of extended sickness benefit) to a maximum period of two years (730 days) in deserving cases on the recommendation of the State Medical Officer duly approved by a Medical Board. Provided that the extension of extended sickness benefit beyond the period of 400 days would be admissible only up to the date on which the insured person attains the age of 60 years.	Nil (New Regulation .)	This new Regulation is drafted as per Rule 22(2)(c). (Earlier, ESB was governed by resolutions passed by ESI Corporation Meetings.)
150	Nil (New Regulation drafted now.)	**62.** Continuous period of employment for occupational disease to qualify as employment injury. — The contracting	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 36(1).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		of any disease specified in Part C of the Third Schedule of the Code as an occupational disease peculiar to such employment as is listed therein shall, unless the contrary is proved, be deemed to be an employment injury if an employee is employed in such employment for a continuous period as given below: 1. Pneumoconioses caused by sclerogenic mineral dust (silicoses, anthraoosilicosis, asbestosis) and silico-tuberculosis provided that silicosis is an essential factor in causing the resultant incapacity or death 7 years 2. Bagassosis 3 years 3. Bronchopulmonary diseases caused by cotton, flax hemp and sisal dust (Byssionsis). 3 years 4. Extrinsic allergic alveelitis caused by the inhalation of organic dusts 5 years 5. Bronchopulmonary diseases caused by hard metals 5 years 6. Acute Pulmonary oedema of high altitude. First day after rapid ascent to an altitude above 2,500 meters due to occupational need.		Earlier notified by the Corporation as authorized in Section 52A(1) of the Act.
151	Nil (New Regulation drafted now.)	**75.** Reckoning of capitalised Value of permanent disablement benefit and disablement benefit. — The multiplication factor based on age of the insured person or dependents for calculating the capitalised	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Code Section 42(1) and new Rule 28.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		value of permanent disablement benefit or disablement benefit shall be as given in Schedule II.		
152	Nil (New Regulation drafted now.)	**78.** Nomination. — (1) Every employer at the time of registration of each employee shall mandatorily obtain in writing from such employee, a nomination in Form-III of the Central Rules in such manner as may be prescribed by the Central Government and shall enter the particulars thereof on the specified Portal. (2) An employee may, in his/her nomination, distribute the amount of cash benefit payable to him/her under Chapter IV of the Code payable in amongst more than one nominee. (3) If an employee has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his/her family, and any nomination made by such employee in favour of a person who is not a member of his/her family shall be void. (4) If at the time of making a nomination the employee has no family, the nomination may be made in favour of any person or persons but if the employee subsequently acquires a family, such nomination shall forthwith become invalid and the employee shall make, within such time as may be prescribed by the Central	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 41(6), Section 63 and Form III of the Rules.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		Government, a fresh nomination in favour of one or more members of his/her family. (5) A nomination may, subject to the provisions of sub-sections (3) and (4), be modified by an employee at any time, after giving to his/her employer a written intimation in Form-III of the Code on Social Security (Central) Rules, 2026 in such manner as may be prescribed by the Central Government, of his/her intention to do so, and the employer shall enter the particulars thereof on the specified Portal. (6) If a nominee predeceases the employee, the interest of the nominee shall revert to the employee who shall make a fresh nomination, in Form-III of the Code on Social Security (Central) Rules, 2026 in such manner as may be prescribed by the Central Government, in respect of such interest. (7) Every nomination, fresh nomination or alteration of nomination, as the case may be, shall be sent by the employee electronically or otherwise to his/her employer, who shall keep the same in his safe custody and update the same in the online database of the employee on the specified portal. (8) In case no valid nomination is found, the legal heir of deceased		

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		insured person shall be eligible to receive cash benefits payable in respect of the deceased insured person.		
153	Nil (New Regulation drafted now.)	**106.** Medical benefit to retired insured persons. — (1) An insured person who leaves insurable employment on attaining the age of superannuation, or retires under a Voluntary Retirement Scheme or takes premature retirement after being insured for not less than five years, shall be eligible to receive medical benefits for himself and his spouse at the scale as provided in sub-rule (8) of Rule 25 of the Code on Social Security (Central) Rules 2026 and in sub-Regulation (1) of Regulation 94, subject to: — (i) the production of a certificate from the employer in the form which may be specified by the Director General for the purpose, as proof of his superannuation or retirement under a Voluntary Retirement Scheme or premature retirement, as the case may be, and having been in the insurable employment for a minimum of five years to the satisfaction of such officers as may be authorised by the Corporation; and (ii) the payment of contribution at the rate of fifty rupees per month in lump sum for one year at a time in advance to the	Nil (New Regulation drafted now.)	This new Regulation is necessitated by the second proviso to Section 39(3). (This Regulation is a combination of old Rule 61 and old Regulation 103B(2). The proviso enabling continuation of medical benefit to the spouse after the death of the IP in receipt of medical benefit to retired IPs is added to incorporate the relaxation of the old Rule 61 benefit given to the spouse of a deceased IP in receipt of old Rule 61 benefit, in the 161st Meeting of the Corporation on 28.01.2014.)

Sl. no.	Regulation in the ESI (General) Regulation, 1950	Corresponding Regulation in the Regulations under the Code	Changes if any	Reasons for changes
		concerned office of the Corporation in the manner prescribed by it. Provided that if the retired insured person dies while in receipt of medical benefits for himself and his spouse as provided in this sub-regulation, his spouse shall continue to be eligible for medical benefits as provided in this sub-regulation subject to the payment of contribution at the rate of fifty rupees per month in lump sum for one year at a time in advance to the concerned office of the Corporation in the manner prescribed by it. Provided also that the contribution by the surviving spouse shall be calculated from the date the contribution paid by the insured person is exhausted. (2) An employer shall, on demand, issue the certificate as referred to in sub-regulation (1) to an employee who had been employed by him. (Reference: old Regulation 103B (2).) (3) Where no age is mentioned in the contract or conditions of service as the age on the attainment of which the employee shall vacate the employment, as prescribed in sub-section (82) of section 2 of the Code, and the person is no longer in employment, sixty years shall be considered as the age on which the insured person		

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		vacated insurable employment. (Reference: old Section 56 and new Section 2(82).)		
154	Nil (New Regulation drafted now.)	**110.** Permission to leave the area in which medical treatment is provided. — For the purpose of sub section (3) (c) of section 41 of Code, if in the opinion of Medical Officer of the Corporation, the circumstances of a particular case so justify, a person in receipt of sickness benefit or disablement benefit (other than benefit granted under permanent disablement) may be allowed to leave the area in which medical treatment is provided under Chapter IV: Provided that a certificate issued by the Medical Officer of the State Government, Local Body or other medical institution, or a registered medical practitioner may also be accepted for the purpose, in the form containing such particulars and, in such manner, as may be specified by the Director General in this behalf.	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 41(3)(c).
155	Nil (New Regulation drafted now.)	**115.** The period to serve the Corporation and the manner of bond for students. — The time for which students of medical education institutions shall serve the Corporation and the manner in which the bond shall be as in Schedule III.	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 39(4)(b) and provided under Section 157(2)(i).
156	Nil (New Regulation drafted now.)	**116.** Occupational and epidemiological surveys. — The corporation may undertake such number of	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 39(6).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		occupational and epidemiological surveys and studies for assessment of health and working conditions of insured persons and their family members as it deems fit through the ESIC Occupational Disease Centres (ODCs)/ ESIC Institute of Occupational Health, Environment & Research (IOHER) or any other institution of Corporation .		
157	Nil (New Regulation drafted now.)	**117.** User charges for other beneficiaries. — The Corporation may notify the rate of user charges and other details of the scheme referred to in section 44 of the Code with prior approval of Central Government for availing of medical services in the under-utilised hospital established by the Corporation by other beneficiaries in the scheme framed under section 44 of the Code.	Nil (New Regulation drafted now.)	This new Regulation is necessitated by Section 44 (Explanation)(c).
158	Nil (New Regulation .)	**118.** Receipt Book. — The receipt book, referred to in sub-rule (1) of Rule 31 of the Central Rules, shall be in Form 18 and numbered serially by machine and the unused forms shall be kept in the custody of the Financial Commissioner or such other officer of the Corporation as may be authorised by the Corporation in this behalf.	Nil (New Regulation .)	This new Regulation is necessitated by new Rule 30(1).

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
159	Nil (New Regulation drafted now.)	**119.** Commencement of proceedings before an Employees' Insurance Court. — (1) The proceeding before an Employees' Insurance Court shall be commenced by application. (2) Every such application shall be made within a period of three years from the date on which the cause of action arose. Explanation: For the purpose of this regulation— (a) the cause of action in respect of a claim for benefit shall not be deemed to arise unless the insured person or in the case of dependants' benefit, the dependants of the insured person claims or claim that benefit in accordance with the regulations made in that behalf within a period of twelve months after the claim became due or within such further period as the Employees' Insurance Court may allow on grounds which appear to it to be reasonable; (b) the cause of action in respect of a claim by the Corporation for recovering contributions (including interest and damages) from the employer shall be deemed to have arisen on the date on which such claim is made by the Corporation for the first time: Provided that where the proceeding under Section 125 of the Code has been	Nil (New Regulation drafted now.)	This new Regulation is necessitated by the second proviso to Section 51(1). This Regulation is in accordance with the old Section 77 but with the proviso to sub-regulation (2)(b) modified to provide the period of limitation from the date of assessment order or the date the employer has declared amount due to the Corporation electronically or otherwise , in view of the limitation of 5 years for assessment, also taking into account that under Section 125 a maximum period of 3 years is allowed to issue the assessment order after the notice for assessment is issued.

Sl. no.	*Regulation in the ESI (General) Regulation, 1950*	*Corresponding Regulation in the Regulations under the Code*	*Changes if any*	*Reasons for changes*
		initiated by the Corporation or the employer has declared the amount due to the Corporation electronically or otherwise, no claim shall be made by the Corporation after eight years from the period to which such proceeding relates or five years from the date of such declaration by the employer. (c) the cause of action in respect of a claim by the employer for recovering contributions from a contractor shall not be deemed to arise till the date by which the evidence of contributions having been paid is due to be received by the Corporation under the regulations. (3) Every such application shall be in such form and shall contain such particulars and shall be accompanied by such fee if any, as may be prescribed by rules made by the State Government in consultation with the Corporation.		