

51

**STANDING COMMITTEE ON LABOUR, TEXTILES AND
SKILL DEVELOPMENT**

(2022-23)

(SEVENTEENTH LOK SABHA)

MINISTRY OF LABOUR & EMPLOYMENT

**THE EMPLOYEES STATE INSURANCE CORPORATION-
APPLICABILITY AND BENEFITS UNDER ESI SCHEME,
FUNCTIONING OF ESI HOSPITALS AND MANAGEMENT OF
CORPUS FUND**

FIFTY-FIRST REPORT



LOK SABHA SECRETARIAT

NEW DELHI

September, 2023/ Bhadrapada, 1945 (Saka)

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APPLICABILITY AND BENEFITS UNDER ESI SCHEME,
FUNCTIONING OF ESI HOSPITALS AND MANAGEMENT OF
CORPUS FUND**

Presented to Hon'ble Speaker on 11.09.2023

Presented to Lok Sabha on 20.09.2023

Laid in Rajya Sabha on 20.09.2023



LOK SABHA SECRETARIAT

NEW DELHI

September, 2023/ Bhadrapada, 1945 (Saka)

CONTENTS

	<u>PAGE No.</u>
COMPOSITION OF THE COMMITTEE (2019-20)	(vi)
COMPOSITION OF THE COMMITTEE (2020-21)	(vii)
COMPOSITION OF THE COMMITTEE (2022-23)	(viii)
COMPOSITION OF THE COMMITTEE (2023-24)	(ix)
INTRODUCTION	(x)
REPORT	
PART-I	1
I. ESI SCHEME – APPLICABILITY AND BENEFITS	1
i. The Employees’ State Insurance (ESI) Act 1948 & Scheme	1
ii. Applicability of the ESI Act and Scheme under it	1
iii. The ESI Act under the Code on Social Security, 2020	1
iv. Benefits provided under the ESI Scheme	3
v. Coverage of the ESI Scheme	9
vi. Gig and Platform Workers	11
vii. Construction Workers	11
viii. Extension of the Scheme to Lakshadweep and other Districts	12
ix. Reduction in the rates of share of Employees’ and Employers’ contribution	17
x. Recovery from defaulting contributors	19
xi. Role and responsibility of Central Government vis-à-vis State Governments/ State ESI Societies	21
II. FUNCTIONING OF ESI HOSPITALS	28
i. Infrastructure	28
ii. Out-patient Medical Care	31
iii. Norms for setting up of ESI Hospitals	34
iv. Convergence between National Health Authority (NHA) and Employees’ State Insurance Corporation (ESIC)	36
v. Action Plan for newly implemented area for improvement of services	37
vi. Hospital Development Committee	37
vii. Health Service to Persons other than IPs through under-utilised Hospitals	38
viii. Occupational Disease Centres (ODCs)	39

ix.	New Initiatives taken by the Ministry/ESI	42
x.	Vacancies in ESI Hospitals	43
xi.	Norms for deployment of Doctors, Nurses and para-medical staff	48
xii.	Taking over State-run ESI Hospitals by ESIC	50
xiii.	Measures taken by ESIC to improve functioning of ESIC/ESIS Hospitals/Dispensaries	51
xiv.	Measures taken by the State Government for ESI beneficiaries	53
xv.	Services/facilities provided to the senior citizens and differently abled patients	54
xvi.	Welfare of IPs	55
xvii.	ESIC COVID-19 Relief Scheme	60
xviii.	Steps taken by the Ministry/ESIC to promote and strengthen AYUSH	64
xix.	Other issues in functioning of ESIC/ESIS Hospitals/Dispensaries	65
III.	MANAGEMENT OF CORPUS FUND	68
	Awareness Campaigns	78
PART-II	OBSERVATIONS/RECOMMENDATIONS	79-109
	ANNEXURES	
Annexure-I	District-wise list of newly approved 76 ESI hospitals	110
Annexure-II	List of District-wise ESICH/ESISH/Dispensaries	113
Annexure-III	Details of the 39 ESI hospitals sanctioned in 2019	127
Annexure-IV	Hospital wise details of estimates approved for the purpose including amount utilised including target date of completion of the project	128
Annexure-V	District-wise details of the number of beds sanctioned, patients treated at OPD as well as admitted patients (ESIC/ESIS Hospitals)	130
Annexure-VI	Details regarding sanctioned strength, actual strength and the number of vacancies of doctors, nurses and para medical staff in ESIC Hospitals	135
Annexure-VII	Sanctioned strength, actual strength and number of vacancies of Doctors, Nurses, Para medical staff in ESIS Hospitals during the F.Y. 2021-22	137
Annexure-VIII	State-wise Information regarding sanctioned strength, actual strength and the number of vacancies of doctors in	143

1502 ESI dispensaries

Annexure-IX	Post-wise details of sanctioned and actual strength in ESIC	143
Annexure-X	Information on Specialists/Super Specialists recruited in ESIS Hospitals in the past three years	156
Annexure-XI	Percentage bed occupancy and average recurring cost per bed per day in ESIS Hospitals during the F.Y. 2021-22	158
Annexure-XII	Percentage bed occupancy and average recurring cost per bed per day in ESIC Hospitals during the F.Y. 2021-22	163
Annexure-XIII	District Wise and Financial Year wise details of ESIC Covid Relief Scheme	165
Annexure-XIV	Details of in-house lab services in ESIC/ESIS dispensaries (State/UT-wise)	177

APPENDICES

Appendix-I	Minutes of the sitting of the Committee (2019-20) held on 11th November, 2019.	178
Appendix-II	Minutes of the sitting of the Committee (2020-21) held on 24th November, 2020.	181
Appendix-III	Minutes of the sitting of the Committee (2022-23) held on 2nd December, 2022.	184
Appendix-IV	Minutes of the sitting of the Committee (2022-23) held on 28th March, 2023.	189
*Appendix-V	Minutes of the sitting of the Committee (2022-23) held on 6th September, 2023.	

*Not appended with this cyclostyled copy.

COMPOSITION OF THE STANDING COMMITTEE ON LABOUR (2019-20)

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri John Barla
4. Shri Raju Bista
5. Shri Pallab Lochan Das
6. Shri Pasunoori Dayakar
7. Shri Feroze Varun Gandhi
8. Shri Satish Kumar Gautam
9. Shri B.N. Bache Gowda
10. Dr. Umesh G. Jadhav
11. Shri Dharmendra Kumar Kashyap
12. Dr. Virendra Kumar
13. Adv. Dean Kuriakose
14. Shri Sanjay Sadashivrao Mandlik
15. Shri K. Navaskani
16. Shri Khalilur Rahaman
17. Shri D. Ravikumar
18. Shri Nayab Singh Saini
19. Shri Ganesh Singh
20. Shri Bhola Singh
21. Shri K. Subbarayan

RAJYA SABHA

22. Shri Oscar Fernandes
23. Shri Elamaram Kareem
24. Dr. Raghunath Mohapatra
25. Dr. Banda Prakash
26. Shri Rajaram
27. Ms. Dola Sen
28. Shri M. Shanmugam
29. Shri Dushyant Gautam
30. Shri Vivek Thakur
31. Shri Neeraj Dangi

**COMPOSITION OF THE STANDING COMMITTEE ON LABOUR, TEXTILES
AND SKILL DEVELOPMENT (2020-21)**

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri Pallab Lochan Das
4. Shri Pasunoori Dayakar
5. Shri Feroze Varun Gandhi
6. Shri Satish Kumar Gautam
7. Shri B.N. Bache Gowda
8. Dr. Umesh G. Jadhav
9. Shri Dharmendra Kumar Kashyap
10. Adv. Dean Kuriakose
11. Shri Sanjay Sadashivrao Mandlik
12. Shri Khalilur Rahaman
13. Shri D. Ravikumar
14. Shri Nayab Singh Saini
15. Shri Naba Kumar Sarania
16. Shri Ganesh Singh
17. Shri Bhola Singh
18. Shri K. Subbarayan
19. @ Vacant
20. # Vacant
21. \$ Vacant

RAJYA SABHA

22. Shri Dushyant Gautam
23. Shri Neeraj Dangi
24. Shri Oscar Fernandes
25. Shri Elamaram Kareem
26. ^ Shri Mahesh Jethmalani
27. Dr. Banda Prakash
28. * Shri Naresh Bansal
29. Ms. Dola Sen
30. Shri M. Shanmugam
31. Shri Vivek Thakur

@ Vacancy occurred *vice* Shri P.K. Kunhalikutty resigned *w.e.f* 3rd February, 2021.

Shri John Barla ceased to be Member of the Committee *w.e.f* 07.07.2021 *vice* he was appointed as Union Minister.

\$ Dr. Virendra Kumar ceased to be Member of the Committee *w.e.f* 07.07.2021 *vice* he was appointed as Union Minister.

^ Nominated *w.e.f* 11th June, 2021 *vice* Dr. Raghunath Mohapatra expired.

* Nominated *w.e.f* 23rd December, 2020 *vice* Shri Rajaram retired.

**COMPOSITION OF THE STANDING COMMITTEE ON LABOUR, TEXTILES
AND SKILL DEVELOPMENT (2022-23)**

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Kunwar Pushpendra Singh Chandel
4. Shri Pallab Lochan Das
5. Shri Feroze Varun Gandhi
6. Shri Satish Kumar Gautam
7. Shri Bache Gowda B.N.
8. Dr. Umesh G. Jadhav
9. Shri Dharmendra Kumar Kashyap
10. Adv. Dean Kuriakose
11. Shri Pakauri Lal
12. Prof. Sanjay Sadashivrao Mandlik
13. Shri Dayakar Pasunoori
14. Shri Khalilur Rahaman
15. Dr. D. Ravikumar
16. Shri Naba (Hira) Kumar Sarania
17. Shri Bhola Singh
18. Shri Ganesh Singh
19. Shri Nayab Singh
20. Shri K. Subbarayan
21. Shri Giridhari Yadav

RAJYA SABHA

22. Shri Naresh Bansal
23. Shri Neeraj Dangi
24. Shri R. Dharmar
25. Prof. Manoj Kumar Jha
26. Shri Elamaram Kareem
- 27.* Ms. Dola Sen
28. Shri M. Shanmugam
29. Shri Shibu Soren
30. Shri Vijay Pal Singh Tomar
31. Shri Binoy Viswam

SECRETARIAT

1. Shri T.G. Chandrasekhar - Additional Secretary
2. Shri Sanjay Sethi - Director
3. Ms. Shilpa Kant - Committee Officer

* Re-nominated *w.e.f.* 23.08.2023.

**COMPOSITION OF THE STANDING COMMITTEE ON LABOUR, TEXTILES AND
SKILL DEVELOPMENT**

(2023-24)

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Kunwar Pushpendra Singh Chandel
4. Shri Pallab Lochan Das
5. Shri Feroze Varun Gandhi
6. Shri Satish Kumar Gautam
7. Shri Bache Gowda B.N.
8. Dr. Umesh G. Jadhav
9. Shri Dharmendra Kumar Kashyap
10. Adv. Dean Kuriakose
11. Shri Pakauri Lal
12. Prof. Sanjay Sadashivrao Mandlik
13. Shri Dayakar Pasunoori
14. Shri Khalilur Rahaman
15. Dr. D. Ravikumar
16. Shri Naba (Hira) Kumar Sarania
17. Shri Bhola Singh
18. Shri Ganesh Singh
19. Shri Nayab Singh
20. Shri K. Subbarayan
21. Shri Giridhari Yadav

RAJYA SABHA

22. Shri Naresh Bansal
23. Shri Neeraj Dangi
24. Shri R. Dharmar
25. Prof. Manoj Kumar Jha
26. Shri Elamaram Kareem
27. Ms. Dola Sen
28. Shri M. Shanmugam
29. Shri Shibu Soren
30. Shri Vijay Pal Singh Tomar
31. Shri Binoy Viswam

INTRODUCTION

I, the Chairperson, Standing Committee on Labour, Textiles and Skill Development (2022-23) having been authorized by the Committee do present on their behalf this Fifty-First Report on 'The Employees State Insurance Corporation - Applicability and Benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund' relating to the Ministry of Labour & Employment.

2. The Committee (2019-20) took oral evidence of the representatives of the Ministry of Labour & Employment on 11th November, 2019. The Committee (2020-21) took oral evidence of the Ministry of Labour and Employment on 24th November, 2020. The Committee (2022-23) took oral evidence of the Ministry of Labour and Employment on 2nd December, 2022 and 28th March, 2023. The Committee considered and adopted this Report during the sitting held on 6th September, 2023.

3. The Committee wish to express their thanks to the representatives of the Ministry of Labour & Employment for tendering evidence and placing before the Committee all the requisite information sought for in connection with the examination of the subject.

4. For ease of reference and convenience, the Observations/ Recommendations of the Committee have been printed in thick type in the body of the Report.

New Delhi;
6th September, 2023
15 Bhadrapada, 1945 (Saka)

BHARTRUHARI MAHTAB
CHAIRPERSON,
STANDING COMMITTEE ON LABOUR,
TEXTILES AND SKILL DEVELOPMENT

PART-I
REPORT

I. ESI SCHEME – APPLICABILITY AND BENEFITS

i. The Employees’ State Insurance (ESI) Act 1948 & Scheme

The Employees’ State Insurance (ESI) Act, 1948 is a social security legislation to provide medical care and cash benefits to Insured Persons (IPs) in the contingencies of sickness, maternity, disablement and death due to employment injury. Medical care is also provided to families of the insured persons.

ii. Applicability of the ESI Act and Scheme under it

1.2 The ESI Act, 1948 applies to factories employing 10 or more persons. The provisions of the Act are being brought into force area-wise in stages. The Act contains an enabling provision under which the “appropriate government” is empowered to extend the provisions of the Act to other class of establishments, industrial, commercial, agricultural or otherwise. Under these provisions, the Central Government and the State Governments have extended the provisions of the Act to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings, newspaper establishments, educational, medical institutions, establishments engaged in Insurance Business, Non-Banking Financial Companies, Port Trust, Airport Authorities and Warehousing establishments employing 10 or more employees. Thirty-two State Governments have reduced the threshold for coverage of shops and establishments to 10 or more persons. The employees of registered factories and establishments drawing wages up to Rs. 21000/- pm (Rs.25,000/- pm for Persons with Disabilities) are covered under the Act. The wage limit was revised from Rs. 15000/- pm to Rs. 21000/- pm w.e.f 01.01.2017. As on 31.3.2023, the Scheme applies to 19.58 lakh employers employing about 3.73 crore Insured Persons. The Scheme is notified in 610 districts (as on 28.03.2023) across 36 States & Union Territories out of which 492 districts are fully notified and 118 districts are notified partially in their district headquarters areas and prominent industrial centres.

iii. The ESI Act under the Code on Social Security, 2020

1.3 The ESI Act, 1948 along with 8 other Central Labour Acts, have been subsumed in the Code on Social Security, 2020 (Act 36 of 2020). The Central Government has notified the draft rules namely the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13.11.2020 for stakeholder consultation.

1.4 Benefits available under the ESI Act have been retained in the Code. The benefits available under the ESI Scheme, formulated under the Act, include medical, sickness, maternity, disablement and dependant benefit etc. Any member or beneficiary of the SS Code including under ESI Scheme would now be required to seed their Aadhaar for seeking benefits.

1.5 The coverage of the ESI shall extend pan India to all establishments employing 10 or more employees under the Code, as against notified district/areas presently. The ESI contribution from employers and employees can be collected from the notified date when the facilities are made available by ESIC under the Code.

1.6 As per section 1(4) of the Code on Social Security, 2020 read with its First Schedule, provision for voluntary coverage of establishment with less than 10 persons has been incorporated. Coverage for plantations as an establishment, on opting by the employer has been granted in the Code. A major change has been brought about in the coverage under ESI whereby as per the proviso of First Schedule of the Code (ibid), establishments engaged in hazardous or life-threatening occupation will have to cover every single employee employed by them. The Central Govt. by notification shall notify the hazardous industries and life-threatening occupation. Provision for common registration and filing of returns by employers across Labour Code has also been made. The Code envisages extension of benefit to the employees working in establishment with less than 10 employees on voluntary basis.

1.7 Provision for special scheme for Unorganized workers, Gig workers, Platform workers and other beneficiaries have been included in the Code.

1.8 On being enquired about the status of draft Rules, namely the Code on Social Security (Central) Rules, 2020, notified on 13.11.2020 for stakeholder consultation, the Committee were informed that the final rules under the Code on Social Security, 2020 are yet to be notified.

1.9 During the oral evidence, the representative deposed as under:

“The ESI Act 1948 along with eight other Central Labour Acts are proposed to be subsumed in the Code on Social Security 2020. It is proposed that the benefits currently available under the ESI Act will be retained in the Code. All the benefits relating to medical, sickness, maternity, disablement and dependence benefits are proposed to be retained. The coverage of ESI will expand pan India to all establishments employing ten or more employees under the Code as against only the notified district areas currently. So, this is the significant feature of the new Code, which ESI will implement. We are fully geared up to expand coverage all across the country. ESI contribution from the employees and the employers can be

collected from the date of notification. So, we will start our process for complying under the new Code as soon as it is notified. As per Section 1 (4) of the new Code read with First Schedule, provision for voluntary coverage of establishments with less than ten persons has been incorporated. At present, the ESI Act does not have this provision. But it is proposed under the new Act which we will implement in full compliance.”

1.10 The representative further supplemented as under:

“There is a provision for special scheme for unorganised workers, like the platform workers and gig workers. They will be covered under the new provisions of the Code. So, ESI is fully geared up and ready to implement all the new provisions under the new Code. We are ready to expand the coverage all across the country, including the unorganised workers as has been mandated under the new Code. So, these are the main responsibilities that would come on ESIC once the new Code is implemented....

... I would like to say that we have formed legal teams for all the four Codes. Our officers and the legal teams are working together. A lot of background work is also required to be done before they come into force. All that is being done. They are working on a day-to-day basis. We are also reviewing it periodically. Hopefully, that work will be over soon.”

iv. Benefits provided under the ESI Scheme

1.11 The Employees’ State Insurance Scheme provides comprehensive medical care to the Insured Persons (IP) and their family members in the form of medical attendance, treatment, drugs and dressings, specialist consultation and hospitalization and cash benefit to the IPs in the contingencies of sickness, maternity, disablement and death due to employment injury. Apart from the above, relief in contingency of unemployment and rehabilitation to the disabled workers is also provided.

1.12 The benefits provided under the ESI Scheme are as under:

“A. Medical Benefit:

An Insured Person (IP) and his dependents are entitled to medical benefits from the day of entry into the insurable employment. Medical care to beneficiaries is provided through a large ESI infrastructure comprising Hospitals, Service Dispensaries, Dispensary-cum-Branch Office (DCBO), Specialist centres, Insured Medical Practitioner (IMP) clinics and through empanelment of private hospitals. Medical care is also provided to the IP who ceases to be in insurable employment due to employment injury and to the retired IPs and their spouse on payment of Rs. 120/- per year in advance.

B. Cash Benefits:

Following cash benefits are provided to the Insured Persons covered under the ESI Act and their dependents: -

a. Sickness/Extended Sickness Benefit

- **Sickness Benefit:** Periodical payments made to an IP at daily rate of 70% of average daily wages during the period he is unable to attend duty due to sickness certified by the doctor. To qualify for this benefit in a benefit period, contribution should have been paid /payable for at least 78 days in the relevant six monthly contribution period. The maximum duration of Sickness benefit is 91 days in two consecutive six monthly benefit periods (i.e. in one year).

The details of the benefits extended in this regard during the previous five years are as under:

Sickness Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	6,63,841	6,07,087	3,50,345	4,61,200	3,69,748
Amount Paid (Rs. In Crore)	379.45	396.89	289.90	371.25	364.79

- **Extended Sickness Benefit:** After exhausting the Sickness Benefit payable upto 91 days, an insured person, if suffering from Tuberculosis/Leprosy, mental and malignant diseases or any form of other specified long-term disease (total 34), is entitled to Extended Sickness Benefit at a higher rate of 80% of average daily wage for a period of two years, provided he has been in continuous service for a period of 2 years or more in a factory or establishment to which the provisions of the Act applies and fulfils the contributory conditions.

The details of the benefits extended in this regard during the previous five years are as under:

Sickness Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	8250	8967	8019	8390	6,542
Amount Paid (Rs. In Crore)	47.28	54.37	49.61	57.74	53.11

- **Enhanced Sickness Benefit:** Enhanced Sickness Benefit @ 100% average daily wage is also provided to insured person, who is eligible to avail sickness benefit, for undergoing sterilization operation for family planning, for upto 7 days in case of vasectomy and upto 14 days for tubectomy, the period being extendable in cases of post-operative complications etc.

- b. Disablement Benefit:** Disablement benefit available under the ESI Act can be divided into two categories (a) Temporary Disablement Benefit and (b) Permanent Disablement Benefit.

In case of temporary disability arising out of employment injury or an occupational disease, temporary disablement benefit is admissible to an IP for the entire period, so certified by the Insurance Medical Officer/Insurance Medical Practitioner, for which the insured person did not work for wages. This benefit is not subject to any contributory conditions and is payable at a rate of 90% of the average daily wage.

The details of the benefits extended in this regard during the previous five years are as under:

Temporary Disablement Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	55327	47724	32805	43699	34,311
Amount Paid (Rs. In Crore)	97.75	92.91	82.65	117.28	78.39

Where the disablement due to an employment injury results in permanent (partial or total) loss of earning capacity, the periodical cash payments are made to the insured persons for life depending upon the extent of loss of earning capacity, as decided by a duly constituted Medical Board. The daily rate of temporary disablement benefit (i.e.90% of average daily wages) is reduced in proportion to the extent of permanent loss of earning capacity to arrive at the daily rate of Permanent Disablement Benefit. The daily rate of Permanent Disablement Benefit is revised time to time, for protecting it against erosion in the value of benefit due to inflation etc. Commutation of periodical payment in Permanent Disablement Benefit is permissible where the permanent disablement stands assessed as final and the daily rate of benefit does not exceed Rs.10/- per day, and where Benefit rate exceeds Rs.10/- per day but commuted value does not exceed Rs. 60,000/- at the time of the commencement of final award of his permanent disability.

The details of the benefits extended in this regard during the last five years are as under:

Permanent Disablement Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of new Cases	11636	12793	5677	9434	8589
Amount Paid (Rs. In Crore)	239.22	308.56	306.68	395.69	292.65

- c. Dependents' Benefit:** - Periodical payments are paid to dependents of an insured person who dies as a result of an employment injury or an occupational disease. An amount equivalent to 3/5 of dependent benefit rate is payable to the widow for life or until remarriage. Widowed mother gets an amount equivalent to 2/5 of Dependent Benefit rate for life. Each child share among themselves an amount equivalent to 2/5th of the disablement benefit. Sons get dependent benefit till 25 years of age and daughters get dependents benefit till marriage. In case the child is infirm, the benefit continues to be paid till the infirmity lasts. However, it is subject to the condition that the total dependents benefit distributed does not exceed, at any time, the full rate of disablement benefit. In case it exceeds the above ceiling; the share of each of the dependents

is, proportionately reduced. In case the insured person does not leave behind any widow or child or widowed mother, the benefit is payable to other dependents. The rate of dependent benefit is revised from time to time to compensate for loss of its real value due to inflation etc. The minimum amount of the periodical monthly payment of Dependent benefit payable to all eligible dependents shall not be less than Rs.1200/- (Rs. One thousand two hundred only)

The details of the benefits extended in this regard during the last five years are as under:

Dependent Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of new Cases	2061	3139	2018	5487	3416
Amount Paid (Rs. In Crore)	196.17	263.54	274.93	324.89	207.43

- d. Maternity Benefit:** Maternity Benefit implies periodical payment to an insured Woman (IW) in case of confinement or miscarriage or sickness arising out of pregnancy. This benefit is provided to the 'Insured Woman' i.e. a woman who is or was an employee in respect of whom contribution is or were payable under the Act and who is by reason thereof entitled to any of the benefits provided under the Act and includes a 'commissioning mother' who as biological mother wishes to have a child and prefers to get embryo implanted in any other woman and a woman who legally adopts a child of up to three months of age. For availing Maternity Benefit, the insured woman should have contributed for not less than seventy days in the immediately preceding two consecutive contribution periods with reference to the benefits periods in which the confinement occurs or it is expected to occur. The daily rate of benefit is 100% of average daily wage.

Maternity Benefit is payable to an IW:

- i. for a maximum period of 26 weeks up to 2 surviving children, of which not more than 8 weeks shall precede the expected date of confinement;
- ii. For a maximum period of 12 weeks to the Insured woman having two or more surviving children;
- iii. Maximum 12 weeks to the insured woman from the date the child is handed over to the commissioning mother after birth or to adopting mother as the case may be;
- iv. For 6 weeks in case of miscarriage;
- v. Additional one month in case of sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage or medical termination of pregnancy.

Maternity Benefit continues to be payable for the whole of the period if IW dies leaving behind the child but if the child also dies during the said period, then for the days up to and including the day of the death of the child.

The details of the benefits extended in this regard during the previous five years are as under:

Maternity Benefit	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	46469	49200	46327	45610	35,551
Amount Paid (Rs. In Crore)	369.08	383.62	390.04	374.89	377.46

- e. Confinement Expenses:** - An insured woman and an insured person in respect of his wife shall be paid medical bonus on account of confinement expenses of Rs 7500/- provided that the confinement occurs at a place where necessary medical facilities under the Employees State Insurance Scheme are not available. Confinement expense are payable for two confinements only
- f. Funeral Expenses:** Funeral expenses of Rs.15,000/- (w.e.f. 01.05.2019) is paid to the eldest surviving member of the family or any other person who performs the last rites of deceased IP.

The details of the benefits extended in this regard during the previous five years are as under:

Funeral Expenses	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	17158	16376	16897	27865	11337
Amount Paid (Rs. In Crore)	17.19	23.80	27.80	41.70	16.99

- g. Unemployment allowance under Rajiv Gandhi Shramik Kalyan Yojana (RGSKY):-** Under Rajiv Gandhi Shramik Kalyan Yojana (introduced w.e.f. 1.4.2005), unemployment allowance for maximum 24 months from date of unemployment is paid to an insured person who becomes unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, subject to the condition that the contribution in respect of him/her have been paid or payable for a minimum of two years prior to the loss of employment. The Insured Person and spouse are also entitled to medical care during this period. This allowance ceases to be payable in case the Insured Persons gets re-employment or attains the age of superannuation or 60 years, whichever is earlier. Initially the unemployment allowance was paid for one year only. Since 06.09.2016 the daily rate of Unemployment Allowance is 50% of average daily wages of IP/IW for first twelve months and 25% of average daily wage for the last twelve months.

The details of the benefits extended in this regard during the previous five years are as under:

RGSKY	2018-19	2019-20	2020-21	2021-22	2022-23 (1.4.2022 to 28.02.2023)
No. of Cases	1,342	1,226	5,091	4,191	4,614
Amount Paid (Rs. In Crore)	8.43	9.51	13.17	22.44	11.81

- h. Unemployment Allowance under Atal Beemit Vyakti Kalyan Yojana (ABVKY):** - Under this scheme, an unemployed IP is provided financial relief for maximum 90 days once in lifetime. The scheme was introduced on 01.07.2018 as pan India pilot project for two years. Initially the daily rate of relief was 25% of average daily earning of the IP and the IP was required to contribute for minimum 78 days in each of the four contribution periods in two year prior to unemployment. To provide relief to the IPs who suffered loss of job during COVID-19 Pandemic, the scheme was extended by one year i.e. upto 30.06.2021, the rate of relief was enhanced from 25 % to 50 % and the qualifying contributory condition was relaxed to minimum 78 days contribution in two contribution periods in two year prior to unemployment. The scheme was extended till 30.06.2022 and eligibility conditions had also been relaxed to minimum 78 days' contribution in one completed contribution period in one year prior to unemployment. The Scheme has further been extended on existing relaxed eligibility and contributory conditions for a period of two years w.e.f. 1.7.2022 by the Corporation in its 190th meeting (19/20.02.2023).

The details of the benefits extended in this regard during the previous five years are as under:

ABVKY	2018-19	2019-20	2020-21	2021-22	2022-23 till 14.03.2023
No. of Cases	17	103	45431	16636	4055
Amount Paid (Rs. In Crore)	0.01	0.07	60.28	22.28	5.59

- i. Rehabilitation allowance:** - Physical Rehabilitation allowance is paid to the insured persons for each day on which they remain admitted in an artificial limb center at double the Standard Benefit rate. Vocational rehabilitation training is provided to the Insured Person who become permanently disabled up to the minimum extent of 45% due to an employment injury. Entire expenditure is borne by ESI Corporation.

1.13 When asked about the remedial measures taken to promote these Schemes and increase the number of beneficiaries, the representative of the Ministry during evidence deposited as under:

“...we are trying to promote. We are trying to bring in through our regional offices. One of the problems that some of the sections of the workers have pointed out to us is that many a times the employers have not shown the worker as being struck off the wage roll. They have not paid the wages for that period, but they have not

shown the worker as having been struck off. So, if his name is appearing in the return which is filed with ESIC, then we presume that he or she is an employee.”

v. Coverage of the ESI Scheme

1.14 The data relating to the overall coverage under ESI Scheme during the previous five years is as under:

Details	2017-18	2018-19	2019-20	2020-21	2021-22
States/UT covered	34	34	34	35	35(As on 28.3.2023)
Districts Notified	503	542	566	583	610 (As on 28.3.2023)
Factories/Estt. (in Lakhs)	10.34	12.11	12.36	14.82	15.94
Insured Persons (in Crores)	3.43	3.50	3.41	3.39	3.10
Beneficiaries (in Crores)	13.32	13.56	13.24	13.16	12.04

1.15 In the year 2020, the Committee were apprised that as on 31.03.2020, the Scheme applied to 12.36 lakh employers employing 3.41 crore Insured Persons. The Ministry subsequently mentioned that as on 31.3.2022, the scheme applied to 15.94 lakh employers employing about 3.10 crore Insured Persons (IPs). Noting that while the number of employers had increased by 3.58 lakh, the number of IPs had decreased by 31 lakh in two years, the Committee desired to know the reasons for decrease in Insured Persons. The Ministry responded as under:

“As per the section 2(14) of ESI Act 1948, an "Insured Person", termed as IP, means a person who is or was an employee in respect of whom contributions are or were payable under this Act and who is, by reason thereof, entitled to any of the benefits provided by this Act. In the financial year 2020-21 and 2021-22, the total number of Insured Persons and Employees is furnished below: -

Financial Year	No. of IPs	No. of Employees
2020-21	3,39,19,367	2,46,72,150
2021-22	3,10,20,570	2,78,62,710

During the financial year 2020-21, the number of IPs was 3.39 crores but in the financial year 2021-22, it reduced to 3.10 crores. In this regard, it is submitted that in the financial year 2020-21, the total number of Insured Persons was 2,77,52,110. However, based on the approval of the competent authority, 61,67,257 IPs were made entitled for availing medical benefits by the special dispensation keeping in view Covid induced lockdown i.e. the IPs who had not paid contribution during the contribution period April- September, 2020, but by dint of contributions paid in the earlier contribution period i.e. October 2019- March, 2020, they were made entitled for medical benefit for the benefit period January-June 2021. Therefore, while calculating the number of IPs for the year 2020-21, 61,67,257 IP's were added to the figure of 2,77,52,110, thereby raising the figure to

3,39,19,367. As such, there was no reduction and the number of Insured Persons in the year 2021-2022 is higher in comparison to the Insured Persons in the year 2020-21.”

1.16 The number of IPs in 2018-19, 2019-20, 2020-21 and 2021-22 was 3.50, 3.41, 3.39 and 3.10 crore respectively. When asked about the reasons for consistent decrease in IPs since 2019-20, the Ministry stated as under:

“The decrease may be attributed to the fact that there was an acute dip in number of insured persons in the financial year 2020-2021 due to the Covid Pandemic’s first & second waves. In consideration of Covid pandemic situation, as a one time relaxation, 61,67,257 IPs in the year 2020-21 were made entitled for medical benefit and added to the number of IPs’ calculated (2,77,52,101). Hence, as per the approved methodology, the number of insured persons increased. Otherwise, there is an increase in the number of insured persons from 2.77 crores in 2020-21 to 3.10 crores in 2020-21. There was a marginal decrease in number of IPs during 2019-20 as compared to 2018-19, due to the fact that there has been reduction of contributing employees during the month of March 2020 due to impact of lockdown in the last week of March.

The main reasons for increase in the number of employers during 2021-22 as compared to the year 2019-20 are following:

- i. As per Office Memorandum dated 22.01.2020 of the Ministry of Corporate Affairs (MCA), registration of all the categories of new companies (Public and Private) have been made mandatory for registration in ESIC through MCA portal with effect from 15.02.2020, even if these companies are coverable under ESI Act or not. As a result, the number of employers have been increasing, even though they are having less employees than the number of coverable employees required under the coverable limit of ESIC. It has been one of the reasons for increasing number of employers as compared to the number of Insured Persons.
- ii. The period in question also covers the Covid-19 Pandemic during which the period the companies/ factories were completely shut down for certain period and employees working under these companies were compelled to leave the work station for some period. However, as per the system the employers were reflecting live.”

1.17 With regard to mapping of industrial clusters, the representative of the Ministry during oral evidence held in December, 2022 deposed as under:

“Broadly, at ESIC an exercise of mapping is currently underway. For example, we have heard about Jangipura. Wherever we have a substantial density of IPs, we see how we can plan setting up new hospitals there. Everything may not come up immediately, but definitely an action plan based on mapping, surplus, and deficit is being done.”

1.18 During further oral evidence held in March, 2023, the representative of the Ministry deposed as under:

One of the things that has been done by DG, ESIC is that they have done a mapping of all the industrial clusters in the country. Based on that, looking at the norms whether we have our adequate presence there or not and also making futuristic projections based on that, that work is currently being done. In fact, Sir, you will be surprised to know that ESIC has done the long-pending mapping for the MSME units, the data that was there on the MSME website or the data available for other ministry, that exercise has been done.

vi. Gig and Platform Workers

1.19 On the issue of coverage of innumerable gig and platform workers of unorganized sectors under ESIC, the representative of the Ministry informed the Committee during oral evidence as under:

“...on the unorganised workers or construction workers, what the court is saying is that there will be scheme which will be brought in. कंस्ट्रक्शन वर्कर्स के लिए ऑलरेडी क्योंकि ये सेस फंडेड वर्कर्स हैं, इनके लिए स्टेट वेलफेयर, कंस्ट्रक्शन वेलफेयर बोर्डर्स है, they are implementing it. So, one of the things can be the medical benefits. A view can be taken whether the ESIC will provide the benefits or the benefits can be taken through the Pradhan Mantri Jan Arogya Yojana.

It is because cess funds are already there. वह हमारे मंत्रालय में एक अलग लेबर वेलफेयर डिवीजन है। That is the idea of the Social Security Code that the scheme can be brought. अगर ई.एस.आई.सी. को बेनिफिट देना है, a scheme will have to be formulated but then the contribution will need to come either from the worker or from the Government. That has to be taken. As Secretary Sir mentioned, for the gig and platform workers, since the source of funding has been provided for in the Code itself through the contribution by aggregators, so it is easier to bring the scheme for them very quickly.”

vii. Construction Workers

1.20 Specifically for bringing the construction workers under ESIC, the representative of the Ministry deposed before the Committee as follows:

“आपने कंस्ट्रक्शन वर्कर्स के बारे में जो कहा, उसके बारे में मंत्रालय में एक पायलट प्रोजेक्ट ऑलरेडी चल रहा है, जिसमें चंडीगढ़, हरियाणा, उत्तर प्रदेश, गुजरात और बिहार, इन पाँच राज्यों/केन्द्रशासित प्रदेश की बिल्डिंग कंस्ट्रक्शन वर्कर्स की लिस्ट को प्राप्त किया जा रहा है और उन्हें आयुष्मान भारत योजना के साथ डि-डुप्लीकेट करके कि उन्हें आयुष्मान भारत योजना के भी बेनिफिट मिल रहे हैं या नहीं मिल रहे हैं, इसको लेकर फिर उन्हें ई.एस.आई.सी. का बेनिफिट दिया जाए और इन सभी वर्कर्स को उसमें एनरॉल किया जाए, इसके लिए प्रयास चल रहा है। चूंकि इसकी लिस्ट उनके पास ऑलरेडी उपलब्ध है तो अगर यह प्रयोग सक्सेसफुल होगा तो इसे बाकी जगहों पर भी बढ़ाया जाएगा।“

1.21 Further, the Ministry informed the Committee, on the issue of coverage of construction workers under Aayushman Bharat in Haryana, during oral evidence, as follows:

“...हम उन्हें आयुष्मान भारत योजना का लाभ नहीं दे रहे हैं तो इसीलिए हम उनके साथ इसके लिए सम्पर्क कर रहे हैं कि जहां पर हमारी संस्था के द्वारा मिलने वाली सुविधा हो, वहां उन्हें ई.एस.आई.सी. की सुविधा मिले। जैसा कि आपने कहा कि कुछ जिलों में हमारे अस्पताल नहीं होते तो वहां वे आयुष्मान भारत योजना का लाभ ले सकें, इस तरह का प्रयास हम कर रहे हैं। अगर यह पायलट प्रोजेक्ट एक बार शुरू हो जाएगा तो फिर उसके अनुभव से हम देखेंगे कि बाकी जगहों पर यह कैसे चलता है। हरियाणा उसमें आगे है। उसकी लिस्ट वगैरह सब तैयार है तो वहां जल्दी शुरू होगा।“

1.22 On the nature of coverage under ESI scheme, the representative of the Ministry during evidence deposed as under:

“All types of employees are covered – regular, contractual, casual, temporary, and they are admissible from day one of the employment. There is no prior medical examination necessary for registration. There is no upper limit for coverage. The covered employees can avail superspeciality treatment in respect of self or the dependent family members, and which is covered from day one. So, that is a unique feature of this scheme, and without any upper limit, we cover all the insured persons and their families. There is no ceiling on medical expenses, and even commuting accidents are treated as employment injury and we provide coverage for it as well.”

viii. Extension of the Scheme to Lakshadweep and other Districts

1.23 Enquired about the applicability of ESI in Lakshadweep and the measures taken for implementing the Scheme in the UT, the representative of the Ministry during evidence deposed as under:

“In terms of the expansion to Lakshadweep and other districts, we have geared up to really meet the requirements of the newly covered areas that would come up. One point that I would like to mention with regard to the expansion to new districts and new areas is that the Act requires that we should be ready to provide medical facilities in new areas. We have to depend on the State Governments for opening dispensaries and hospitals under the ESIS so that the coverage can be notified. We are pursuing the State Governments in this regard to cover new districts under the notification so that the facilities can be provided.”

1.24 The Ministry had in the year 2020 apprised the Committee that the ESI Scheme was notified across 35 States and UTs (excluding Lakshadweep). Asked about the measures taken for extending the Scheme to Lakshadweep and the present status, the Ministry responded as under:

“The total population of Lakshadweep island is approximately 64000 with Kavaratti as the capital. The total area of the island is 32 sq. kms. It has about 8 main islands which have majority of the total population. These islands are up to 302

kms apart from each other and local transport is a challenge. Making medical arrangement there has been a challenge, the effort for which has been initiated since 2016. The UT administration has been requested for making medical arrangement, but it is yet to be completed. Only 3 islands namely Agatti, Kavaratti and Minicoy have secondary medical care availability. There is no tertiary care available in the island. The Employees' State Insurance Corporation (ESIC) has issued tender for hiring Branch Office at Kavaratti. After the completion of medical arrangement by the UT administration, the proposal for notifying Kavaratti will be initiated."

1.25 In this context, the Committee subsequently desired to know whether any timeline had been fixed to complete the exercise and by when Kavaratti is likely to be notified, the Ministry stated that ESI Scheme has been implemented in the entire area of Kavaratti, Agatti and Minicoy Islands, Union Territory of Lakshadweep w. e. f. 01.05.2023.

1.26 As per Section 1(4) of the Code on Social Security, 2020 read with its First Schedule, provision for voluntary coverage of establishments with less than 10 persons has been incorporated. Coverage for plantations as an establishment, on opting for the same by the employer has been granted in the Code. As per the proviso of First Schedule of the Code, *ibid*, establishments engaged in hazardous or life-threatening occupations will have to cover every single employee employed by them. Provision for formulating special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code. When specifically asked to state the action plan devised/proposed by ESIC to meet the requirement of extended coverage, the Ministry replied as under:

"The network expansion under ESI scheme is an ongoing process and it is undertaken once an area/district is notified. Following are the action plan by the ESIC after implementation of the Code on Social Security, 2020 for increasing coverage of establishments/units and workers under its fold are as under:

- i. Survey: Conduct of extensive survey in newly implemented areas.
- ii. For already covered/implemented areas, data from various government departments/ offices to be obtained with a view to analyse coverable of units.
- iii. Special survey drives to be launched for coverage on the basis of information received from various sources for taking further appropriate action towards survey and inspection of the units to cover eligible workers.
- iv. Identification of common business identifiers for establishments, such as common challans, common registration, etc. by the ESIC in consultation with the Employees' Provident Fund Organisation (EPFO).
- v. Use of Aadhar as per the provisions of Code on Social Security 2020, for identification of members/insured persons."

1.27 Enquired about the impact of extended coverage of ESIC under the Code on Social Security, 2020, the Ministry replied as under:

The definition of wages under ESI Act, 1948 is proposed to be replaced with the wages as defined under Code on Social Security 2020. Due to exclusion of HRA, overtime allowance, bonus paid at intervals of less than 2 months, the per capita contribution is likely to be reduced, but more employees shall be coverable within the existing ceiling.

1.28 Presently, the employees of factories and establishments covered under the ESI Act, 1948 drawing wages upto Rs.21,000 per month (Rs.25,000 per month for Persons with Disabilities) are covered under the Scheme. The Committee desired to know when was the wage limit fixed and whether there was any proposal to increase the upper limit as the wages are increasing with the passage of time and to enable greater coverage of employees. In response, the Ministry stated as under:

“This wage limit was revised from Rs. 15,000/- to Rs. 21,000/- w.e.f. 01.01.2017. As per Section 95(2) of the ESI Act, 1948, Central Government may (after consultation with the Corporation) make rules in respect of wage-ceiling for the coverage of employees beyond which a person shall not be deemed to be an employee. Presently, there is no proposal to amend the wage limit for coverage under the ESI scheme.”

1.29 When further asked to specify whether any proposal for retaining the benchmark at Rs.21,000 for the purpose of deduction of contribution and coverage of all employees irrespective of their income had been explored and what would be the implication of such a proposal, the Ministry responded as under:

“As per Rule 50 of the ESI Act 1948, the existing wage limit is Rs. 21,000/- for the purpose of payment of ESI contribution. The existing provision of the ESI Act do not permit retaining the benchmark at Rs. 21,000/- for the purpose of deduction of contribution and coverage of all employees irrespective of their income. The definition of wages has changed in the proposed labour Code on Social Security, 2020 for deduction of the contribution. The Code on Social Security defines wages under Section 2(88) as basic pay plus dearness allowance plus retaining allowance. The definition excludes bonus, conveyance allowance, PF/pension contribution, payment towards special expenses because of the nature of the job, HRA, remuneration payable under settlement between parties or the order of the Tribunal, overtime allowance, commission, etc. The proviso to the section in the Code states that if the total of the components that are excluded is more than 50% of gross remuneration, then such percentage of remuneration, i.e. more than 50% will be added to wages. The Code on Social Security is yet to be implemented.”

1.30 Noting that although the Act does not provide retaining the benchmark at Rs. 21,000 for the purpose of deduction of contribution and coverage of all employees irrespective of their income and the Labour Code is yet to be implemented, the Committee desired to know what, in the opinion of the Ministry/ESIC, would be the possible repercussions/ implications if such a step is resorted to, the Ministry replied as under:

“The wage limit of Rs. 21,000/- for the purpose of deduction of contribution and coverage of employees was fixed by the Central Government w.e.f. 01.01.2017, in consultation with Corporation, considering availability of the infrastructure with ESIC. This led to the increase in the number of IPs/Beneficiaries/IPs family members. Since there is already shortage of Hospitals/Dispensaries/ Medical Staff etc., difficulties may be faced in providing medical benefits to further enhanced beneficiaries. Enhancement of wage ceiling or bringing all employees irrespective of their income will bring more employees under the ambit of ESI coverage. Thus, considering the existing infrastructure, expanding the coverage without proper development/ augmentation of facilities will not be in the interest of IPs/ beneficiaries.”

1.31 When asked about the details of the number of employees whose wages exceeded Rs. 21,000 during the last five years i.e. between year 2018 to 2022, the Ministry furnished the following data:

Year	No. of Employees
2018	5,65,784
2019	5,48,778
2020	2,93,361
2021	5,21,059
2022	7,43,000

1.32 As per the provision of the Code on Social Security, 2020, any member or beneficiary under ESI Scheme would be required to seed his Aadhar for seeking benefits. Asked to state the details of the number of beneficiaries who had seeded their Aadhar and the steps already taken or being taken by ESIC to bring awareness amongst the employers/ employees/ Insured Persons on seeding of Aadhar, the Ministry stated as under:

“The Code on Social Security (CoSS) 2020 has been notified on 29.09.2020, however it is yet to be made enforceable. In the meantime, section 142 of the Code has been notified by the Central Government w.e.f. 03.05.2021. Section 142 of the Code on Social Security 2020 (CoSS 2020) has provision for use of Aadhar for registration and identification of beneficiary for any benefit under the Code. As per the provisions of Section 142 of the Code on Social Security, 2020, the establishment of identity through the Aadhaar for the employees or unorganized workers or any other person, for himself or dependents, has been made mandatory for availing of services, seeking benefits, receiving payments etc. under this Code or rules, regulations or scheme made or framed under it.

Further, the Ministry of Labour & Employment, vide letter dated 12.05.2021, informed that, since other provisions of the Code on Social Security, 2020 including provisions related to the ESI scheme/benefits etc. are yet to be implemented, the requirement of Aadhaar for availing benefits etc. under the existing ESI Act, 1948 may not be mandatory. However, to facilitate smooth implementation of the provision related to the ESI in the Code on Social Security, 2020 as and when it comes into effect, the ESIC may go ahead with the collection

of Aadhaar data from its Insured Persons/beneficiaries, in terms of Section 142 of the Code. In view of the above, it is informed that ESIC has not seeded Aadhaar of any IP or beneficiary. However, ESIC has received the permission of the Ministry of Electronics and Information Technology (MeitY) under Section 4(4)(b)(ii) of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 to use Aadhaar Authentication, on a voluntary basis, for identification of beneficiaries for providing social security benefits including medical and cash benefits under the provisions of the ESI Act, 1948. The corresponding notification has also been issued by the Government on 13.01.2023.”

1.33 When further asked about the pros and cons of undertaking the exercise prior to implementation of Codes, the Ministry responded as under:

“Under Section 142 of the Code on Social Security, 2020, provision has been made for seeking Aadhaar from the insured persons and beneficiaries for registration as well availing benefits under the Code.

In pursuance to the provisions of sub-clause (ii) of clause (b) of subsection (4) of section 4 of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 (18 of 2016) read with rule 5 of the Aadhaar Authentication for Good Governance (Social welfare, Innovation, Knowledge) Rules 2020 vide Notification No. CG-DL-E-13012023-241963 Part-II-Section 3-Sub-section (ii), dated 13/01/2023, the ESI Corporation has been allowed to perform Aadhaar authentication on voluntary basis, for identification of beneficiaries for providing benefits under the provisions of the ESI Act, 1948.

Pros:

- i. Demographic details of an employee will be stored in database fulfilling basic part of KYC for ESIC.
- ii. Identification/validation of the beneficiaries can be done at the point of delivery of services.
- iii. Aadhaar will be instrumental in de-duplication of database of registered Insured Persons.
- iv. While doing registration of a new employee, Aadhaar number will prevent duplicate registration of an already existing Insured Person having Insurance Number helping him to avail the benefits based on the contributory conditions.
- v. With the consent of the employee, provision to create/fetch ABHA number (Ayushman Bharat Health Account) through NHA (National Health Authority) has also been provided in the system.
- vi. ABHA serves as the unique identifier to facilitate the efforts of the Ayushman Bharat Digital Mission (ABDM) by providing interoperability of health records. It shall enable the health institutions/authorities to make evidence-based decisions.

- vii. By creation of ABHA number, the ESI beneficiaries shall also be able to draw benefits from his health record interoperability.

Cons:

- i. As present, the Aadhar authentication has been allowed to ESIC on voluntary basis, which may impact the complete coverage of ESIC beneficiaries.
- ii. Possibility of data mismatch with existing demographic details entered by employers in respect of employees.
- iii. Delay in providing services to beneficiaries in case of data mismatch.

As on 12.05.2023, Aadhar numbers of 17,531 Insured Persons have been seeded in ESIC.

ix. Reduction in the rates of share of Employees’ and Employers’ contribution

1.34 The Committee were apprised that the Employees’ and Employers’ contribution was reduced from 1.75% to 0.75% and 4.75% to 3.25% respectively of the wages to the monthly ceiling of Rs. 21,000/- w.e.f. 01.07.2019. There was overall reduction in contribution from 6.5% to 4% (2.5% decrease). The proceeds are utilized to provide medical care and various cash benefits to the Insured Persons (IPs). Asked whether the stakeholders viz, the Employees and the Employers were consulted before reducing the contribution as ESIC is running on the basis of contribution made by the stakeholders and no contribution is received from the Government and whether the Governing Body or ESIC is empowered to take such a decision, the Ministry replied as under:

“The stakeholders viz, the employees and the employers were part of the sub-committee constituted for the purpose. Under Section 95(2)(eb) of the ESI Act 1948, the Central Government is empowered to take such decision after consultation with the Corporation.”

1.35 When asked to furnish details of the revenue for two years before reducing the contribution and w.e.f. 01.07.2019 to 30.06.2022, the Ministry furnished the following information:

The revenue for two years before reducing the contribution viz for the period 01.07.2017 to 30.06.2019 (24 Months).	Rs. 43,274/- crores
w.e.f 01.07.2019 to 30.06.2022 (36 Months).	Rs. 44,587/- crores

1.36 During oral evidence when the Committee enquired about the reduction in rates of the share contributed by the Central Government, Workers and Employers, the representative of the Ministry deposed as under:

“Regarding the reduction in rates, what the hon. Member said was correct. The Corporation, in its Board Meeting, made a recommendation for reduction to five per cent. But as per the law, the Central Government is fully responsible for running of the Scheme and they took a decision to reduce it from five per cent to four per cent. In terms of relative share of workers and the employers, from 6.5 per cent to four per cent, there was a higher reduction in workers’ part of contribution where 1.7 per cent was reduced to 0.75 per cent while the employers’ share was reduced from 4.75 per cent to 3.25 per cent.

Actually, there is a gap which I believe is in terms of the Trust. While a worker contributes 1.75 per cent or 0.75 per cent, the worker expects something in return when they actually need the services. There is a gap; there is no doubt about it. The hon. Members have also pointed out and we also believe that our Scheme needs a lot of improvement. The question before us was if we collected Rs. 25,000 crore as contribution and spent Rs. 12,000 crore, are we here to collect and maintain the surpluses?

Maybe, it is a temporary measure because at the same point of time we are very aggressively trying to spread it all over the country....”

1.37 The representative further supplemented as under:

“This is in force since 1st July, 2019. Earlier, it was six per cent; it was reduced from six to four per cent. ESIC does not take subsidy from the Government.”

1.38 The low paid workers drawing wages up to Rs. 176 per day are exempted from paying their contribution. On being asked about the number of such workers and whether there is any proposal to increase the threshold limit in view of the increase in wages, the Ministry replied as under:

“As per Rule 52 of ESI (Central) Rules, 1950, the average daily wages during a wage period for exemption from payment of employee’s contribution under Section 42 is up to and inclusive of Rs.176. The existing limit of Rs.176 was raised from Rs.137 vide gazette notification dated 06.09.2019. At present, there is no proposal to revise this threshold limit. The exemption is linked to the national floor level for minimum wages, as fixed by the Ministry of Labour & Employment. The number of workers in respect of whom exemption has been claimed are 2,62,670.”

x. Recovery from defaulting contributors

1.39 The Committee enquired of the action taken in the event of failure of employer/establishment in contributing their share. In response, the officials of the Ministry deposed as under:

“We have our rules whereby contribution period is defined. For that, contribution has to be obtained.....It is a six-monthly period for contribution. We have a six-monthly period in every financial year. The benefits will be continued for the next half year. But if that is not paid, then after that, it may stop... Under the ESI Act, the employers have an obligation to ensure that their contributions are paid to the ESIC. Now, to ease that process, the entire interface is made online. They need not send any cheque. It is fully online and seamless... The contribution has to be made by the employer. A voluntary contribution by employees is not really provided for...”

1.40 During their oral evidence, the representative further supplemented as under:

“Under the Act, we have processed to follow to pursue with the employers. Even there is a provision for imposing a penalty. We can really take action under the provisions of the Act against the employer for non-contribution. We have got provisions under the ESI Act to really take actions against the concerned employer on failing to contribute. We can issue him notice and direction. We can also ask him to contribute. But if the employer is not contributing deliberately and if the period is over, then after that, there is no provision for employee to contribute voluntarily”

1.41 Asked to state the measures in place to restrict the amount of arrears arising out of recovery from defaulting contributors, the Ministry submitted as under:

“The following mechanism has been evolved by the ESIC to restrict the amount of arrears arising of recovery from defaulting contributors:

- i. **Inspection:** Inspections are marked from Shram Suvidha Portal based on the transparent Labour Inspection Scheme through computerized system on riskbased criteria. A computerized list of inspection is generated randomly based on risk based objective criteria.
- ii. **Defaulter Action:** In case of default by the employer in payment of the contribution, the employer is issued Show Cause Notice and in case employer still fails to pay the contribution, then a reasoned order is passed against the employer under section 45A followed by recovery as per the provisions under Section 45C to 45H of the ESI Act.
- iii. **Inspection on information Basis:** On the basis of information received from various sources such as Association of the Employees, Trade Unions, etc., individual complaints are examined at Regional Office &Hqrs Office, and if found fit to take further action, the nodal branch CAIU, ESIC Hqrs. Office issues instruction for inspection of the defaulting units to know the correctness of payment of contribution made by the employer.
- iv. **For Regular contribution:** The following penal actions available in the ESI Act, 1948 are exercised against wilful defaulting employers, i.e. Section 75, Section 84, Section 85 Section 85(a) to 85(g), Penal action u/s 138 of the N.I. Act as well as penal action u/s 406/409 of IPC to ensure regular contribution paid by employers. Also, monthly monitoring of the recovery is done by the Corporation.

1.42 When asked whether ESIC was aware of cases of closed or sick industries where the employer did not submit the contribution made by the employees or his own contribution also thereby resulting in sufferings to the workers for no fault of theirs and the mechanism available to prevent such instances and whether some portion of the corpus be utilized for treatment of IPs in such cases, the Ministry in their written submission stated as under:

“As per section 2(22) of the ESI Act 1948, “wages” means all remuneration paid or payable, in cash to an employee, if the terms of the contract of employment, express or implied, were fulfilled. As per regulation 26 of the ESI(General) Regulations, 1950, every employer is required to furnish a return of contributions (at present automatic generation subject to creation of challan by the employer) which should be reflected in the ERP in the following conditions: -

- a. Within 42 days of the termination of the contribution period to which it relates;
- b. This provision also holds good in case of closed or sick industries.

Accordingly, the employee is eligible for availing the benefits under ESIC Scheme on paid or payable basis. As per section 41(1) of the ESI Act, 1948, the principal employer shall pay in respect of every employee, whether directly employed by him or through an immediate employer, both the employer’s contribution and the employee’s contribution.

As regard to benefits to the workers, if contribution has been deducted but not deposited by the employer for certain wage periods, the employee is considered to be an employee and is entitled to avail benefits for the corresponding benefit period. In such matters, as per the provision of the ESI Act, action under IPC 406/409 can be taken. In case of sick industries, the orders of NCLT/BIFR is binding on all concerned stakeholders.”

xi. Role and responsibility of Central Govt vis-à-vis State Governments/ State ESI Societies

1.43 As per Section 58 of the ESI Act, 1948, all the concerned State Governments are required to make necessary arrangements for providing medical care. When asked to elaborate on the role and responsibility of Central Government vis-à-vis State Governments and how do the Ministry monitor and coordinate with State Governments, the Ministry stated as under:

“To coordinate the functioning of Central and State ESI schemes, there is a structure of various corporate bodies, as mentioned below. These bodies have representatives from both from the Centre and States. Such bodies hold periodic meetings to discuss various issues of State ESI scheme and accordingly policies are firmed up to meet the requirements of ESI beneficiaries all over India. These

bodies also monitor the health care services delivered under Section 58 of the ESI Act, 1948.

S.No	Corporate Body	Chairperson
1.	ESI Corporation	Minister of Labour & Employment
2.	Standing Committee	Secretary (L&E)
3.	Medical Benefit Council	Director General
4.	Regional Boards	Labour Minister of State

The state representatives can raise their concerns and present suggestions for improving the delivery of services in respective states. The Regional Director of the state representing the Corporation, in coordination with Director Insurance Medical Services (DIMS) from the State Govt., coordinates regularly to resolve issues regarding health services.

1.44 Asked to state the policy for sharing of expenditure between ESIC and various State Governments, the Ministry stated as under:

“(a) The expenditure on medical care to insured person (IP) and members of their family is shared between ESIC and respective State Govt. under the provisions of Section 58(3) of the ESI Act in the ratio of 7:1 through “on account payment.”

Budget estimate is based on the total number of IPs of a State and average of per capita expenditure during the last three financial years, within the prescribed ceiling of ₹2,600/- for Medical Care (Admn. & Others). Budget duly approved by the Corporation is circulated to all State Governments at the beginning of the financial year. Based on budget estimate, the first instalment is released in the month of April and second instalment in the month of October of the year. Further, full & final settlement is made on receipt of Audit Certificate.

(b) During annual review meeting held in the month of March, 2021, most of the State Governments opined to increase the amount of medical expenditure ceiling and reduce the amount of Project Implementation Plan (PIP). Further, the modalities for release of ‘On Account’ payment may be simplified to provide more availability of funds in time.

Accordingly, ESIC has revised policy of 'On Account Payment' implemented w.e.f. 2021-22 in following manner:

Ceiling Amount for OAP under various heads	Existing (in ₹ per IP per annum)	Revised (in ₹ per IP per annum)
A. Medical Expenditure	2,150/-	2,600/-
B. PIP	850/-	200/-
C. Dhanwantari adoption	Nil	200/-
Total (A+B+C)	3,000/-	3,000/-
Additional Incentive (over and above the ceiling)		

D. Bed occupancy more than 70 %	200/-	200/-
E. Preventive and Promotive fund	20/-	20/-

Medical Care ceiling has been enhanced to ₹2,600/- from ₹2,150/- per IP per annum, to make more funds available with States. Now, 90% of estimated budget allocation is being released in advance in bi-annual instalments payable in April and October every year. Further, audit certificates are required for release of balance fund spent by State ESI Scheme. In addition, States have been authorized to claim Rs. 200/- per IP per annum under two separate plans i.e. Project Implementation Plan (PIP) and implementation of 'Dhanwantari' IT module. These resources are being placed at the disposal of States to take up the expansion plan/create infrastructure and improve the services delivery standards in ESIS hospitals / dispensaries.

(c) The share of expenditure of ESIC and the State in percentage term is 87.5% and 12.5% respectively. Any request relating to medical care expenditure ceiling is duly considered by the ESI Corporation keeping in view the actual expenditure being made by the States.”

1.45 Regarding setting up of proper coordination between the Central and State Governments while extending the benefits of ESI to the workers all over the Country uniformly, the representative of the Ministry during evidence deposited as under:

“We are facing identical problems in a number of other States. Ours is a very large country and ESIC, sitting in Delhi, cannot handle all 722 districts so easily. We need to have strong partnership with the States. We are in the process of building that bond with them. At the same time, we also want to be present in every district so that we can address these questions, doubts and these deficiency complaints... .. The question is about States. As Sir was saying, there is a difference in perception. For some States it is a priority area and for others it is not. We are encouraging the States to form the societies. Since they will be hundred per cent funded by the ESIC, I think they will be accountable to the hon. Committee. ESIC works Under the Act of Parliament, and we are accountable to the Committee. So, these societies also will be accountable to this hon. Committee.”

1.46 The Ministry apprised the Committee that in order to address the issue of non-allocation of funds through State Budget for running the ESI Scheme, ESIC had encouraged the States to form State ESI Societies so that funds can be provided directly for running the Scheme and they need not wait for provision from State exchequer/ treasury. When asked about the number of States have given their consent to form ESI State Societies and out of these, how many have formed Societies and out of them how many are drawing funds directly into bank account of society instead of State treasury, the Ministry responded as under:

“As on date, 21 States/UTs have consented to form the State ESI Society. Central Government has accorded its approval for formation of society to seven States viz, Tamil Nadu, Chhattisgarh, Maharashtra, Nagaland, Tripura, Punjab & Arunachal Pradesh. Presently, ESI Societies are operational in the States of Maharashtra, Chhattisgarh, Himachal Pradesh and Tripura. Fund transfer to three States, namely Maharashtra, Chhattisgarh and Tripura are being made directly to the Bank Account of the Society.”

1.47 When further enquired by when the other States that had given their consent to form the State ESI Societies likely to be given approval for forming ESI Societies, the Ministry responded as under:

“In its 188th meeting held on 18th& 19th June 2022, the ESI Corporation decided to incentivize the formation of ESI Society to allow 100% expenditure up to the ceiling, as fixed from time to time, to those states which form the State ESI Society on or before 31.03.2023. Since the matter is prerogative of the States/UTs concerned, no timeline has been set for completing the process of formation of State ESI Society.

Status of formation of State ESI Society (As on 04.05.2023)

Status of consent from States/ UTs are the following:-

Consent received: Arunachal Pradesh, Chandigarh, Gujarat, Mizoram, Meghalaya, Odisha, Puducherry, Uttarakhand, Uttar Pradesh, Andaman & Nicobar Island, Sikkim, Tamil Nadu Chhattisgarh, Maharashtra, Tripura, Punjab, Nagaland, Himachal Pradesh, Madhya Pradesh, Jammu & Kashmir, Jharkhand, Karnataka (22)

No respond: Assam, Bihar, Dadra Nagar Haveli & Daman Diu, Goa, Haryana, Ladakh, Manipur, Rajasthan (8)

Refused: Andhra Pradesh, Kerala, Telangana, West Bengal (4)

Not applicable: Delhi and Lakshadweep (2)

Present Status: -

States ESI Society approved by the Central Government (07).

Tamil Nadu*, Chhattisgarh, Maharashtra, Tripura, Punjab**, Nagaland** and Arunachal Pradesh**

*Tamil Nadu – Society formed but operationalization kept in abeyance.

** Approved by Central Government, but it is yet to be registered by the State Govt.

States where the Society is operationalized (04)

Maharashtra, Chhattisgarh, Tripura and Himachal Pradesh***

***Himachal Pradesh – Society Registered and matter is under correspondence with the state government.

State where fund is directly transferred to bank account of the Society w.e.f. 2019 – 20 (03): Maharashtra, Chhattisgarh and Tripura

ESIC is regularly encouraging the States to form the Society, which will provide them the following measure benefits:

- Autonomy in terms of availability of funds, instead of routing through the State Treasury.
- Timely medical manpower engagement on contract till the time regular manpower is made available.
- Timely settlement of reimbursement bills of the insured persons/ beneficiaries without waiting for state budgetary release.
- Better availability of drugs/ dressings in ESIS hospitals and dispensaries with the availability of funds.
- Equipment procurement to upgrade medical services due to better decision making by the Society.
- Repair & maintenance of State-run hospitals and dispensaries.

Formation of Society depends on the states which have to register the Society as per Societies Registration Act and State Specific Public Trust Act. In this regard, the matter is actively taken up with the states who have given consent to constitute the society as per the constitution approved by the Corporation.”

1.48 In this context, the representative of the Ministry during evidence deposed as under:

“As of now, the response has come from seven States only. They have taken steps to form societies in their respective States. We are pursuing with all the States to ensure that they form societies at the earliest because that is one model whereby, we can implement the scheme more effectively through the State Governments. After forming societies, our fund transfer will be seamless and regular, and they will also be able to submit the audited accounts in time. At present, sometimes, the settlement of accounts gets delayed, and because of which, our final installment release gets delayed.We are pursuing with them. Some States are hesitating but we are pursuing with them. We want to make them realize the benefits of forming a society and running the scheme in a more systematic and effective fashion.....They are taking some time. But we are pursuing with them. In all our Corporations’ meetings also, we impress upon the States to really form a society.”

1.49 On a specific query whether ESIC is pursuing the matter regarding formation of Societies with the State Governments, the Ministry stated as under:

“The States/UTs have been informed about the fact that formation of State ESI Society will greatly improve service delivery of medical benefits to the Insured Persons and the beneficiaries of the ESI Scheme, by way of better primary &

secondary care. ESIC has been regularly encouraging the states to form the Society, with a view to have following benefits:

- i. Autonomy in terms of availability of funds, instead of routing through the State Treasury.
- ii. Timely engagement of medical manpower on contract till the time regular manpower is made available.
- iii. Timely settlement of reimbursement bills of the Insured Persons without waiting for state budgetary release.
- iv. Better availability of drugs & dressings in ESIS hospitals and dispensaries due to availability of funds.
- v. Equipment procurement to upgrade medical services due to better decision making by the Society.
- vi. Repair & maintenance of State-run hospitals and dispensaries.

The States/UTs have to register the Society as per the Societies Registration Act including State Specific Public Trust Act. Despite regular follow up from the ESIC, majority of the States/UTs are yet to form Societies and operationalise them. ESIC is consistent pursuing the States/ UTs to take necessary action in this regard.”

1.50 When further enquired about the reasons attributed by the States for not agreeing to form ESI State Societies despite the fact that 100% funding will be provided by ESIC, the Ministry replied as under:

“The issue regarding formation of society by the Stats/ UTs are followed at the ESIC Headquarters level as well as through its Regional Offices. Apart that, letter from the Hon’ble Chairman, ESI Corporation and Chairman, ESI Standing Committee have also been addressed to the respective Chief Ministers and Chief Secretaries in this regard. 21 States/UTs have agreed to form the ESI Society in their State/UT. Out of which 4 Societies, namely Societies in the Maharashtra, Chhattisgarh and Tripura have been operationalised. Some states have expressed their desire to maintain present arrangement/status quo. In the overall interest of the ESI beneficiaries, the states are regularly requested to consider forming the Society which also grants them autonomy in terms of medical manpower engagement, equipment purchase and fund availability, as mentioned above.”

1.51 The Committee desired to be apprised of the expenditure borne by ESIC during the last three years. The Ministry submitted that the ESI Society has been operationalised in three States namely Chhattisgarh, Maharashtra and Tripura w.e.f. 2019-20 and the details of expenditure incurred by these societies and expenditure as borne by ESIC is as under:

ESI Society expenditure and fund allotment statement				
FYs	Particular	Chhattisgarh	Maharashtra	Tripura
2019-20	Expenditure entitlement	120.74	1,026.26	3.22
	Expenditure borne	80.16	263.70	1.27

2020-21	Expenditure entitlement	108.08	1,010.20	3.38
	Expenditure borne	79.55	257.86	1.53
2021-22	Expenditure entitlement	131.76	1,037.53	4.16
	Expenditure borne	93.03	405.14	2.30

NOTE: Before formation of Society, the actual expenditure by ESI Scheme of Chhattisgarh was ₹56.90 cr., Maharashtra was ₹236.41 cr and Tripura was ₹1.82 cr. during FY 2018-19.

1.52 The Ministry further clarified as under:

“The Government of Himachal Pradesh had a pre-existing ESI Society to implement ESI Scheme in the state, which was operationalised in 2009. The Society having its own set of Memorandum of Association was registered under the provisions of Himachal Pradesh Societies Registration Act, 2006. The Govt. of Himachal Pradesh was requested to reconstitute the Society as per the structure approved by ESI Corporation. The State has adopted resolution and the composition, name & style of the Society has been changed to “Himachal Pradesh Employees’ State Insurance Society” and the Governing Body has also been reconstituted. The matter is under correspondence with the state govt.

Society is operationalized in the State of Maharashtra, Chhattisgarh, Himachal Pradesh and Tripura. However, ESI Society in the State of Maharashtra, Chhattisgarh, and Tripura are operationalized as specified and approved by ESIC.”

1.53 When asked about the criteria for determining expenditure entitlement of each State, the Ministry responded as under:

“During the period 2019-20 to 2020-21, fund allocations were based on per capita expenditure incurred by State ESI Schemes during the previous financial years and maximum medical care ceiling was Rs.2,150/- per insured person per annum. Further, States had been authorized to claim additional Rs.850/- per IP per annum for Project Implementation Plan (PIP).

However, w.e.f. the financial year 2021-22, state governments are being reimbursed at a ceiling rate of Rs.2,600/- per Insured Person (IP) per annum, which is further sub-divided in two part of Rs.1,300/- each for expenditure on ‘Administration’ & ‘Others’ heads. (Others heads includes expenditure on Drugs and Dressings, medical equipment including repair & maintenance, all expenditure on account of Kitchen & Laundry, Reimbursement / expenditure on drugs & dressings, specialty treatment and investigation, POL, servicing & repairs for ambulances and delivery van, Beds, Linen etc. for use of patients, Liveries and Uniforms for all staff.)

Entitlement of State ESI Schemes is based on the average of actual per IP expenditure incurred during the last three completed financial years by the state, which is then enhanced by 10% considering cost of inflation and increase in numbers of IPs subject to prevailing maximum ceiling and multiplied by proposed number of IPs. Entitlement should not exceed maximum standard ceiling i.e. Rs.2,600/-. From the financial years 2019-20 to 2021-22, the ESI Corporation

has borne the entire expenditure of ESI Schemes / Societies up to the maximum ceiling. (i.e. States don't have to bear even the 1/8th share)

Further, in the case of ESI Society, the entire expenditure up to maximum ceiling is being borne by ESI Corporation, whereas in other cases, where society has not been formed, the expenditure is shared in 7:1 ratio by ESI Corporation and states respectively.

Over & above the ceiling of Rs.2,600/-, incentive in the form of following heads are given on certain criteria on claim basis, Rs.200/- per IP per annum under two separate plans i.e. Project Implementation Plan (PIP) and implementation of 'Dhanwantari' IT module."

1.54 As both the Central Government and the State Government Funds are involved, the Committee desired to know whether these Societies will present their Annual report to Parliament and also to the respective State Assembly, the Ministry responded as under:

Section 36 of the ESI Act, 1948 provides that "annual report, the audited accounts of the Corporation, together with the report of the Comptroller and Auditor-General of India thereon and the comments of the Corporation on such report under section 34 and the budget as finally adopted by the Corporation shall be placed before Parliament." The audit of the books of ESIC are conducted by the Comptroller and Auditor General of India which is presented to the Parliament in December of every year (Rule 41).

The Society is envisaged as implementation body of the ESI Scheme in the State to be registered under the Registrar of Societies Act, 1860 and/or State Specific Public Trust Act, as may be applicable in the State. It requires to comply with the provisions under the Act and timelines as framed thereunder as per the Memorandum of Association and Rules & Regulations, registered under the Society Registration Act. The Budgets & Accounts of the Society received by ESIC are integrated into the ESI Annual Report and the annual accounts are presented to the Parliament, in a specified time frame, within the framework of the ESI Act.

1.55 The Committee enquired how long will it take to form these Societies, the Ministry in their reply during the deposition submitted as under:

"It is a gentle persuasion. We write to them from time to time. Sometime what happens is that they have tried to form the society जो रूल्स हैं, वे उन्होंने अपनी तरह से बनाए हैं। हमने उन्हें स्टैंडर्ड टेम्पलेट ऑफ रूल्स दी है। हम उनके साथ काम कर रहे हैं।"

1.56 The Committee were further informed that for these Societies ESIC is bearing 100% of the share and the States do not need to contribute any money for

it. Elaborating further, one of the representatives submitted during oral evidence as under:

“It is shared between ESIC headquarters and States. For the last three years, even when the money is routed through the State Treasury, 100 per cent funding is committed by the ESIC. But, of course, the budget provision has to be made by State.

It has to be shown in the Budget अगर यह पैसा ट्रेज़री से जा रहा है then they have to provide for the budget to receive the money from the ESIC. If we are giving them, say Rs. 100 crore, then Rs. 100 crore budget provision has to be there in the State Budget to take the money.”

1.57 In a candid admission by the Ministry, the Committee were informed that the above provision had not been implemented for the Society which is in Haryana.

II. Functioning of ESI Hospitals

i. Infrastructure

2.1 The Ministry of Labour & Employment furnished the following data regarding the present medical infrastructure about ESI hospitals/ dispensaries/ medical colleges:

Total No. of ESI Hospitals	160
Hospitals run by ESI Corporation	51
Hospitals run by State Governments	109
No. of Medical Colleges	8
No. of PGIMSRs	2
No. of Dental Colleges	2
No. of Nursing Colleges	2
No. of Paramedical Colleges	1
Total number of Dispensaries	1502
Total number of hospital beds	20211
Total number of Doctors	8569
Total number of IMPs	1003
Total number of Dispensaries cum Branch Office	89
Ayush Units	386

2.2 The Ministry also mentioned that at present, medical services to ESI beneficiaries are provided through a network of 160 ESI hospitals, 1502 dispensaries, 89 Dispensary-cum-Branch Offices (DCBOs) and 1003 Insurance Medical Practitioners (IMPs) throughout the country. Further, ESI Corporation has given in-principle approval for setting up of 78 new ESI hospitals, 180 ESI

dispensaries and 47 DCBOs across the country. Besides, ESIC has made tie-up arrangements with 2204 public/private hospitals across the country for providing cashless secondary/tertiary medical services which are not available in ESI hospitals.”

2.3 When asked about the number of new ESI hospitals proposed to be set up, the Ministry stated that ESI Corporation has given in-principle approval for setting up of 76 new ESI hospitals across the country. The State/UT wise details of 76 hospitals (ESIC-18, ESIS-58) is placed at **Annexure-I**.

2.4 The State/UT/District wise list of 160 hospitals (51 ESIC and 109 ESIS) and 1502 dispensaries, as furnished by the Ministry, is at **Annexure-II**.

2.5 The details of the 39 ESI hospitals sanctioned in 2019, as furnished by the Ministry are at **Annexure-III**.

2.6 It was noticed that out of 39 hospitals sanctioned in 2019, only 01 hospital had been completed and operationalised; 14 were under construction; 4 hospitals were at tendering/statutory approval stage; 05 were in pre-construction stage; in respect of 02 hospitals possession of land had been taken and 13 hospitals were ‘allotment of land stage’. When asked whether the Ministry were satisfied with the pace of progress made during the last four years, the timeline prescribed for completion of the exercise, the steps being taken to expedite completion and thereafter operationalization of hospitals and the details of the Budget allocated for the purpose and the amount utilized (Hospital-wise), the Ministry stated as under:

“Due to Covid pandemic since March, 2020, some projects have been delayed. However, efforts are being made to expedite completion of the projects.

ESIC has launched Construction Dashboard for monitoring the progress of all on-going construction projects. Funds are being released based on the milestone / MoU of the projects achieved by construction agency.

The monitoring of projects is done at ESIC Hqrs. level through regular reviews by Director General, ESIC /Chief Engineer, ESIC for construction projects with construction agencies / concerned engineers’ team through physical meetings, virtual/ hybrid meetings, reporting etc.

The hospital wise details of estimates approved for the purpose including amount utilised including target date of completion of the project are given at **Annexure-IV**.

2.7 The district-wise details of the number of beds sanctioned, patients treated at OPD as well as admitted patients (IPD) in respect of ESIC/ESIS Hospitals, as furnished by the Ministry at **Annexure-V**.

2.8 An overview of the Medical Services as of 2021-22 is as under:

Services	2021-22
Primary care	OPD — 6.03 Crore (ESIC & ESIS)
Secondary care	IPD — 41.6 Lacs (ESIC & ESIS)
Tertiary care	17 ESIC Hospitals (Phulwarisarif, Jhilmil, Basaidarapur, Noida, Rohini, Bapunagar, Adityapur, Kollam, Udyogmandal, Indore, Andheri, Ludhiana, Sanathnagar, SST, Okhla, Jaipur, Tirunelveli, Varanasi) 8 ESIC Medical Colleges & Hospitals (Faridabad, Sanathnagar, Rajajinagar, KK Nagar-Chennai, Joka, Gulbarga, Alwar, Bihta)
Number of Empanelled Hospitals	2207
Services through PMJAY empanelled hospitals	4099 (133 government, 2,251 public and 1715 private hospitals)

2.9 The Committee were apprised that ESIC provide services through 4099 (133 Government, 2251 Public and 1715 Private) PM-JAY empanelled hospitals in 157 Districts. When asked to differentiate between public and government hospitals, the Ministry responded as under:

“As per information received from National Health Authority (NHA), public and government hospitals have been categorised as under:

Govt. Hospitals are those hospitals which are fully owned and managed by the respective Ministries, while public hospitals are the remaining health facilities managed by the State or Central government.”

ii. Out-patient Medical Care

2.10 With regard to Out Patient Medical Care facility, the Ministry stated as under:

a. “Service dispensaries: The out-patient medical care including essential lab investigations (in big dispensaries) under the ESI Scheme is provided through the service system i.e. through dispensaries established under the Scheme for the exclusive use of the Insured Persons and their families, manned largely by full-time

Medical Officers. As per the ESI Act, the State Governments are to provide primary care services through the dispensaries set up by them. At present, there are 1502 dispensaries run by the State Governments in the country. The ESIC runs 36 dispensaries directly in Delhi & Noida regions.

b. Insurance Medical Practitioners (IMPs): To supplement the ESI dispensary network, Private Medical Practitioners are empanelled as IMPs. An IMP should have his own consulting room and dispensary. Each IMP is allowed to register upto 2000 IP family units. At present, the panel system is in operation in West Bengal and Maharashtra (except Nagpur area), Andhra Pradesh, Goa, Gujarat in Ahmedabad, Madhya Pradesh, Telangana, Assam, Himachal Pradesh and Karnataka. The IMPs under the panel system are paid capitation fee of Rs.500/- per IP per year (revised w.e.f 8th September, 2016) for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine. At present, there are about 1003 IMPs empanelled in the country.

c. Employer Utilization Dispensary (EUD): Employer Utilization Dispensary (EUD) are set up where employer agrees to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. In this scheme employer opens the dispensary in his premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum. At present 04 EUDs have been approved.

d. Ayush Medical Services: The ESIC provides AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) facilities in ESI hospitals and dispensaries. There are 312 AYUSH units (161 Ayurveda, 36 Yoga, 3 Unani, 27 Siddha and 85 Homeopathy) functioning in ESI hospitals and dispensaries.

e. Dispensary-cum-Branch Office (DCBO): An agenda item on “Vision 2022” was placed before the 173rd meeting of ESIC held on 13-02-2018. In the agenda, it was proposed that a Branch Office-cum-Dispensary (DCBO) may be opened in each of the covered districts. Accordingly, DCBOs were opened with a view to provide primary medical care including streamlining of referrals for secondary medical care, processing of medical claim bills, ensuring distribution of drugs, payment of cash benefits etc.”

2.11 On a pointed query about the timeline by when the Ministry would be able to extend the facility of ESIC Dispensary/Branch Office in every District of the Country, the representative of the Ministry during the oral evidence, held in November, 2019, informed the Committee in their deposition as under:

“In our vision, we hope to put one dispensary-cum-branch office by 2022 in every district of the country so that ESIC’s presence is there. Our credibility and the trust quotient of the worker will also be there. They will have more faith if they know that they have given money to an organisation which is responsible for providing services. So, we have already started the process of opening up of our offices in each district. It means that in dispensary there will be doctors,

pharmacists, nurses, medicines and referral services irrespective of the fact whether the State dispensary is there or not. My absence, that is the Corporation's absence, leaves some kind of a question mark in the minds of the workers. In States, like Kerala and West Bengal, the scheme is working very good. You have raised an issue with regard to Aligarh where dispensary is there but doctors are not there. So, we are trying to facilitate the State Governments, encouraging and incentivising them to adopt our norms. They should not worry about it as we are funding them. They should provide doctors, medicines and other facilities. It also means that I have to build that trust which is somehow lacking at this point of time. In Noida the hospital is doing well since we are running it. In Aligarh, the hospital is being run through the State Government. The State Government is not able to provide adequate number of doctors, nurses and paramedical staff."

2.12 The Ministry further stated that the issue was reviewed later on and following criteria were firmed up for operationalization of DCBO in ESIC: -

- DCBOs shall be opened only on need basis.
- DCBOs shall be opened in only such districts which have no ESI Dispensary. Further DCBO shall be opened in such district only when the IP population has achieved the threshold limit of 3000 or more. However, medical facility may be provided through IMP System in districts having IP population less than 3000.
- In case a branch office is already there in such districts having 3000 or more IPs but no ESI Dispensary, then the branch office may be converted into DCBO.

Presently 89 DCBOs have been opened by the ESI Corporation.

2.13 When further asked about the level at which the decision was taken and what is the justification for reviewing the earlier decision, the Ministry stated as under:

1. "An agenda item on "Vision 2022" was placed before the 173rd meeting of ESIC held on 13.02.2018, wherein, it was proposed that a Dispensary cum Branch Office (DCBO) in each of the covered districts may be opened.
2. Subsequently, in the 174th meeting of ESIC held on 29.05.2018, it was approved to open DCBO in every covered district.
3. However, a meeting of Committee of Secretaries (CoS) was held on 27.12.2019 to discuss on improving efficiency and accessibility in EPFO and ESIC through IT. In the meeting, CoS observed that deploying a trained medical practitioner for claim verification or certifying bills in DCBO may not be optimal utilization of manpower. The CoS recommended that ESIC may deploy suitable alternative models in place of the proposed strategy to open DCBO in all districts to provide OPD services to the insured persons as DCBOs may not be cost effective. State / Central Government/ private medical facility may be utilized through reimbursement / empanelment models.

4. Accordingly, ESIC has revised the criteria and derived following new norms for setting up of DCBOs: -

- a. DCBOs shall be opened only on need basis.
- b. DCBOs shall be opened in only such districts which have no ESI Dispensary. Further DCBO shall be opened in such district only when the IP population has achieved the threshold limit of 3000 or more.
- c. Medical facility may be provided through IMP System in districts having IP population less than 3000.
- d. In case a branch office is already there in such districts having 3000 or more IPs but no ESI Dispensary, then the branch office may be converted into DCBO.
- e. There shall be minimum two (2) doctors in every DCBO.
- f. There should be no IMP within a radius of 10 Km of DCBO.
- g. DCBO should be located at such a place which is easily accessible by public transport from every corner of the district and have the maximum IP population within 10 kilometres.

The above revised policy/ criteria on DCBO was also ratified by Corporation in its 185th meeting held on 10.09.2021.

In addition to above, a decision has also been taken by Corporation in its 188th meeting held on 19.06.2022 in order to implement the ESI Scheme in rest of the non-implemented / partially implemented areas by way of opening of new Branch office, new DCBO, tie-up with private medical practitioners, extending Pradhan Mantri- Jan Arogya Yojana engagement in new districts and extending tie-up with Private Hospitals, engaging more Modified Insured Medical Practitioners. The Corporation in the ibid 188th meeting has approved that DCBO will be opened considering both covered and coverable no. of IPs. If the no. of IPs (both coverable and covered) crosses threshold limit of 3000, DCBO will be set up subject to the consent/ NOC by the concerned State Government.

2.14 On a pointed query about the measures adopted to ensure setting up of DCBOs in each and every district of the country where hospitals could not be set up, the representative of the Ministry, during the oral evidence held in November, 2020, deposed before the Committee as under:

“...आपने जैसा कि कहा कि डी.सी.बी.ओ. होने चाहिए, यह भी एक महत्वपूर्ण विषय है क्योंकि जब हम नए सामाजिक सुरक्षा कोड में यह कह रहे हैं कि हमें अपनी सर्विसेज सभी जिलों में लेकर जाना है तो वहां हमारी उपस्थिति होनी जरूरी है। ई.एस.आई.सी. ने एक निर्णय भी लिया था कि हम सभी जिलों में डी.सी.बी.ओ. खोलेंगे। लेकिन, कुछ जिलों में आई.पी.ओ. होते ही नहीं हैं तो उसे थोड़ा ठीक करके हम एक पॉलिसी का निर्णय ले रहे हैं और डी.सी.बी.ओ. को बढ़ाने का निर्णय जल्दी लिया जाएगा।

...यही मैंने कहा कि इसका निर्णय लिया गया है, पर आप भी मानेंगे कि कुछ जिले बहुत छोटे होते हैं, दूरदराज के होते हैं, जैसे उत्तर पूर्व में और अंडमान-निकोबार में, जहां पर बिल्कुल ही आई.पी.ओ. हैं ही नहीं तो ऐसी जगहों पर इसे लगाने की प्रक्रिया को थोड़ा रेश्रलाइज करना होगा। बाकी यह तथ्यात्मक निर्णय लिया जा चुका है और हम इस पर अमल करेंगे।“

iii. Norms for setting up of ESI Hospitals

2.15 The norms for setting up of ESI Hospitals in the country, as intimated by the Ministry, are as under:

Sl. No.	No. of beds	Min. No. of IPs in Catchment area*
1.	100 bedded hospital	50,000
2.	150 bedded hospital	1,00,000
3.	200 bedded hospital	1,50,000
4.	250 bedded hospital	2,00,000
5.	300 bedded hospital	2,50,000
6.	350 bedded hospital	3,00,000
7.	400 bedded hospital	3,50,000
8.	500 bedded hospital	4,00,000
9.	600 bedded hospital	5,00,000

* The IP population should be taken in a radius of 25 Km and there should not be any other ESI Hospital within a radius of 50 Km. If there is another ESI Hospital existing within 50 Km, then each ESI Hospital should fulfil these norms in the respective catchment area (e.g. if the two hospitals are at a distance of 40 Km, then each hospital should satisfy these within a radius of 20 Km).

2.16 The Ministry, further submitted that ESI Corporation during its 188th meeting held on 18/19th June, 2022, had given approval for further updation of the existing norms on setting up of ESI hospitals and dispensaries based on futuristic IP population & geographical necessity throughout the country, as per below:

- i. Instead of considering the present IP population, health facilities may be created based on projected futuristic number of IP population in upcoming 05 years in case of hospitals and 03 years in case of dispensaries. For setting up of new ESI hospitals, remaining conditions may be kept same as approved in the 163rd ESI Corporation meeting.
- ii. In respect of non-notified districts or non-notified areas of partially implemented districts, new dispensary may be established based on number of coverable employees instead of Insured Person, as ascertained during the pre-implementation survey data, so as to arrange medical facilities before the implementation of new areas.
- iii. For implementation of ESI Scheme in partially implemented and non-implemented districts, if any location (non-implemented area) does not fulfil the criteria/norms for setting up of ESI dispensary, Regional Director/ State Govt. may make necessary arrangement through empanelment of Insurance Medical Practitioner (IMP), Modified- Insurance Medical Practitioner (m-IMP), Modified Employer Utilization Dispensary ((mEUD) as per norms for providing primary

- care medical services and Tie-up arrangement with public/private hospitals and/or PMJAY for arrangement of secondary care medical services.
- iv. Norms of minimum 15000 Insured Persons for setting up of a 100 bedded ESI Hospital in North East Region/ Hilly area will continue to prevail as approved earlier.

2.17 When asked to clarify whether any survey has been conducted to identify the places where the criteria for setting up of hospitals is fulfilled and the subsequent follow up action taken, the Ministry submitted as under:

“Subsequent to approval of revised norms for setting up of ESI hospitals based on projected number of futuristic IP population, two places, i.e. Iddukki (Kerala) and Agartala (Tripura) have been identified for setting up of a 100 bedded hospital at each location. In-Principle approval to the proposal was given by the ESI Corporation in its 189th meeting held on 03/04.12.2022.”

2.18 The Committee desired to know whether Bulandshahar District meets the criteria for setting up of new ESI hospital, the number of IPs in Bulandshahar District and whether the Ministry was aware of the fact that a large number of contractual workers in Bulandshahar District do not avail benefits due to non-availability of ESI Hospital in the nearby area and they have to visit ESI Hospital at Noida, which is far away, and the steps being taken to provide medical facilities to such IPs, the Ministry stated as under:

“As per the information, the present IP population in the catchment area of Bulandshahar (within 25 kms area) is 25,793. The futuristic projected IP population within the catchment area in coming five years will be 31,352 at the present rate of growth. For setting up of a 100 bedded ESI hospital, there should be minimum IP population of 50,000 within the catchment area of proposed location. At present, primary medical services in the area is being provided through ESIS dispensaries situated at Bulandshahar, Sikandarabad & Khurja and secondary care through tie-up hospital at Sikandarabad. It is also informed that the matter of setting up of ESI Hospital at Bulandshahar is under examination.”

2.19 The Ministry further stated that to take care of the immediate needs of in-patient care in newly implemented areas as well as to provide secondary and tertiary care in areas where ESIC does not have its own hospitals, tie-up arrangements have been made with 2207 private hospitals across the country for providing cashless treatment to the beneficiaries. In cases of emergency where referral could not be taken by beneficiaries before getting treatment in tie-up hospitals, provision exists for them to claim for reimbursement of medical expenditure also. The tie-up of private hospitals is not based on allocation of number of beds but on beneficiaries availing medical procedures on cashless basis similar to the Central Govt. Health Services (CGHS).

2.20 On a specific query whether the cashless tie up facility cover medical treatment, surgeries etc. for critical illnesses, the Ministry replied in the affirmative.

iv. Convergence between National Health Authority (NHA) and Employees' State Insurance Corporation (ESIC)

2.21 The Ministry apprised the Committee that ESIC and NHA collaboration has expanded to cover a total of 157 districts of the country. Besides, 15 ESIC hospitals have been selected for providing medical services to PMJAY Beneficiaries.

Name of the Hospital
1. ESIC Medical College & Hospital , Bihta, Bihar
2. ESIC Hospital, Naroda Gujarat
3. ESIC Hospital, Ankleshwar, Gujarat
4. ESIC Medical College & Hospital, Gulbarga, Karnataka
5. ESIC PGIMSR, Andheri, Maharashtra
6. ESIC Hospital, Kolhapur, Maharashtra
7. ESIC Hospital, Bibvewadi, Pune, Maharashtra
8. ESIC Hospital, Bhiwadi, Rajasthan
9. ESIC Hospital, Jaipur, Rajasthan
10. ESIC Medical College & Hospital, Alwar, Rajasthan
11. ESIC Hospital, Lucknow, Uttar Pradesh
12. ESIC Hospital, Kanpur, Uttar Pradesh
13. ESIC Hospital, Varanasi, Uttar Pradesh
14. ESIC Hospital, Bareilly, Uttar Pradesh
15. ESIC Hospital, Rudrapur, Uttrakhand

2.22 The Ministry further stated that as on February, 2023, 1608 beneficiaries have availed medical treatment services amounting to Rs. 2,97,48,113/-. The Ministry also stated that in the meeting held between ESIC and NHA on 28.11.2022, it has been proposed to expand the convergence to left out areas of the country and explore providing primary care/ OPD consultation services to PMJAY beneficiaries through ESIC hospitals.

v. Action Plan for newly implemented area for improvement of services

2.23 In this context, the Ministry stated that an Action Plan for newly implemented area for improvement of services has been prepared whereby the primary care medical services in newly implemented areas is being provided through Dispensaries Cum Branch Offices (DCBOs), Insurance Medical Practitioner (IMPs), Employer Utilization Dispensaries (EUDs) etc.

2.24 The Ministry further mentioned that in order to improve the functioning of ESIC/ESIS hospitals, the ESIC approved the constitution of HDCs for all ESIS/ESIC hospitals run by the State Govt. and the ESIC. The ESI Corporation

has modified the composition of HDC, which is chaired by the Medical Superintendent of the hospital concerned.

2.25 The Ministry also informed that the ESI Corporation had taken initiatives to provide health services to people other than its Insured Persons by granting in-principle approval to open its underutilized hospitals (less than 60% bed occupancy) for general public. The ESI Corporation, in its 175th/ 176th/ 178th meeting held on 18.09.2018; 05.12.2018 & 13.09.2019 respectively, had taken a decision for providing access to Non Insured Persons for medical services in its underutilized ESIC hospitals at Alwar (Rajasthan); Bihta (Bihar); Gulbarga (Karnataka); ESIC hospital Bareilly and Varanasi; Sarojini Nagar, Lucknow and Jajmau, Kanpur (Uttar Pradesh). In this regard, the proposed charges for Out-Patient Department (OPD) consultation is at the rate of Rs 10/- per consultation. In-Patient Department (IPD) care at the rate of 25% rates of CGHS package rates applicable for the city (if not available neighbouring city or the State) and medicines will be provided as per actual cost.

vi. Hospital Development Committee

2.26 In response to a specific query on the inclusion of elected representatives in the Patient Welfare Committees of ESI Hospitals, the Ministry stated that as per the decision in the 179th meeting of the ESI Corporation, revised composition of ESIC/ESIS Hospital Development Committee (HDC) has been issued, wherein one of the member is local member nominated by Member of Parliament of that area.

2.27 When further asked to clarify whether the Hospital Development Committees have been constituted in every hospital and whether the nominees of the local Member of Parliament have been nominated in all the Hospital Committees, the Ministry stated as under:

“(i) Hospital Development Committees (HDCs) have been constituted in 36 ESIC and 57 ESIS hospitals.

(ii) The nominees of the local Members of Parliament have been nominated in 19 ESIC and 24 ESIS Hospital Development Committees. Further request is being submitted to Hon’ble MPs for seeking nomination for it.”

2.28 With regard to year-wise number of meetings of the Hospital Development Committee held since 2019-20, the Ministry furnished the following data:

ESIC/ ESIS	2019-20	2020-21	2021-22	Upto Nov’22
ESIC	52	24	29	26
ESIS	199	126	113	91

vii. Health Service to Persons other than IPs through under-utilised Hospitals

2.29 The Committee were apprised that 06 ESI hospitals are non-functional due to decrease in number of beneficiaries in that area. When asked as to how the

Ministry propose to utilize the manpower and infrastructure of these six hospitals, the Ministry responded as under:

“Six (06) ESI hospitals in four states were closed by the respective State Government. One of the main reasons behind closure of hospitals was reduction in the number of IP population in the catchment area. These hospitals were running by the respective states under the ESI Scheme (ESIS) and the manpower deployed in these hospitals are under the administrative control of the concerned State Government. As far as utilization of infrastructure of these six hospitals, necessary data / information including present status of building, IP population in the catchment area, existing medical services etc. have been collected from field officers for taking appropriate decision in the matter. As per details obtained, the following are the status:

(1) As per information received from RD, Gujarat, the non-functional TB Chest Hospital, Vadodara is getting utilized as State Dispensary.

(2) Non-functional hospital in Karnataka was used as dedicated Covid hospital during pandemic and presently a general hospital of the state government is functional from the same building.

(3) In the state of Odisha, the underutilized building at Brajrajnagar has been closed due to low IP population thereon. However the state government has provided land in Jharsugda (major industrial hub) and in principle approval for construction of 100 bedded hospital has been accorded. As regards 06 bedded ESI hospital at Barbil, there is a dispensary building with 10 staff quarters and another building which was constructed for Branch office are lying vacant.

(4) Two ESI hospitals in the state of Bihar, located at Dalmiyanagar and Munger ,were closed due to reduction in IP population the area. The alternate use of hospital infrastructure is under examination.”

2.30 Asked about the status of extending access to non insured persons for medical services in underutilized ESIC hospitals (less than 60% bed occupancy), the Ministry stated as under:

Non Insured Persons have been treated by underutilized ESI hospitals and the services are still continued. So far, 6.96 lakhs persons have availed these services through OPD and IPD. The details are given below:

Year	OPD	IPD
2019-20	76,914	4,200
2020-21	31,228	2,930
2021-22	2,91,703	20,962
2022-23	2,44,369	23,799
Total	6,44,214	51,891

2.31 The Ministry further stated that under convergence with PMJAY in 157 districts, 15 identified underutilized ESIC hospitals have been opened for providing services to PMJAY beneficiaries. The convergence with PMJAY in more districts is under consideration.

2.32 When asked as to how the general public is made aware of availing medical facilities from such hospitals, the Ministry stated as under:

“Steps are being taken to give wide publicity for awareness of local people through various means, which includes distribution of pamphlets/ display of banners and through social media etc. Shuttle services have also been provided for general public in some locations to facilitate the commuting of people.”

viii. Occupational Disease Centres (ODCs)

2.33 As regards the Occupational Disease Centres (ODCs), the Ministry informed that as per policy decisions of the Corporation taken on 8.12.88 and 24.2.93, the ESI Corporation has set up five Zonal Occupational Diseases Centres with a view to providing facilities for early detection and diagnosis of Occupational Diseases among ESI beneficiaries. These Zonal Occupational Diseases Centres cater to the needs of ESI beneficiaries of the neighbouring States also. The suspected cases of Occupational Diseases are referred to these Centers by the States concerned.

2.34 The Ministry further informed that ESI Corporation has set up one ESIC PGIMSR (IOHER) Centre at Basaidarapur, New Delhi & four Zonal Occupational Disease Centers for providing early detection & prompt treatment, apart from taking steps for preventive & promotive aspect pertaining to occupational health. These institutions are as under: -

1.	North Zone	ESIC PGIMSR Basaidarapur, New Delhi (IOHER)
2.	South Zone	K.K. Nagar, Chennai
3.	East Zone	Joka, Kolkata
4.	West Zone	Andheri, Mumbai
5.	Central Zone	Nandanagar, Indore

2.35 The Ministry also stated that 02 (Two) new ODCs have been established at ESIC Medical Colleges Alwar and Bihta. MoU with National Institute of Occupational Health (NIOH), Ahmedabad has been signed to undertake Research and Training in the field of occupational diseases. Additionally, State run ESIS hospitals are being identified to develop ODC, in state where ESIC hospital is not available. Training of Trainers are being undertaken through National Training Academy, ESIC. Further training programme is being developed in collaboration with IGNOU.

2.36 In this context, the representative of the Ministry during oral evidence deposed as under:

“...Medical colleges have been asked to do a mapping of occupational diseases and also provide treatment facilities for that...”

...With regard to occupational diseases, we have set up eight centres, and out of the same, two are newly established in Behta and Alwar. The vision is to really conduct research on various types of occupational diseases in different types of industries, and provide not only advanced treatments but also, prevention to the concerned employers and employees so that they can take steps at the workplace to really minimize the risk of getting any occupational disease.”

2.37 The Ministry submitted that the other developments in this regard are as under:

“MoU between MoL&E and DGUV (Govt. of Germany) - Doctors and Administrators are trained in the field of occupational health

1. MoU with ICMR-National Institute of Occupational Health has been signed to undertake research
2. Yoga at workplace is also being established to complement medical care.”

2.38 With regard to the initiatives undertaken for improving Occupational Health, the Ministry stated as under:

- “1. Annual Preventive Health Check-up program for IP/IW aged more than 40 years was launched on 04.12.2021 as a pilot project/now expended Pan India.
2. Health Check up camps for IPs of all age group in industrial clusters
3. 1,54,975 IPs have been screened in the camps and 14,961 IPs have been screened in annual prevention health check up.
4. Pilot for screening of Anaemia amongst Beedi and Brick Kiln women workers' in unorganized sector launched on International Women's Day (8th March 2022)”

2.39 The Committee were apprised that as per MoU between MoLE and DGUV (Government of Germany), doctors and administrators are trained in the field of occupational health. When asked to provide details of total number of doctors and administrators in 07 Occupational Disease Centres (ODCs) and out of them, how many were trained. duration of training, mode of training viz. whether the training is imparted in Germany or the trainers visit India to impart training, and how such training had helped in improving the functioning of the 07 ODCs, the Ministry responded as under:

Two Days online workshop was held in 29-30th September 2021 and 30th to 31st March between DGUV, ESIC Officers and ODC Nodal Officers. However, neither training was held in Germany nor trainers visited India.

With the workshop, trainees acquired new knowledge, skill and have improved their skills and competency level. Learning from training has also led to improvement in job performance of the trainees.

It may also be added that the ESIC has designated Occupational Disease Centre (ODCs) which are located in ESIC hospitals or ESIC medical colleges. The designated ODCs located in ESIC hospitals are at Basaidarapur (New Delhi) and Indore (Madhya Pradesh). The other five ODCs are located in medical colleges at

Faridabad (Haryana), Joka (Kolkata), Alwar (Rajasthan), Bihta (Patna) and K.K.Nagar (Chennai).

The objective of the ODCs is to identify the occupational disease contracted by the insured persons of ESIC. The ESI Act, 1948 recognizes occupational disease as an employment injury and insured persons become eligible for permanent disability benefit on the basis of identification of occupational disease.

The doctors for locations, which are designated as ODCs, come from the related specialties like pulmonary medicine, medicine, skin, preventive and social medicine, etc. from the regular specialists sanctioned for ESIC hospitals. From amongst the sanctioned specialist doctors of related fields of occupational disease, the doctors are designated to the ODCs. The administrators posted to these hospitals also look after the administration of designated ODCs.

As per records, 973 doctors of ODC Centre and other ESI hospitals have been trained for ODC till date.

In-house training for 03 days duration including visit to an industry is being conducted at the following locations:

- ODC centre South Zone-ESIC Medical College and Hospital Chennai for administrator and doctors of South zone and Central Zone.
- Regional ODC Centre Alwar-ESIC Medical College and Hospital Alwar for administrators and doctors of North Zone.
- IOHER and ODC centre North Zone-ESIC Hospital Basaidarapur for administrator and doctors of Delhi NCR.

11 online training for ODC at multiple occasions, 01 day (2sessions) for ODC Nodal officers/Specialist/Administrators of ESIC Hospitals and ODC centres have been conducted.”

2.40 The Committee were also apprised that an MoU with ICMR-National Institute of Occupational Health has been signed to undertake research. When asked to provide details of hospitals (ESIC and ESIS) having laboratory for undertaking research activities, the Ministry stated that presently no laboratory has been established in ESIC or ESIS hospitals for the purpose of research.

ix. New Initiatives taken by the Ministry/ESI

2.41 In the context of new initiatives taken by the Ministry/ESI, the representatives of the Ministry during evidence deposited as under:

“In terms of new initiatives, the major step that we have taken is to take the support of advanced technologies. One of them is tele consultation where we have integrated our ESI hospitals with e-Sanjeevani platform. We run 51 hospitals directly, and nearly 2,000 doctors have been taken on board in the eSanjeevani platform. We have done more than 50,000 consultations. The followup is being done through the online platform so that they do not have to travel again and again. For distribution of medicines, we have made arrangements in a few locations

as a pilot project. We would be expanding that in times to come so that the IPs do not have to personally visit dispensaries once they choose to come on the tele consultation platform. We also putting emphasis on mental health care which we are promoting through organising camps and providing specialised treatment in our hospitals. A pilot project to initiate primary care services through tele consultation has been started from our Bihar RO, which at present is catering to five branches (Agra, Darbhanga, Muzzaffarpur, Dalmianagar and Kahalgaon). This was widely covered in the media recently because the patients said that they have received good care and treatment through this platform. As I mentioned, for medicine distribution this pilot will be scaled up to other locations.”

2.42 Enquired whether ESIC proposes to provide online consultation to Insured Persons (IPs)/beneficiaries/outsideers especially in the light of difficulties faced by common man due to outbreak of Covid-19 pandemic, the Ministry replied as under:

“All ESIC hospitals along with 1950 doctors have been on boarded on e-Sanjeevani Portal of MoHF&W for providing teleconsultation services and more than 70,000 patients have been provided teleconsultation services through this platform.”

2.43 In this context, on being asked to indicate whether any suggestions/grievances have been received from the beneficiaries in the last two years, the nature of such suggestions/grievances and the steps taken by the Ministry/ESIC to implement/redress the same, the Ministry stated as under:

“On the portal of e-Sanjeevani, at present, there is no separation of ESI/Non ESI patients. The patient has to go to the health facility to collect medicines. However, no grievances or suggestions of the users have been received at field units.”

x. Vacancies in ESI Hospitals

2.44 When asked to provide information regarding the sanctioned strength, actual strength and the number of vacancies of Doctors, Nurses, para medical staff etc., including Hospitals/Dispensaries run by State Governments and to what extent the vacancies in Hospitals/ Dispensaries run by ESIC and State Governments have affected the functioning of Hospitals/ Dispensaries and the measures taken to address the issue, the Ministry stated as under:

The proper medical services in some of the ESIC hospitals have been affected due to vacancies in the grade of doctors, nurses and paramedical staff. Issue such as lack of radiologist has kept the hospitals unequipped for investigation like ultrasonography, etc. Likewise, lack of an anaesthetists in some hospitals create obstacle in setting up of ICU services in such hospitals. This is one of the major causes for referral of beneficiaries in many cases to ESI empaneled hospitals. The

shortage of doctors in some dispensaries also lead to overcrowding of patients and hence emergence of grievances thereof.

To overcome the cause and improve the medical services, the ESIC has undertaken a special recruitment drive to fill the vacant posts of doctors and specialists. The details regarding sanctioned strength, actual strength and the number of vacancies of doctors, nurses and para medical staff are placed at **Annexure-VI and VII**.

2.45 It was noticed that the sanctioned strength of Doctors in ESIC hospitals is 6247, whereas 4082 persons are in position and there are 2165 vacancies viz. 35% posts are vacant. When asked whether any deadline has been fixed to fill these vacancies, the Ministry submitted as under:

“Advertisement for filling up the vacancies in General Duty Medical Officers (GDMO) cadre were announced in December, 2021 and process to recruit 1,120 GDMOs is currently underway. Similarly, specialist doctors are also being appointed in all ESIC regions and 46 offers of appointments have been issued to Specialists in ESIC hospitals. It is expected that the ongoing process of the recruitment of the GDMOs and specialist doctors will be completed by the year end. Sanctioned strength in nursing cadre is 7,316 and in-position strength is 4,380 with a total vacancy of 1,936. Against these vacant posts, a total of 998 nursing staff are engaged on contractual basis to ensure smooth medical care. Similarly, the total sanctioned strength in paramedical cadre is 11,547 with in-position strength of 5,400 and vacancy of 6,147.

The deployment of staff in ESIS hospitals comes under administrative control of respective state governments. Recently, the issue of the shortage of doctors in ESIS hospitals was also examined by the ESIC and a D.O. letter dated 02.01.2023 at the level of DG, ESIC were sent to all the concerned states to hand over such state-run hospitals to ESIC for better administration as well as delivery of medical services in a holistic manner. Out of 7 closed ESIS hospitals, one hospital at Tinsukia (Assam) was taken over by ESIC in 2022, which is presently being run by the ESIC. As per Annual Report 2008-09, 05 ESI Hospitals, i.e., Dalmianagar & Munger (Bihar), Chest Hospital Vadodara (Gujarat), Shahbad (Karnataka) and Barbil (Odisha) were reportedly closed at that time. The ESIS hospital at Brajrajnagar (Odisha) became dysfunctional w.e.f. 30.6.2010 . Since these hospitals are closed since long, the sanctioned strength of doctors except Brajrajnagar hospital is not readily available. As per Annual Report 2008-09, the sanctioned strength of doctors at Brajrajnagar hospital (Odisha) was 5.

State-wise Information regarding sanctioned strength, actual strength and the number of vacancies of doctors in 1502 ESI dispensaries is placed at **Annexure-VIII**. The details of sanctioned/in-position strength/vacancies of nurses, para medical staff in ESI dispensaries is being collected from respective states.

ESIC from time to time issues advisory to respective State Govts. for filling up of vacancies. An advisory body GPMC-SC (General Purpose Medical Care Sub-Committee) makes visit to various dispensaries and hospitals in the state and based on their suggestions and recommendations, authorities of State Govt. are informed of respective observation, if any.

2.46 The Committee enquired about the extent to which the administrative vacancies at Headquarters, Regional Offices, Sub Regional Offices/ Branch Offices/ Pay Offices had affected the functioning of ESIC. In response, the Ministry stated as under:

“The work of senior posts in ESIC headquarters, like Director/Joint Director have been assigned to Deputy Directors. Regional Offices are generally run by Additional Commissioner/Regional Director level officers. However, due to shortage of manpower, the Regional Director of one region is looking after the charge of additional regions. Further, Sub Regional Offices are generally run by Joint Director level officer and due to shortage of officers in this cadre, the charge has been given to officers of Deputy Director level till the officers in the level of Director/Joint Director are available.”

2.47 The Ministry further apprised the Committee that the following measures have been taken to address the issue of vacancies:

1. The process of recruitment of Additional Commissioner and Regional Director/ Director level has been initiated.
2. The process of filling up of the 151 posts of Deputy Directors in ESIC through Union Public Service Commission (UPSC) is also underway.
3. Further, for filling up of 149 vacant posts of Joint Directors through promotion, the officers in the feeder grade, i.e. Deputy Director grade are also eligible for promotion. However, due to framing/amendments of RRs for the post of Joint Director and pending court case on seniority issue of Deputy Director, DPC for promotion to the post of Joint Directors could not be conducted. Draft RRs of the post are in the process of finalisation, thereafter, action on DPC for the post will be taken.
4. Necessary action for review DPC proposal for promotion to the post of Assistant Director has already been submitted to UPSC. However, the review DPC could not be held due to the pending court case on seniority list of feeder grade and necessary action will be taken as per the outcome of the court case.

Further, in the year 2022, recruitment process has been completed for 3974 vacancies in the cadre of Social Security Officer (93), Upper Division Clerk (1769), Multi-Tasking Staff (1948) and Stenographer (165) vacancies involving 9.82 lac candidates.”

2.48 The Committee were further informed that the recruitment process had also been completed for 11 vacancies of Dean in May 2022. 1120 vacancies of Insurance Medical Officer IMO Gr. II have been notified in December 2021 and interviews are to be conducted. 115 vacancies of Associate Professors and 491 vacancies of Assistant Professors have been notified in April 2022 and June 2022 respectively and interviews are to be conducted. In the year 2021 and 2022, recruitment process has been completed for 217 vacancies of Specialist Gr-II doctors. Also, recruitment is under process for 204 vacancies of Specialist Gr. II doctors which is likely to be completed shortly.

2.49 When asked to provide post-wise details of recruitment exercise being undertaken indicating the sanctioned and actual strength and the time period by which the vacancies were expected to be filled, the Ministry furnished the following details:

“The requisite details are attached at **Annexure-IX.**”

2.50 The officials of the Ministry in this regard during oral evidence deposed as under:

“I feel very happy to inform the hon. Members that for our Ministry, the ESIC recruitments have been the highest in the last two months. In fact, in the two previous months the number has been 1800 or 1900 for each month, and the recruitment drive is going on in full swing. In one or two months we will see all the positions being filled up. The recruitment rules are being changed. Promotions are also being taken up. In fact, recently additional posts of Medical Commissioners have been created, and they are being posted to different regions so that they can supervise the work of the hospitals there. This is about vacancies, and we really expect to see a good situation soon.

...With regard to the issue of vacancies in the ESIS hospitals, we are regularly pursuing the States to fill up vacancies in those hospitals. They are responsible for providing primary and secondary care. We are constantly following up the issue of vacancies. In our own ESIC hospitals, as Secretary has mentioned, the recruitment is an on-going exercise. We meet the requirements through regular recruitments as per our norms, or through contractual appointments, in most of the locations. We are always trying to meet the expectations that IPs have in terms of the quality of medical care and other benefits

2.51 When asked about the number of Specialists/Super Specialists recruited in ESIC and ESIS Hospitals in the past three years, the Ministry responded as under:

“Since 01.01.2020, till date, against 349 vacancies, 168 Specialists/Super Specialists have been recruited in ESIC. The year-wise details are asunder:-

Post	Year of Advertisement	No. of Vacancies advertised (No. of regions)	No. of vacancies filled (No. of regions)
Specialists/ Super	2020	22(2)	Nil
	2021	248 (11)	11(1)

Specialists	2022	79(5)	107(10)
	2023	---	50(7)
	Total	349(18)	168(18)

As for as state run ESIS hospitals are concerned, the Specialist/Super Specialist in these hospitals are recruited/deployed by respective state governments as these hospitals are under the administrative control of State Governments. As per information received from the state governments, 662 number of Specialists have been recruited/deployed 2020 onwards in the ESIS hospitals across the country. The state-wise details of the vacancy and recruitment/engagement position for the last 4 years is also placed at **Annexure-X**.

It is also informed that in Haryana and Karnataka, there is no separate cadre of Specialist and only Medical Officer is recruited for ESIS hospitals in these States. Similarly, in Odisha, there is no separate cadre of Specialists since 2020 and Insurance Medical Officer having specialist degrees in different stream do the specialist work. In the state of Maharashtra, contractual Specialists were appointed against vacant sanctioned posts from time to time. As of now, there are 78 contractual Specialists have been appointed against vacant sanctioned posts and additional 50 contractual Specialists are appointed as per ESIC norms for extended OPD hours & new services.

Apart from this, Maharashtra Public Service Commission (MPSC) has also published advertisement for 52 posts of Specialists for regular recruitment. Action is also being taken by the state government to fill up 08 posts by promotion. Further, in the state of West Bengal, the vacancies of Specialist medical officer is filled on contractual hiring basis.

2.52 Another issue raised during oral evidence pertained to delegation of powers to the CMO of the State-run ESIS Hospitals including lack of purchasing powers resulting in dearth of essential infrastructural facilities in these Hospitals. When the Ministry were enquired on this matter, following clarification was provided by the representative of the Ministry:

“...हमने सभी राज्य सरकारों को लिखा है कि ईएसआईसी के जो नॉर्म्स स्टाफ और डॉक्टर्स के लिए हैं, जो हमारे मेडिकल सुपरिटेण्डेंट को पावर्स हैं, वे सारी की सारी अडॉप्ट की जाएं ताकि सर्विस इम्प्रूव हो सके। हमारे अपने मेडिकल सुपरिटेण्डेंट को 50 लाख रुपये तक का एक इक्विपमेंट परचेज करने की पावर है और वह जितने मर्जी परचेज कर सकता है।“

2.53 In this regard one of the representatives of the Ministry admitted during oral evidence as follows:

“स्टेट ईएसआईसी के लिए हम राज्यों को कह रहे हैं कि जो ईएसआईसी के मेडिकल सुपरिटेण्डेंट को जो पावर है, उतनी पावर आप मेडिकल सुपरिटेण्डेंट को दीजिए तभी उनकी सर्विसेज बेहतर हो पाएगी। वहां सब कुछ सेंट्रलाइज्ड है। ड्रग्स का प्रोक्योरमेंट स्टेट लेवल पर सेंट्रलाइज्ड है।“

हम लोगों ने हमारे मेडिकल सुपरिटेण्डेंट को दे दिया है। हमारे यहां पर ड्रग्स का एक रेट कॉन्ट्रैक्ट बनता है। हम उस रेट कॉन्ट्रैक्ट को फील्ड में अपने सभी मेडिकल सुपरिटेण्डेंट को दे देते हैं। हम डायरेक्ट कंपनी से परचेज़ करते हैं। कंपनी को आर्डर प्लेस करते हैं, वहां से सामान आ जाता है, वे खुद उसका पेमेंट कर देते हैं। स्टेट में डिम्स होता है। वहां पर डिम्स या प्रिंसिपल सेक्रेटरी के लेवल पर सारी पावर्स होती हैं। उसमें यह होता है कि जो ग्राउंड रिजैलिटीज़ हैं, वे कई बार ओवरलुक हो जाती हैं। ऐसे ही जो डेलीगेशन ऑफ पावर्स है, आप बिल्कुल सही कह रहे हैं कि अगर वहां पर एक बल्ब भी खरीदना हो, तो उनको दिक्कत होती है। वहां बहुत ही कम डेलीगेशन ऑफ पावर्स है। हम अस्पताल में किसी की लाइफ के साथ डील कर रहे होते हैं, तो वहां पर अचानक किसी भी चीज की जरूरत पड़ सकती है। वहां किसी कॉस्टली मेडिसिन की भी जरूरत पड़ सकती है। हम लगातार यह रिक्वेस्ट कर रहे हैं कि जो ईएसआईसी के नार्म्स हैं, आप उनको अडॉप्ट कीजिए। जैसे अभी माननीय सांसद महोदय ने भीलवाड़ा के बारे में बताया है कि वहां पर 5 डॉक्टर्स हैं। उनके नार्म्स में 50 बेड के अस्पताल में 8 डॉक्टर्स सैक्शनड हैं। 24 घंटे की ड्यूटी के लिए भी 6 डॉक्टर्स चाहिए होते हैं। हम राज्य सरकार से बार-बार यह रिक्वेस्ट कर रहे हैं कि जो हमारे नार्म्स हैं, आप उनको अडॉप्ट कीजिए।“

2.54 The representative further assured the Committee that the matter will be pursued by the Ministry.

2.55 It was further candidly admitted by a representative of the Ministry on the issue of problems persisting in proper functioning of ESIC Hospitals run by State Government as under:

“...दिक्कतें तो हैं। फरीदाबाद में जो 50 बेड का अस्पताल है, उसमें कुल मिलाकर 7 डॉक्टर्स हैं, तो परेशानियां हैं। जब तक नार्म्स चेंज नहीं करेंगे, क्योंकि ये प्रैक्टिकल नार्म्स हैं। 24 घंटे की सर्विस के लिए एक डिपार्टमेंट में कम कम कम 6 डॉक्टर्स तो चाहिए ही चाहिए।“

xi. Norms for deployment of Doctors, Nurses and para medical staff

2.56 When asked about the norms for deployment of Doctors, Nurses and para medical staff on the basis of availability of beds in the Hospital viz from 100 bedded Hospital to 600 bedded Hospitals run by ESIC and the corresponding position in the State run ESI hospitals, the Ministry stated as under:

“The state government sanctions the medical and paramedical staff in ESI Scheme (ESIS) run hospitals as per its staff norms. The State-wise details of the sanctioned and in-position specialists, General Duty Medical Officers (GDMOs), nurses and paramedical staff in the ESIS hospitals alongwith percentage of bed occupancy and average recurring cost per bed per day in ESIS hospital during 2021-22 are attached as **Annexure-VII and XI.**”

2.57 The Committee further pointed out that out of 102 ESIS hospitals, the bed occupancy in 17 hospitals is more than 50% whereas in respect of the remaining 85 hospitals, it is less than 50%. The Committee desired to know the reasons for low bed occupancy in most of ESIS hospitals. It was also noticed that the cost per bed per day in respect of hospitals at Mangalore, Thane, Worli and Saharanpur is

Rs. 12055, 44488, 10829 and 16402 respectively. When asked about the criteria for determination of cost per bed per day, the Ministry stated as under:

The reasons of less Bed Occupancy Rate (BoR) in state run ESIS hospitals may be attributed mainly to lack of adequate infrastructure, equipment and medical & para medical manpower along with underutilization of funds allocated by ESIC to the respective states. Additionally, ESIC has extended several incentives to state governments for improvement of medical services and prescribed ceiling for utilization of entitled amount. Project Implementation Plan (PIP) for procurement of equipments and other infrastructure is also provided to states. Further, incentive of Rs.200/- per IP per annum over and above prescribed ceiling to the states has also been provisioned where the bed occupancy in all the state run ESIS hospitals is more than 70%. State governments are also encouraged to form State ESI Society for better utilization of the services. Also, ESIC regularly follows up with states for improvement in medical services as well as deployment of adequate manpower. Recently, ESIC, vide letter dated 02.01.2023, has also requested all states to provide their consent for taking over of such state run ESIS hospitals by ESIC so that adequate and efficient medical services could be made available to the ESI beneficiaries of the state in a holistic manner.

The criteria for determination of cost per bed per day is as under:

$$\frac{\text{Total expenditure of hospital}}{\text{Total number of commissioned bed} \times 365}$$

The statement of per hospital per bed cost in respect of 51 ESIC run hospitals for the year 2021-22 is also attached at **Annexure-XII**.

2.58 The Committee were apprised that the States which have bed occupancy of more than 70%, an incentive of Rs. 200 per IP per annum is provided. When asked to furnish details of the States/UTs which have been provided this incentive and the amount so provided during the last five years viz.w.e.f. 2018-19, the Ministry stated as under:

“State Governments may claim additional Rs. 200/- per IP per annum as incentive, over & above the ceiling of Rs. 3,000/- per IP per annum, if bed occupancy in all the State ESI hospitals is more than 70% during the concluded financial year.

West Bengal is the only State, which is maintaining 70% bed occupancy rate in its all ESIS hospitals during the financial years concerned. Hence, bed occupancy incentive has been provided to the ESI Scheme (West Bengal), as detailed below:

- Financial Year 2018-19 – ₹20 crore.
- Financial Year 2019-20 – ₹38.44 crore.
- Financial Year 2020-21 – Bed occupancy rate was below benchmark in three ESIS hospitals.
- Financial Years 2021-22 & 2022-23 – Not claimed yet.”

2.59 In the year 2020, the Committee were apprised that the total number of Dispensaries and hospital beds was 1520 and 21311 respectively. The Ministry, subsequently mentioned that number of Dispensaries and hospital beds was 1502 and 20211 respectively. It was noticed that there was decrease in the number of Dispensaries and hospital beds by 18 & 1100 respectively in two years. On being asked as to how the Ministry justify the decrease both in the case of Dispensaries as well as hospital beds, the Ministry stated as under:

In the Annual Report for year 2019-20, the number of ESI dispensaries reported were 1520, this number included 18 empaneled dispensaries by the State Govt. of West Bengal. This has now been removed from the total count of dispensaries in the Annual Report of 2020-21. The number of sanctioned/commissioned beds as per the Annual Report 2020-21 & 2021-22 are as under: -

Annual Report	Sanctioned Beds	Commissioned beds
2020-21	15870	12670
2021-22	26215	20211

2.60 The Committee then pointed out that during 2021-22, the sanctioned beds in respect of ESIC hospitals was 26,215 whereas the number of commissioned beds was 20,211 and 6004 beds [23%] were yet to be commissioned. Similarly, during 2021-22, in respect of 38 ESIS hospitals, the number of sanctioned beds is 6021 and 2624 beds [43%] were yet to be commissioned. When asked how has this affected the functioning of ESIC as well as ESIS hospitals, the Ministry responded as under:

“There are various reasons for commissioned beds being less than sanctioned beds, such as hospital building/department being under construction/ renovation, availability of space, utilization of services, less bed occupancy rate, inadequate manpower, etc. On the basis of requirement/higher footfall and utilization of services, beds are enhanced up to the limit of sanctioned beds in order to optimize medical services to ESI beneficiaries. Also, on various occasions either delayed completion of capital work or delayed clearance of statutory norms also leads to the delay in the commissioning of beds to its full sanctioned strength. In some cases, commissioning of beds to full strength is done after assessment of utilization of services. Moreover, consistent efforts are being made to minimize the gap to increase and operationalize the no. of commissioned beds.”

xii. Taking over State-run ESI Hospitals by ESIC

2.61 When asked about the present status of taking over State-run ESI Hospitals by ESIC and to what extent, the Ministry/ESIC has been able to pursue the matter with the State Governments, the Ministry stated as under:

The ESIC, vide DO letter dated 02.01.2023 has requested Principal Secretaries of all the states to provide consent of state government for taking over of such state run ESIS hospitals by ESIC where state is willing, on the basis of the MoU, so that adequate and efficient medical services could be made available to the ESI beneficiaries of the state at the earliest.

So far, State Governments of Kerala and Tamil Nadu have responded in the matter. Govt. of Kerala, vide letter dated 17.1.2023, has informed that handing over of State run ESI hospitals to ESIC is a policy matter, more examinations and deliberations are needed to arrive at a decision in the matter. Hence, handing over of ESIS hospitals to Corporation will be conveyed shortly.

Additional Chief Secretary, Labour Welfare & Skill Development Department, Tamil Nadu vide letter dated 25.04.2023 has informed that 07 ESI hospitals are being managed by multi-disciplinary team of doctors and providing good quality medical care. Average OPD/doctor/day is on par with average OPD of ESIC hospital. Hence, there is no need to handover any ESI hospital to ESIC as these are being run well by State Govt. itself

Apart from this, ESIC takes up matter of taking over of low performing ESIS hospitals from time to time. On the proposal received from State Government of Andhra Pradesh, Jharkhand, Madhya Pradesh and Rajasthan, the Hon'ble Chairman, ESIC has given approval for taking over of State Govt. run ESI hospitals at 1. Vijayawada (A.P) 2. Maithan (Jharkhand) 3. Bhopal (M.P.) 4. Kota (Rajasthan).

Further, the updated status of taking over of the above-mentioned hospitals is as under:

- i. **Vijayawada (Andhra Pradesh)**- A committee has been constituted for taking over of ESIS Hospital Gundala, Vijayawada by ESI Corporation. However, Special Chief Secretary, Govt of Andhra Pradesh has requested to take over ESIS hospital Gundala, Vijayawada without staff and has given acceptance to taking over of above hospital by Corporation. The matter is under process for signing of MoU.
- ii. **Maithan (Jharkhand)**- Committee has been constituted for taking over of the hospital by ESIC. State Government of Jharkhand has been requested to nominate an officer from State Government for handing over of ESIS hospital, Maithan to ESI Corporation. State Govt. of Jharkhand is willing to hand over hospital without staff, this matter is also under active consideration so as to go ahead for signing the MoU.
- iii. **Bhopal (Madhya Pradesh)**- A committee has been constituted for taking over of this hospital by ESI Corporation. The State Govt. has nominated a representative for the same. The matter is under process for signing of MoU.
- iv. **Kota (Rajasthan)**- The hospital has been taken over by ESI Corporation.

Regarding taking over of State Govt run ESIS hospitals in a time bound manner, necessary action will be taken on receipt of proposal from the State Governments.

2.62 In this context, the representative of the Ministry during oral evidence deposed as under:

“सर, हमारा अनुरोध सभी राज्यों से यही है कि अगर वे चाहते हैं कि ईएसआईएस के जो अस्पताल हैं, उन्हें ईएसआईसी चलाएं, तो हम उसके लिए तैयार हैं और इस बारे में हम उनसे परस्यू भी कर रहे हैं।”

xiii. Measures taken by ESIC to improve functioning of ESIC/ESIS Hospitals/Dispensaries

2.63 On being asked about the concrete measures taken by ESIC to improve the functioning and services provided by ESIC Hospitals and Dispensaries as well as ESIS Hospitals and Dispensaries, the Ministry submitted that improving medical services and functionality of the ESIC health units is a continuous process and the steps taken by ESIC to upgrade the delivery of health services to its beneficiaries, are listed as under:

- To ameliorate the functional output, structural reorganization of posts of Medical Commissioners was undertaken and five different posts of MC were created for Headquarters. Further for better policy formulation and close monitoring, five zonal posts of Medical Commissioners and Insurance Commissioners for each zone have been created.
- The delegation of power (DoP) of Medical Superintendents and Deans of ESIC Hospitals and Medical Colleges was enhanced for expeditious procurement of hospital equipment.
- ESIC Hospitals to have 10% ICU beds of total bed strength for providing in-house services to sick patients. Upto 2019, the ESIC hospitals had 359 ICU and 252 HDU beds only and these have now increased to 741 ICU beds and 463 HDU beds, thereby an increase of 382 ICU and 211 HDU beds.
- Another measure to strengthen the in-house services, ESIC Hospitals were encouraged to start in-house Super Specialty Services. In 2019, SST services were delivered by only 14 ESIC hospitals, whereas in 2022, 24 ESIC Hospitals have In-house SST services. This is an ongoing process of improving the services.
- 26 PSA plants have been installed in various ESIC hospitals.
- State Governments are regularly requested to upgrade health services. ESIC pays Rs. 3000/ IP/ annum to the State Govt. for health services and to encourage them to improve their services. Also, there is provision of additional fund of Rs.200/IP/annum over and above the ceiling of Rs. 3000/IP/annum where bed occupancy in the hospital is more than 70%.
- Availability of doctors has been enhanced by posting bond Junior Residents and Senior Residents in all ESIC hospitals.
- 81 DNB courses in 9 broad specialties in 9 ESIC Hospitals have been started. 50% of such seats are reserved for in-house service doctors.

2.64 When asked about the constraints/ impediments the ESIC faced in the smooth and effective running of ESI Hospitals/Dispensaries and what are the suggestions to overcome them, the Ministry stated as under:

The constraints faced by ESIC in delivering medical services smoothly including in effective running of ESI hospitals/ dispensaries vis-a-vis action thereof are as under:

S.No	Constraints/Impediments	Action
1.	Shortage of Specialists/ Super Specialists in ESIC hospitals	Regular recruitments are conducted and vacancies are filled on regular basis by ESIC as well as respective States to overcome the shortage of Specialists/ Super Specialists.
2.	Lack of proper and up to date infrastructure in most of the ESI hospitals	<ol style="list-style-type: none"> 1. Powers to execute ARM and SR works of ESI Medical Colleges/Hospitals have been delegated to Deans of Medical College/Medical Superintendent of ESIC hospitals and instruction issued vide letter dated 12.10.2021. 2. Instructions have been issued vide letter dated 13.07.2022 for execution of Annual Repair Maintenance and Special Repairs (ARM/SR) works of ESI scheme (ESIS) hospitals/dispensaries, run through the respective State Government, which are willing to undertake such works from the financial year 2023-24. 3. In respect of ESI hospitals in Maharashtra region, powers to execute ARM/SR works of ESIS hospitals have been delegated to ESI Society, Maharashtra.

xiv. Measures taken by the State Government for ESI beneficiaries

2.65 On being asked about the arrangements expected to be made by the State Governments for providing medical care to the ESIC beneficiaries, and how the ESIC ensured that the necessary arrangements are made and provided, the Ministry stated as under:

“State Governments are expected to make arrangement for primary and secondary health care of the ESI beneficiaries in the state. However, in newly implemented areas, the ESI Corporation(ESIC), in consultation with the State Government, is also setting up DCBOs and hiring IMPs under supervision of respective Regional Directors of ESIC. Entitlement of ₹200 per IP per annum for incurring expenditure under Project Implementation Plan (PIP) has also been provided. Overall supervision of services is also monitored through Management dashboard.”

2.66 Asked about the steps taken by ESIC to impress upon the State Governments to adopt the norms followed by ESIC to run ESIS hospitals especially with regard to deployment of Doctors, delegation of financial powers, rate contract for medicines, etc, the Ministry stated as under:

“ESIC provides financial support to State Governments as ‘On-account’ payment. The delegation of powers rests with the State Govt. for smooth fund transfer. States are encouraged to create Autonomous State Societies. The ESIC expects the State to follow the DGESIC Rate Contract for convenient purchase of authentic drugs and dressings. State Governments are being reimbursed at a ceiling rate of Rs. 3,000/- per Insured Person per annum.”

2.67 When specifically enquired about the amount per IP spent in the hospitals run by ESIC vis-à-vis ESIS, the Ministry stated as under:

“As per expenditure reported by State Governments during financial year 2021-22, Rs.1,439 per IP has been spent for running ESI Scheme and Rs.1,969/- spent by ESIC for running its medical institutions.”

xv. Services/ facilities provided to the senior citizens and differently abled patients

2.68 On being asked about the specific services/ facilities provided to the senior citizens and differently abled patients, the Ministry stated as under:

“The Employees’ State Insurance Scheme provides comprehensive medical care in the form of medical attendance, treatment, drugs and dressings, specialist consultation and hospitalization to its beneficiaries including senior citizens and differently abled patients. They are being provided outpatient care/ inpatient care (OPD/IPD), specialized medical care and super specialty medical care as per requirement of the patients. Medical benefit has also been extended to the insured persons and his/her spouse who retires on attaining the age of superannuation or retires under VRS or retires prematurely, who were in insurable employment for at least 5 years. This benefit is provided on a contribution of Rs.10/- per month, paid in lump sum for one year in advance.

In the case of differently abled patients, to encourage employment of persons with disabilities (PwDs) by the private sector employers, an incentive scheme for employer was launched in year 2008 according to which the PwD employees drawing wages upto Rs. 25000/- per month are covered under the ESI Act. The employer contribution is not payable for first 3 years. In addition, medical benefit has been extended to permanently disabled insured persons and his/her spouse who ceased to be in insurable employment due to employment injury on payment of contribution by him at the rate of Rs.10 per month, paid in lump sum for one year in advance, till the date on which IP/IW would have vacated the employment on attaining the age of superannuation.

Physical Rehabilitation through Artificial Limbs, Aids and Appliances

Insured Persons and their family members are provided following artificial limbs, aids and appliances as part of medical care under the E.S.I. Scheme: -

- Artificial limb.
- Any other aid or appliances prescribed by the specialist as part of treatment.

Vocational Rehabilitation Scheme for Permanently Disabled Insured Persons has been framed under provisions of Section 19 of ESI Act. It is applicable to such insured person, whose loss of earning capacity due to permanent disability, has been assessed not less than 40% and he should not be aged more than 45 years. The eligible IPs are referred to any of the Vocational Rehabilitation Centres/ Institutes, run by Govt. of India, Ministry of Labour and Employment in States and Union Territories, for vocational trainings such as Radio/TV Assembly, Commercial Training (Typing/Shorthand), metal work, carpentry, cane work, tailoring etc.

Provisions have been made for dispensing medicines to senior citizens from ESIC hospitals/dispensaries' pharmacy for upto 3 months for chronic diseases in a single visit.

xvi. Welfare of IPs

2.69 As per provisions contained in the Code on Social Security, 2020, ESIC has to carry out/conduct surveys for assessing the health and working conditions of Insured Persons. Asked to state how ESIC propose to meet this requirement, the Ministry responded as under:

“Annual Health Check-up for IPs more than 40 years within the hospital with all necessary laboratory investigations to assess the health and working conditions of the IPs.

- Regular Health Camps are held at industrial clusters for screening of the IPs of all ages.
- ESIC has established seven functional Occupational Disease Centers to conduct screening and identifying the occupational hazards in a particular region. So that preventive steps can be taken to prevent occurrence of occupational diseases.
- To encourage the ESI Scheme hospitals, run by States, for promotive and preventive services, the ESIC pays additional amount of Rs.20/- per IP per annum over & above the ceiling of Rs 3000/- per IP per annum.”

2.70 When asked to state whether the State Governments are spending adequately for the welfare of the Insured persons and remedial action, if any, taken, the Ministry submitted as under:

“ESIC provides entitlement of Rs. 200 per IP per annum for incurring expenditure under Project Implementation Plan (PIP). Overall supervision of services is

monitored by the higher management of ESIS hospitals through the Management Dashboard.

The expenditure pattern of States under ESI Scheme varies from state to state. During the last financial year, expenditure made by states in reference to their fund entitlement was as follows:

Statement of Entitlement & Expenditure of ESI Scheme FY 2021-22			
Sl. No.	Name of the State / UT	Entitlement (in crore)	Expenditure (in crore)
1	Andaman & Nicobar Islands	0.31	0.10
2	Andhra Pradesh	316.53	239.45
3	Assam	67.98	71.77
4	Bihar	93.33	17.89
5	Chandigarh	33.85	9.72
6	Chhattisgarh	131.76	97.51
7	Goa	44.89	45.05
8	Gujarat	407.91	159.28
9	Haryana	603.08	271.16
10	Himachal Pradesh	90.00	56.68
11	Jammu & Kashmir	31.97	15.96
12	Jharkhand	110.66	30.26
13	Karnataka	770.44	472.78
14	Kerala	245.77	379.41
15	Madhya Pradesh	251.42	221.97
16	Maharashtra	1,037.53	460.86
17	Meghalaya	3.74	2.69
18	Mizoram	0.39	0.87
19	Nagaland	0.91	0.77
20	Odisha	192.81	79.63
21	Puducherry	27.18	31.53
22	Punjab	316.27	229.25
23	Rajasthan	347.46	186.65
24	Sikkim	7.37	9.92
25	Tamilnadu	925.37	542.07
26	Telanagana	406.67	348.95
27	Tripura	4.16	2.31
28	Uttar Pradesh	615.05	150.21
29	Uttarakhand	157.19	117.73
30	West Bengal	477.18	418.18
	Total	7,719.16	4,670.61

ESIC provides financial support to State Govt as annual account payment. The Delegation of Power rests on the State Govt. for smooth fund transfer.

Following remedial actions have been taken by ESIC:

1. States are encouraged to create Autonomous State Society.

2. The ESIC expects the State to follow the DG ESIC Rate Contract for convenient purchase of Authentic Drugs and Dressings.
3. State Governments are being reimbursed at a ceiling rate of ₹3,000/- per Insured Person per annum.
4. Additionally, the expenditure on super specialty treatment is being totally borne by ESIC.

2.71 The Committee noticed that out of 30 States/UTs, 24 States/UTs had incurred less expenditure as compared to their entitlement. When asked about the reasons for underutilization and how did this affect facilities to IPs, and remedial measures being taken to address the issue, the Ministry submitted as under:

“Structure of ‘On Account’ payment ceiling

The expenditure on medical care to insured persons and members of their family is shared between ESIC and state governments under provision of Section 58(3) of ESI Act in the ratio of 7:1. The share of ESIC is being paid to state governments in advance through ‘On Account’ payment biannually in April and October every year.

State governments are being reimbursed at a ceiling rate of ₹3,000/- per IP per annum, which is sub-divided into the following manner:

Sl. No.	Head	Ceiling
(i)	Standard Medical Care: (Further sub-divided in two part of ₹1,300/- each for expenditure on ‘Administration’ & ‘Others’)	₹2,600/- per IP per annum
(ii)	Project Implementation Plan	₹200/- per IP per annum
(iii)	Pro-rata payment based on extent of implementation of ESIC IT module ‘Dhanwantri’ in ESIS hospitals and dispensaries.	₹200/- per IP per annum

Besides the above, state governments are also entitled for Rs. 200/- per IP per annum as incentive, over & above the ceiling of Rs. 3,000/- per IP per annum, if bed occupancy in all the State ESI hospitals is more than 70% during the concluded financial year and Rs. 20/- per IP per annum for expenditure under preventive &promotive health services.”

Budgetary Estimate (BE) calculation modalities

Entitlement of State ESI Schemes shall be estimated based on average of actual per IP expenditure incurred during the last three completed financial years. As increase in medical expenditure ceiling has been done from Rs. 2,150/- to Rs. 2,600/- (which is around 21% increase), the average of actual per IP expenditure has been enhanced by 21% to arrive at budgetary estimate (BE) for FY 2021-22.

For subsequent financial years, average of actual expenditure will be enhanced by 10% considering cost of inflation and increase in numbers of IPs subject to prevailing maximum ceiling. State governments have full administrative control

over utilization of allocated funds. Audit is also conducted by state authorities. Under-utilization hinders the modernization of health care units and raises grievances amongst beneficiaries. As a remedial measure, state governments have been encouraged for formation of State ESI Society to have more autonomy in administration and management of funds. Besides, ESI Corporation decided to bear full expenditure on SST care. State governments have also been requested to hand over those hospitals who are facing acute shortage of doctors due to which services are being affected.

2.72 In the context of distinction between the ESIC and ESI hospitals, the representative of the Ministry during oral evidence deposed as under:

“Now, I come to the distinction between the ESIC and ESI hospitals. We provide an on-account payment to ESIS hospitals and that is as per the norms of ESIC. There is no distinction between the patients going to ESIS hospitals or ESIC hospital. That is the overall approach of ESIC. They can all avail the same bouquet of benefits. In fact, I would also like to submit that for tertiary care, ESIC is providing full facilities and support and also cost of the treatment. The ESIS are only providing primary care and secondary care. With regard to tertiary care, even though they may be ESIS beneficiaries, but ESIC provides support and full cost of the treatment.”

2.73 The Committee desired to be apprised of the difficulties faced during IP registration and steps taken in this regard. In response, the representative of the Ministry during evidence deposed as under:

“There was a mention about the difficulties in IP registration. I would like to mention here that we have now made the process completely IT enabled and fully online and digital. At present, there is no need for the employer to come to ESIC office to register the unit and to enrol the workers. It can be done at the employer level through digital interface, with all data being required to be submitted digitally. There is no further requirement for them to visit office. That has made the process easier.”

2.74 When asked about the system of obtaining feedback from patients visiting Hospitals/ Dispensaries/ Empanelled Hospitals/ Insurance Medical Practitioners (IMPs) and the mechanism put in place for redressal of grievances of the IPs, the Ministry stated as under:

1. “Grievance received on Central Public Grievance Redressal and Management System (CPGRAMS) portal through various channels such as PMO, DARPG, DPG, Department of Pension and Pensioners’ Welfare, Ministry of Labour, etc. are forwarded to the concerned regions of ESIC. They further forward these grievances to sub-regions/ ESIC hospitals and other field units to which the grievance pertains. The field units resolve the grievances at their levels and send the action taken report along with the details to regions which either forward the same to ESIC headquarters or send back to field units for further action. Grievance redressal forwarded to ESIC headquarter is analysed and

- appraised at the level of headquarter and disposed of if ATR is found satisfactory. The complainant also may record his feedback on the CPGRAMS portal. Further, he may also go for appeal on CPGRAMS portal if not satisfied with the response.
2. A Public Grievance Officer is deputed in hospitals / other field units for on the spot redressal of grievances of the IPs/ beneficiaries.
 3. ESIC has a well-established 24 x7 toll-free multi-lingual helpline 1800-11-2526 through which stakeholders & public can register their grievances telephonically and get a grievance registration number for the same. They can also seek status of their grievance from this helpline by providing such grievance registration number.
 4. Suggestion Box is also installed at every RO/SRO/Branch Office/Hospital/Dispensary for facilitating suggestions/ grievance from the patients. A Public Grievance Committee has been constituted under the chairmanship of Medical Superintendent at every ESIC Hospital which looks into the grievances of the beneficiaries and resolves it promptly.
 5. ESI patient is given a feedback form at every hospital of ESIC and tie up hospital which he is required to fill at the time of discharge. He can record his satisfaction or otherwise in the form. Analysis of the feedback forms is done weekly and reviewed by Head of the Institution for taking remedial actions.
 6. Feedback/Satisfaction level of the complainant in randomly selected cases are also obtained telephonically from the complainant every month at field units and ESIC Headquarters and in case of any dissatisfaction, remedial measures are taken promptly.
 7. Periodic 'Suvidha Samagams' are held at Divisional Office/Sub-Regional and Regional officers of ESIC. Suvidha Samagam is also attended by the Medical Superintendents of local ESIC/ESI Scheme hospitals.
 8. Social media and grievance through emails can be sent directly to any location.
 9. In addition to above, video conferences with field units are also arranged periodically by ESIC Headquarters to monitor speedy and appropriate disposal of grievances received at various ESIC offices/hospitals.
 10. A Santusht App has been developed for the patients.

The grievance/ feedback mechanism helps in qualitative resolution of difficulties faced by beneficiaries and to improve the services.”

2.75 When asked about the concrete measures being taken by the Ministry/ESIC to ensure that IPs and their family members get treatment close to their residence or workplace, the Ministry submitted as under:

“ESIC accords approval for setting up of new hospitals and dispensaries in the locations where IP population is based in a particular catchment area so that medical services could be provided near to their concentration. The catchment area of IP concentration is an important deciding factor for establishment of medical facility. As per the present ESIC norms, minimum 50000 IPs are required within a catchment area of 25 Kms for setting up of 100 bedded hospital and that there should not be any hospital within 50 kms. Similarly, minimum 3000, 5000 and 10000 Insured Persons are required within a radius of 08 Kms for setting up of 2, 3, and 5 doctors' dispensaries respectively.

Besides, in the areas where ESI hospital or in-house secondary care/SST care is not available within hospital itself, medical services are provided through public / private empanelled hospitals and in the absence of ESI dispensary, empanelment of Insured Medical Practitioners (IMPs), Employer Utilisation Dispensary (EUD) is provided so that IPs and their family members do not have to travel too far to avail medical treatment.”

2.76 On the steps taken towards creating awareness about the ESI Scheme, the officials of the Ministry deposed as under:

“In terms of creating awareness, I think, that point is valid and we make all efforts to ensure that we create awareness at all levels among establishments, workers, employees, etc. Now, we have a fully online interface and all the information that we seek or provide, is through the digital interface. In our IT system, we have now given access to IPs also. So, all the IPs individually can log into the system and can really submit a request, and they can also see what kinds of benefits are available to them. That is being used by IPs in more and more numbers and in future, that will actually help in... This is esic.gov.in. It is the current website. Now, we have made it operation... It is all updated and functional on esic.nic.in, esic.gov.in, and esic.in. Now, these portals are available where IPs have also access individually and they can see all the benefits. We also have a mobile application. The IPs can download the said application on their mobile phones. Through the said app, they can see how they can avail those benefits. ...So, we are trying to use IT in many new ways to make the entire interface more effective and seamless for the benefit of IPs and their families.”

xvii. ESIC COVID-19 Relief Scheme

2.77 The highlights of the Scheme are as under:

- ESIC started ESIC COVID-19 Relief Scheme to provide help and succor to the families of the IPs who died due to COVID-19
- 90% of wages of deceased Insured Person paid to the eligible dependents of the Insured person died due to COVID-19
- The IP who died due to COVID-19 disease must have been registered on the ESIC online portal at least three months prior to the date of diagnosis of COVID-19 disease resulting in his/her death
- The deceased IP must have been in employment on the date of diagnosis of COVID-19 disease
- Contributions for at least 35 days should have been paid or payable in respect of him/her during a period of maximum one year immediately preceding the diagnosis of COVID-19 disease resulting in death
- The scheme has been closed w.e.f. 23.03.2022

The details of the benefits extended in this regard are as under:

Covid Relief Scheme	Since 24.03.2020 to 28.02.2023
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No. of Beneficiaries	17972
Amount paid (Rs. In Crore)	109.29

2.78 Asked to elaborate the facilities provided/ initiatives and welfare measures undertaken during Covid-19, the Ministry stated as under:

“During the Covid-19 pandemic, the Employees' State Insurance Corporation initiated the following measures for welfare of employees/insured persons and their family members:

- i. The daily rate of relief under Atal Beemit Vyakti Kalyan Yojana (ABVKY), under which a financial relief is provided in case of unemployment of an IP for a maximum 90 days, was enhanced from 25% to 50% of average earning of the I.P. The eligibility conditions for relief under the scheme were also relaxed.
- ii. “ESIC Covid-19 relief scheme” was launched under which 90% average wage of IP who died due to Covid-19 is distributed amongst the dependents of the deceased I.P.
- iii. One-time relaxation for assessing eligibility of IP & beneficiary for medical benefit was also provided under which it was assured that contribution was received during 01.04.2020 to 30.09.2020 and there was no break in contribution of IP.
- iv. 20% of beds of ESI hospitals were made dedicated Covid beds for IP and their family and all medical care were provided free of cost to the IPs and beneficiaries.
- v. Covid-19 Vaccination Centres were established at many ESIC hospitals in co-ordination with the respective State Governments.
- vi. The last date of payment of monthly contribution/filing of return of contribution was extended for certain months during the first and second wave of Covid-19

Further, to deal with the challenging situation of Covid pandemic and its resurgence in subsequent waves, ESIC has taken many steps so as to make provisions of medical services to IPs, beneficiaries and Staff including general public at large as under:

Covid First wave:

- A total of 21 hospitals (with 2156 Isolation Beds) across India were functioning as Covid-19 dedicated hospitals to exclusively provide Covid medical services to the general public.
- A total of 555 ICU/HDU beds with 213 ventilators had also been made available in these hospitals.
- ESIC Medical College & Hospital, Faridabad (Haryana), ESIC Medical College & Hospital, Sanathnagar (Telangana) and ESIC-PGIMSR, Basaidarapur (Delhi) started ICMR approved in-house Covid 19 lab test service.
- Covid Nodal Officers were nominated at each ESIC hospital for effective coordination with State/Central health authorities regarding corona virus related matters.

- Further, ESIC hospitals adopted all the updated guidelines issued by Ministry of Health & Family Welfare on regular basis. Implementation of all such measures were regularly monitored at ESIC Hqrs. level through video conferences with ESIC hospitals across the country.

Covid Second wave: In addition to the above measures the following steps were taken:

- 33 ESIC hospitals with 4000 dedicated Covid beds having 400 ventilators were converted into dedicated Covid hospitals to exclusively provide Covid medical services to the general public of the area as per requirement of local administration.
- 20% of bed capacity of each ESIC hospital was designated as dedicated Covid beds.
- A dedicated Covid dashboard was made functional at "www.esic.in" website for providing key information to the general public on availability of Covid beds in ESIC hospitals.
- ICMR approved RT-PCR labs were functional at 7 ESIC hospitals i.e. ESIC Medical College & Hospital, Faridabad (Haryana), Sanath Nagar (Hyderabad, Telangana), Rajajinagar, Bangalore, Joka (WB), Gulbarga (Karnataka), K.K. Nagar, Chennai (TN) and ESIC-PGIMSR, Basaidarapur and ESICH Okhla.
- Instructions were issued to ESIC hospitals on setting up of Patient Information System for attendants
- In order to prepare ESIC health system for likely third wave of covid, a strategic group for formulation of strategy was constituted.
- Instructions have been issued for functionalization of Covid vaccination site at ESIC/ESIS hospitals/dispensaries/special camps for ESI beneficiaries to accelerate the coverage of unvaccinated ESI beneficiaries.

Covid Third wave: In addition to the above measures the following steps were taken:

- A total of 958 ICU/HDU Beds with 657 Ventilators made available in ESIC Hospitals.
- 26 PSA Oxygen plants with aggregate capacity of around 27000 LPM made functional at various ESIC Hospitals.
- Plasma Therapy made functional at ESIC Medical College & Hospital, Faridabad and Sanath Nagar (Telangana).

2.79 When asked about the challenges/constraints faced in the treatment of COVID-19 patients, measures by way of which these were addressed and how ESIC would rate its own and that of the performance of the Hospitals in the treatment of COVID-19 Patients, the Ministry responded as under:

“During Covid pandemic, ESIC constituted an internal committee headed by Dean, Faridabad for grading of hospitals into 04 categories (i.e. A, B, C, D). A total of 37 ESIC hospitals were graded A category, 06 ESIC Hospitals were graded B category, 03 ESIC hospitals were graded C category, and 04 ESIC hospitals were graded D

category. ESIC hospitals provided reasonable care to its beneficiaries and the general public during all three waves of Covid-19 pandemic. 22 ESIC hospitals were declared dedicated Covid hospitals to provide secondary and tertiary care to Covid affected patients. RTPCR tests were conducted in all ESIC medical colleges. 26 PSA plants were installed to make up for the increased oxygen demand during the second wave. All guidelines of MoHFW were adopted by ESIC for convenience of the public. ESI hospitals and dispensaries conducted Covid-19 vaccination drive under the guidelines of MoHFW. With all above measures, ESIC is prepared to convert any of its 51 directly run hospitals to dedicated Covid hospitals.”

2.80 When asked as to how the ESI hospitals equipped themselves to treat the regular patients along with patients infected with Coronavirus, the Ministry stated as under:

- “Provisions were made for providing medical services from Tie-up hospital, if an ESIC hospital was declared as a dedicated Covid hospital to cater exclusively to Corona suspected/confirmed cases. In such cases, ESI beneficiaries could be referred to a tie-up hospital for providing prescribed secondary/SST consultation/admission/ investigation during the period for which concerned ESIC hospital functioned as dedicated Covid-19 hospital. ESI beneficiaries were also allowed to seek emergency/ non-emergency medical treatment, as per entitlement, from tie-up hospital directly without referral letter.
- In order to ease out the hardship of ESI beneficiaries in this tough time, ESIC has allowed purchase of medicines by beneficiaries from private chemists and its subsequent reimbursement by ESIC.”

2.81 When further asked about the number of Covid-19 infected persons treated in ESI Hospitals during the first and second wave in 2020 and 2021 and the third wave in 2021-22 respectively, the Ministry stated that a total of 1,19,191 Covid patients were managed in all 3 Covid waves

2.82 When asked about the mortality rate especially during the second wave, the Ministry stated that mortality rate during the second wave of Covid-19 has varied from hospital to hospitals as they were declared as DCSC/ Covid dedicated hospital, while some hospitals were taken over by state authorities.

2.83 The Committee desired to be apprised of the number of beneficiaries and the amount disbursed during the period of operation viz. w.e.f. 24.03.2020 to 23.03.2022 of the ‘ESIC Covid-19 Relief Scheme’ whereby the dependents of the Insured Persons, who had died due to Covid-19 infection, were provided financial relief. In response, the Ministry furnished the following information as under:

“Since inception of ESIC Covid-19 Relief Scheme w.e.f. 24.03.2020, till 11.11.2022, 7,725 claims have been received. Out of it 7,072 claims have been accepted and a total sum of Rs.84.59 crore has been disbursed among dependents of deceased insured persons. The scheme has been closed w.e.f. 23.03.2022. However, monthly pay-outs to dependents shall continue as per terms of the scheme.”

2.84 As per ESIC Covid Relief Scheme, 17,972 beneficiaries were paid Rs. 109.29 crores w.e.f. 24.03.2020 to 28.02.2023. When asked to provide district-wise details of the beneficiaries to whom the relief was provided and also the amount paid to them, the Ministry responded as under:

“Till 31.03.2023, the beneficiaries have been paid total amount of Rs 151.16 crores under ESIC Covid Relief Scheme.

District wise and Financial Year wise details of ESIC Covid Relief Scheme is attached as **ANNEXURE-XIII.**”

2.85 On being asked about the extent to which, regular and critically ill patients were inconvenienced due to a surge in Covid-19 infected persons and effectiveness of ESIC in their management, the officials of ESIC replied as under:

“All available medical services were extended to Insured Persons (IPs)/ beneficiaries who got infected with Coronavirus as below:

- Steps were taken to make available various Covid treatment related medicines viz. Remdesivir, Tocilizumab, Amphotericin B etc. to various ESIC hospitals.
- Ventilators, BIPAP machines were made available to various ESIC hospitals to treat Covid infected patients.
- Allocation of PSA Oxygen plant at all ESIC hospitals across the country.
- ESIC issued instructions for setting up of Patient Information System for attendants so as to provide information about patient health condition.
- A dedicated Covid dashboard made functional at www.esic.in website for providing key information to the general public on availability of Covid beds in ESIC hospitals.”

xviii. Steps taken by the Ministry/ESIC to promote and strengthen AYUSH

2.86 When asked about the concrete steps taken by the Ministry/ESIC to promote and strengthen AYUSH (Ayurveda, Yoga, Unani, Sidha & Homoeopathy) facilities/ services, the Ministry stated as under:

“The steps taken by ESIC to promote and strengthen AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) facilities /services are as under:-

- i. An Ayush Sub-Committee under chairmanship of Secretary (Labour & Employment) has been constituted for promotion of Ayush services in ESIC.
- ii. All the Ayush units are established as per the ESI policy on Ayush approved by ESI Corporation.
- iii. An Ayurvedic rate contract and Homeopathy rate contract, prepared by the ESIC, is used by all the ESIC/ESIS institutions for uninterrupted supply of Ayush drugs to ESI beneficiaries.
- iv. As of now, ESI has established 176 Ayurveda units, 86 Homeopathy units, 51 Siddha units, 50 Yoga units and 10 Unani units (in total 373) across the country which are housed in existing ESI hospitals and ESI dispensaries.

- v. ESI is celebrating International Yoga Day and National Ayurveda Day by conducting various programmes like health check-up camps, health talks to promote and propagate Ayush systems.”

2.87 When asked about the number of Doctors and AYUSH practitioners hired on Contract basis, every year, for the past three years, the Ministry responded as under:

“For the past three years, AYUSH Doctors were hired on part time contract basis every year in ESIC. The details are as under:

Ayurveda Doctors :

Year	No. of Doctors
2020-21	06
2021-22	08
2022-23	07

Homoeopathic Doctors:

Year	No. of Doctors
2020-21	09
2021-22	12
2022-23	14

No Unani and Siddha Doctors were hired on contract basis during these periods.

2.88 On being asked about the number of Doctors and AYUSH practitioners recruited since 2020-21, the Ministry stated that no AYUSH practitioners were recruited during the three years. (PER, 27, 28.3.2023)

2.89 In response to a specific query with regard to the future of ad-hoc/contractual doctors and para-medical staff working in ESI Hospitals and dispensaries especially the Ayurvedic doctors and measures taken/proposed to be taken for their regularization, the Ministry stated as under:

“Engagement of contractual medical officers/employees are made in the institutions of Employees' State Insurance Corporation (ESIC) to meet their shortage pending regular recruitment in the respective cadres as a stop-gap arrangement. Avenue for regular appointments in the ESIC are available to contractual employees meeting the eligibility conditions of the respective recruitment regulations for the post, by participating in the recruitment process along with other candidates. In addition, contractual engagements are also

carried out in certain dying cadres, (cadres in which new regular appointments are not made) in ESIC for smooth functioning of ESIC Medical institutions.”

2.90 When further asked about the difficulties being faced in regularization of Ayurvedic Doctors appointed on contract basis during COVID-19 pandemic and whether such Doctors could be considered for regular appointment on the basis of experience gained by them and also in the light of judgement of Supreme Court in respect of grant of regular appointment to Allopathic and Homeopathic doctors of NDMC appointed on contract basis, the Ministry responded as under:

“As per recruitment rules, contractual doctors cannot be regularized in ESIC. However, they are always eligible for participating in the procedure for recruitment on regular basis as per Recruitment Regulation for the post, as and when the open recruitment notice is issued.”

xix. Other issues in functioning of ESIC/ESIS Hospitals/Dispensaries

2.91 During oral evidence, the Committee when brought up the issue of malfunctioning of the State run ESIC hospital at Bhilwara, Rajasthan, due to dearth of doctors and medical staff, the Ministry submitted in their deposition as under:

“ईएसआईसी एक्ट में यही है कि हेल्थ सर्विसेज स्टेट सबजेक्ट है तो इसको वही चलाएंगे। लेकिन आपने जो कठिनाइयां और परेशानी बतायी हैं, उनको देखते हुए वर्ष 2000 में यह डिसेजन हुआ कि हर स्टेट में एक मॉडल अस्पताल ईएसआईसी चलाएगा। उसके तहत हर एक स्टेट में एक मॉडल अस्पताल है। अब डिसाइड हुआ है कि दो मॉडल अस्पताल जिसमें से एक सुपर स्पेशियलिटी होगा। उसको हम कर रहे हैं। जहां-जहीं भी राज्य सरकारों ने हमें अस्पताल दिए हैं, उनको हम चला रहे हैं। कहीं-कहीं हम खुद भी लिखते हैं, लेकिन नॉर्मली स्टेट कंसेंट के साथ ही हम चलाते हैं। इसलिए हम टेकओवर तो मेंडेटरी नहीं कर सकते हैं क्योंकि स्टेट की विलिंगनेस चाहिए। यदि कोई इश्यु आता है तो हम राज्यों को लिखते हैं।

...स्टेट इसलिए नहीं चला पा रहे हैं कि उनके पास फण्ड की शॉर्टेज है। इसलिए हमने कहा है कि आप ईएसआईसी सोसायटी बनाइए ताकि हम आपको डायरेक्टली फण्ड दे दें। आपको फाइनेंस और ट्रेजरी के थ्रू नहीं जाना पड़ेगा। लेकिन इसको राज्य सरकारें नहीं कर रही हैं। हमने राजस्थान सरकार को भी सोसायटी बनाने के लिए लिखा है। लेकिन उन्होंने अभी तक एग्री नहीं किया है।“

2.92 When the Committee pursued the matter with the ESIC regarding the mal-functioning of the Gulbarga Medical College due to lack of doctors, staff, the representative of the Ministry during oral evidence deposed as under:

“...there are areas where there is a problem. In case, we are not able to run it, then probably we would like to give it out to the State Governments so that it can be better utilized. But where there is an adequate potential and we are able to run it, I do not see any reason that ESIC should give it out to anybody else.”

2.93 Another representative added as under:

“Sir, like six we are already running and there are two, namely Bhita and Alwar which are not really fully operational. A call has to be taken whether we will run it or give it to the State Government and as has been mentioned by the Secretary, depending upon the viability of the college to be run by the ESIC because if the number of IPs are not enough, then we will not be able to run the hospital unless we open it out to the public. Otherwise, there is no plan to set up any new medical institutions. That decision has been taken by the ESI Corporation, thereafter no new medical institution has been approved and that is what was also mentioned in the last November meeting also...

...Three of the colleges are already being run by the State Governments, one at Coimbatore, the other one at Mandi and in Kerala...

...Three were transferred to the State Governments. Out of which Coimbatore is being run purely for IPs.”

2.94 The representative further supplemented as under:

“In Gulbarga they have taken a decision that they have opened it out to everyone. They are charging 5 per cent of the CGHS rates in Gulbarga. Now, here in Alwar, where I went just last week, there also they are charging much less than the CGHS rate, but still there is nobody coming. There is hardly anybody who is coming there. So, there are issues at some places. Now, like in Bihta, which is close to Patna, there ESIC would like to run it because the State Government may be in a position to run it or not again will depend. So, a considered view is taken by ESIC and the Government and then on that basis a view is taken. I will not say that it is mandatory and we want to give out or we want to run it all on our own. So, it depends on the circumstance of the case.”

2.95 On the issue of new Medical Colleges/Institutions are in the pipeline for commissioning, the representative of the Ministry deposed as under:

“Now, no new colleges would be started. That is a decision that has been taken. But what is already there, for that, I mean, either we will be running it or it will be run through the State Government.”

2.96 When further asked about the number of seats reserved for the IPs in these Colleges/Institutes, the representative of the Ministry deposed as under:

“सर, यह औसतन 35-40 परसेंट के आसपास रहता है। कुछ जगह यह 20 भी है, लेकिन यह करीब 35 से 40 परसेंट के बीच रहता है।“

2.97 On a pointed query on present status of the sub-judice matter in this regard, the representative of the Ministry deposed as under:

“सर, कोर्ट ने हमें इन्ट्रिम-रिलीफ दी है। कोर्ट ने लास्ट इयर हमसे कहा कि हम यह नहीं कर सकते हैं। इसके बाद हमने क्लैरिफिकेट्री पेटिशन फाइल की थी, क्योंकि पिछले साल उन्होंने हमें अलाऊ

कर दिया था। हमने जो क्लैरिफिकेट्री पेटिशन फाइल की थी, वह डिले हो रही थी और कोविड-19 की वजह से और डिले हो गया था। इसके बाद हमने इन्ट्रिम-रिलीफ पेटिशन फाइल की, जिसमें कोर्ट ने हमें अक्टूबर में अलाऊ कर दिया – Go ahead. अब हम लोग आईपी कोटा इंप्लिमेंट कर रहे हैं, उस पर काम हो रहा है, उसकी काउंसलिंग शुरू होने वाली है।“

2.98 When asked whether the number of reserved seats have been increased, the representative of the Ministry during evidence deposed as under:

“...100 से 125 सीट्स हुई हैं। ये ईडब्ल्यूएस कोटा की सीट्स हैं, अदरवाइज़ अन्य कोई सीट्स नहीं बढ़ी हैं। ईडब्ल्यूएस कोटा – इकोनॉमिकली वीकर सेक्शन – के तहत हर मेडिकल कॉलेज 25 सीट्स बढ़ी हैं।“

2.99 The Committee were apprised that several dispensaries have laboratories. When asked to provide State-wise information in respect of ESIC and ESIS dispensaries having laboratory facility and whether it is proposed to provide this facility in the remaining dispensaries, the Ministry stated as under:

“The dispensaries mainly provide primary care medical services. In-house laboratories are provided in hospitals where secondary care /tertiary care medical services are available. The state-wise details of the availability of in-house lab services are placed at **Annexure-XIV.**”

III. MANAGEMENT OF CORPUS FUND

3.1 As per Section 26 of The Employees’ State Insurance Act, 1948 all contributions paid under this Act and all other moneys received on behalf of the Corporation shall be paid into a fund called the Employees’ State Insurance Fund which shall be held and administered by the Corporation for the purposes of this Act. All moneys accruing or payable to the said Fund shall be paid into the Reserve Bank of India or such other bank as may be approved by the Central Government to the credit of an account styled the Account of the Employees’ State Insurance Fund. Section 28 of the act states the Purposes for which the Fund may be expended. Rule 27 of The Employees’ State Insurance (Central) Rules, 1950 “All moneys belonging to the Fund which are not immediately required for expenses properly defrayable under the Act, may, subject to the approval of the Standing Committee, be invested by the Director General in terms in securities mentioned in Rule 27 (i), (ii) & (iii). In accordance with the provision of the ibid act/ rule collection of contribution, expenditure is done and the fund which is not immediately required for expenses is invested through a portfolio manager, appointed by ESI Corporation, as per investment policy of ESIC.

3.2 The Employees and Employers contribute @ 0.75% and @ 3.25% (reduced from 1.75% & 4.75% w.e.f. 01.07.2019) per month respectively of the wages to the

monthly ceiling of Rs. 21,000/-. The proceeds on account of the contribution of employees and employers are utilized to provide medical care and various cash benefits to the Insured Persons (IPs) for the contingencies like sickness, disablement; maternity benefit, dependent's benefit and other charges required to administer the ESI scheme envisaged in the ESI Act. The surplus funds, not required immediately for expenditure, are kept invested in accordance with the investment policy approved by the Standing Committee of ESIC from time to time. Provisions for investment of such funds are provided under Rule 27 of Employees' State Insurance (Central) Rules 1950, reproduced below: -

- a. "All moneys belonging to the Fund which are not immediately required for expenses properly defrayable under the Act, may, subject to the approval of the Standing Committee of ESIC, be invested by the Director General:
 - i. in Government Securities including Treasury Deposit Receipts; or
 - ii. In Securities mentioned or referred to in clauses (a) to (d) of Section 20 of the Indian Trust Act, 1882 (11 of 1882) or
 - iii. as Fixed Deposit in the Reserve or the State Bank of India or any of its subsidiaries or a corresponding new bank constituted under section 3 of the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1970 (5 of 1970).
- b. Moneys belonging to the Fund shall not be invested in any other manner except with the prior approval of the Central Government.
- c. Any investment made under this rule may, subject to the provisions of sub-rules (1) and (2), be varied, transposed or realized from time to time: Provided, however, that if such variation, transposition or realization is likely to result in a loss, the prior approval of the Central Government shall be obtained.
- d. The Central Government may, at any time, direct the vacation in part or in whole, or prohibit investment in any security or class of securities or any land or building.
- e. All dividends, interest or other sums received in respect of any investment shall, as soon as possible after receipt, be paid into or credited to the account of the Fund.
- f. The expenses of or the loss, if any, arising from any investment shall be charged to the Fund and the profit, if any from the sale of any investment shall also accrue to the Fund.
- g. The approval under sub-rules (1) and (2) of the Standing Committee or the Central Government, as the case may be, may be given with or without any conditions either generally or in any particular case."

3.3 The Ministry also stated that Prior to April 2019, ESIC was investing its surplus fund only in Fixed Deposits of Public Sector Banks under Rule 27 of ESI (Central) Rules, 1950. Additionally, ESIC also invested in Special Deposit Account (SDA) maintained by the Govt. of India during August 1988 to April 1995. Portfolio Managers have been appointed by the ESIC for diversification in investment of

ESIC surplus fund and earn better returns. Portfolio Managers are investing ESIC funds in Govt. Securities, AAA rated PSU bonds etc. as per approved investment policy implemented w.e.f. 01st April 2019 (last amended on 22.02.2021).

3.4 The Ministry further submitted that apart from Portfolio Managers, Custodian and External Concurrent Auditor (ECA) have also been appointed to exercise appropriate control over the process. The status of service providers is as under: -

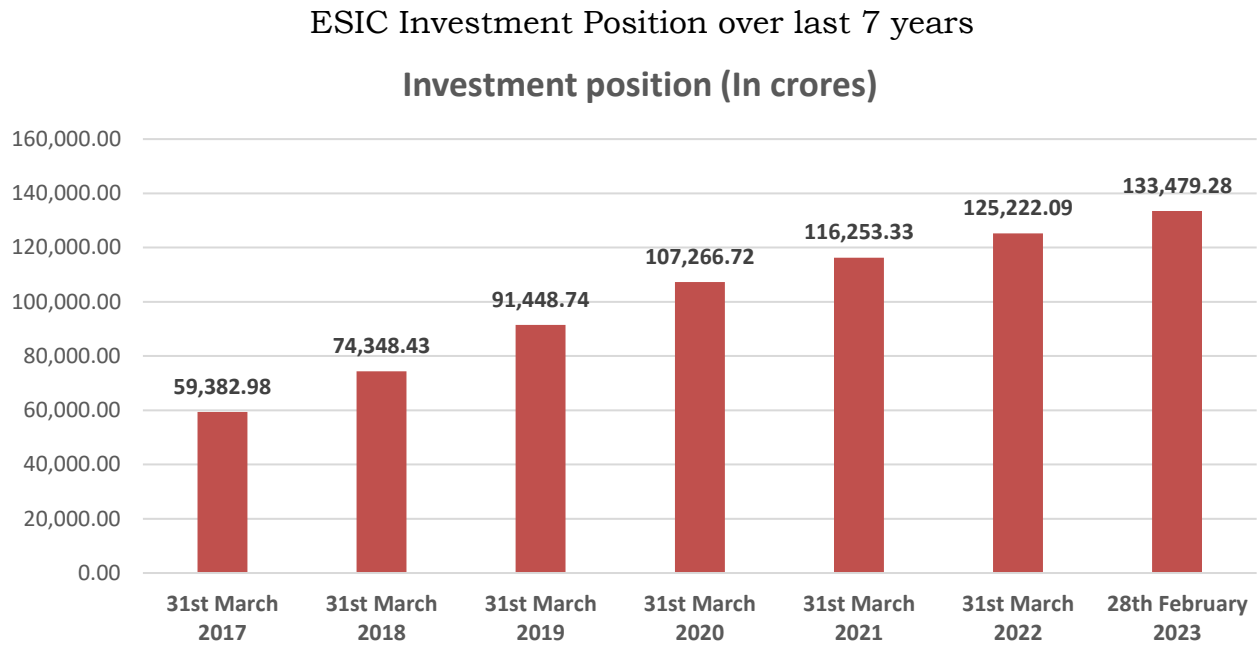
Sl.	Service	Job profile	Remarks/ Tenure
1.	Consultant	Helps in appointment of ECA, Custodian and Portfolio Managers and assist in evaluation of performance of the Portfolio Managers.	M/s CRISIL has been appointed as Consultant for three years on the basis of open tendering process and contract period of three years started from 01.10.2022.
2.	Custodian	Manages the funds till investments are made and keep the investments in De-mat form.	M/s Standard Chartered Bank was engaged for 3 years from Feb'19 to Feb'22. The Competent authority has extended the tenure of Custodian till 31 December' 2022. Selection of the new Custodian is under process.
3.	External Concurrent Auditor (ECA)	Ensures the concurrent audit of the ESIC investments	M/s Jain Chaudhary & Co. was engaged for 3 years from Feb'19 to Feb'22. The Competent authority has extended the tenure of ECA till 31 December' 2022. Selection of the new ECA is under process.
4.	Portfolio managers	Invest funds as per policy	M/s SBI Funds Management Pvt. Ltd. and M/s UTI Asset Management Ltd. appointed for 3 years and their contract is valid up to 22-23 rd January 2023.

3.5 The Current Investment Policy of ESIC, as intimated by the Ministry, is as under: -

SN	Security / Instrument	Prescribed Range
(i)	Government Securities and related instruments (Govt Bonds). i. Government securities including Treasury Deposit Receipts a. Govt Bonds (G-Sec): minimum 5% of this category. b. State Development Loan (SDL): minimum 10% ii. Other securities (as defined in Section 2 (h) of the Securities	45% to 75%

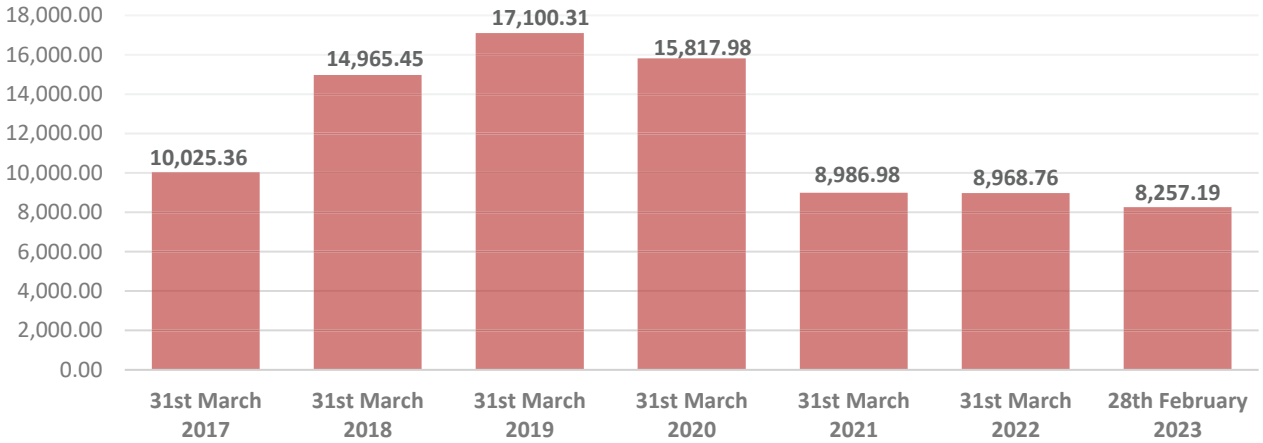
	Contract (Regulations) Act, 1956) the principal whereof and interest whereon is fully and unconditionally guaranteed by the Central Government or any State Government	
(ii)	<p>Debt instruments (Fixed Deposit of scheduled commercial banks for more than 1 year, as described below and AAA rated PSU Bonds -</p> <p>a. Bank Fixed Deposit: Term Deposit Receipts of not less than one-year duration issued by any of the following –</p> <ol style="list-style-type: none"> i. State Bank of India or ii. ‘Public Sector Banks ‘and ‘Scheduled Commercial Banks declared as D-SIB’, which satisfy the following criterion the basis of the published annual report(s) for the most recent years, as required to have been published by them under the law -: <ul style="list-style-type: none"> ▪ Declared profit in immediately three preceding financial years; ▪ Maintained a minimum Capital to Risk Weighted Assets Ratio of 9% or as mandated by prevailing RBI norms, whichever is higher; ▪ Net non-performing assets of not more than 4% of the net advances; ▪ Minimum net worth of not less than Rs.200 crore. <p>b. Listed or proposed to be listed AAA rated</p> <ol style="list-style-type: none"> a) Central PSU Bonds or b) Bonds issued by notified Public Financial Institutions established by the GoI as defined under Section 2 of the Companies Act, 2013 or c) Bonds issued by body corporates set up by an Act of the Parliament <p>Provided that the investment under sub category (b) of this category no II shall be made only in such securities which have minimum AAA rating or equivalent in the applicable rating scale from at least two credit rating agencies registered under SEBI (Credit Rating Agency) Regulations 1999. Maximum investment limit in a single particular issuer would be upto 20 % of 20% of the fund (4% of the investible fund of ESIC) or upto 20% of net worth of the particular issuer, whichever is less.</p> <p>c. Government of India serviced bonds</p>	20% to 45%
(iii)	<p>Short term Debt instruments and related instruments</p> <ol style="list-style-type: none"> i. Bank fixed deposit up to 1-year subject to the same criteria as (ii) above, and ii. Money market instruments) as under - <ul style="list-style-type: none"> • TREPS – Minimum 5% of the fund • T bills 	5% to 10%

3.6 The Ministry furnished a graphical representation of the investment position during the last six years as under:

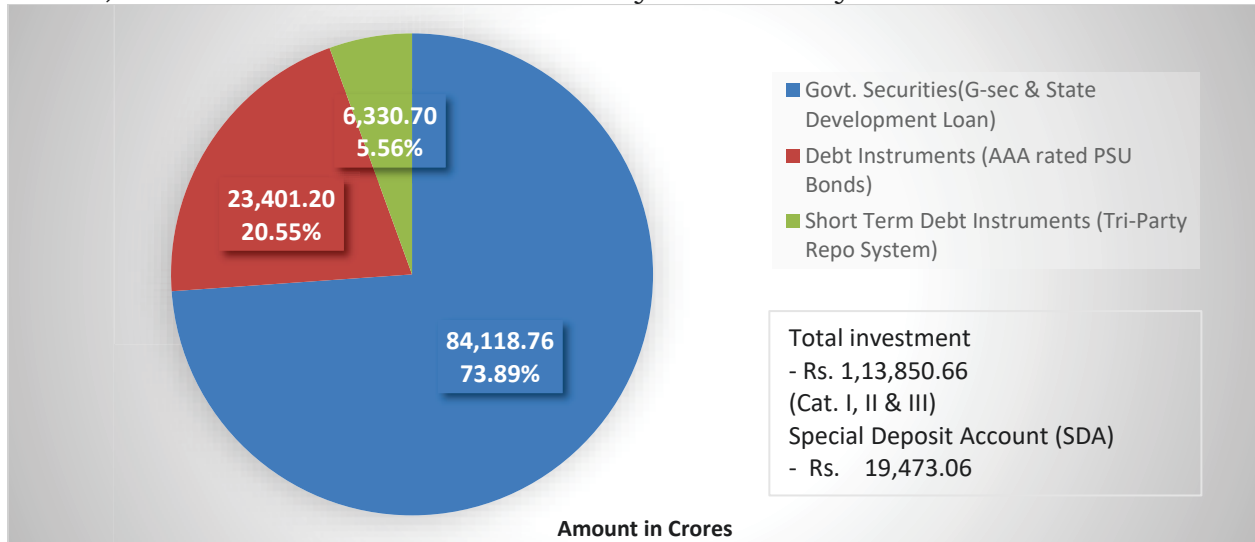


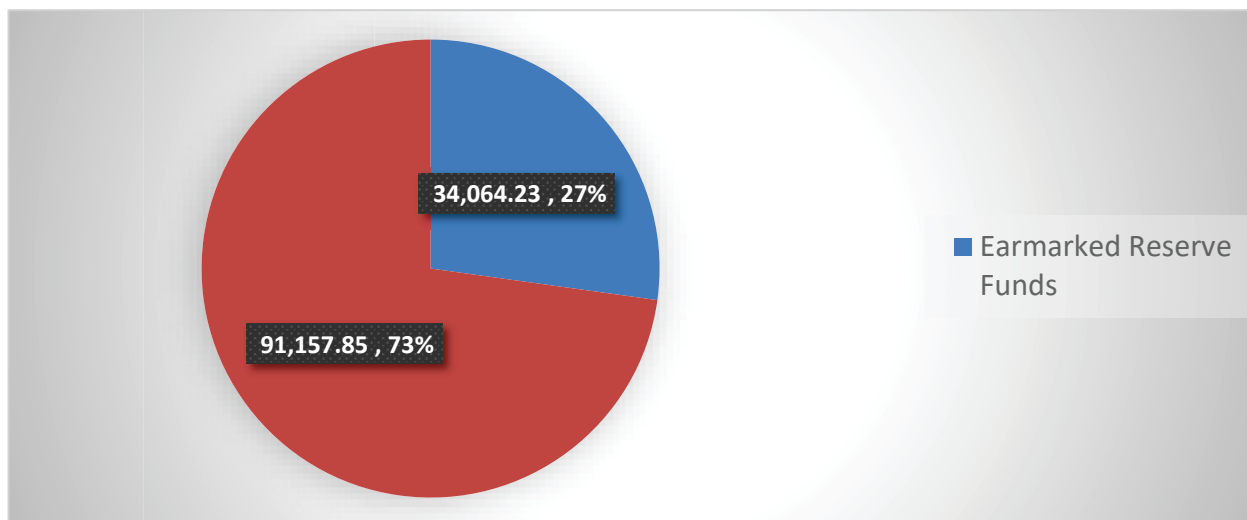
3.7 The Ministry also furnished a graphical representation of the growth in investment under ESIC during the last six years as under:

ADDITION IN INVESTMENT OVER THE LAST 7 YEARS (IN CRORES)



3.8 The details of Investment Profile, Earmarked and Non-Earmarked Reserve Funds, as on 28.02.2023 as furnished by the Ministry are as under:





3.9 Till 23rd January, 2023, funds were invested through two Portfolio Managers M/s. UTI Asset Management Company Ltd. & M/s. SBI Funds Management Pvt Ltd. All fresh accretion of the funds along with interest received on investments were allocated to M/s. UTI AMC & M/s. SBI FM in the ratio of 60% and 40 % respectively. ESIC had been able to earn an interest of 7.0% in FY 2021-2022 against the benchmark 6.77% framed by the Consultant, M/s CRISIL Ltd. Overall yield generated by ESIC from April 19 to March 22 is 7.21%.

3.10 When enquired about the steps been taken to ensure that all investments made by ESIC are risk-proof, the Ministry responded as under:

“Earlier ESIC invested funds only in fixed deposits of Public Sector Banks under Rule 27 of ESI (Central) Rules, 1950, followed by Special Deposit Account (SDA) maintained by the Government of India between August 1988 to April 1995. Subsequently, Ministry of Finance, Department of Financial Services, vide Notification dated 2nd March 2015, revised guidelines related to pattern of investment to be followed by Non-Government Provident Funds, Superannuation Funds and Gratuity Funds. Accordingly, the Corporation, in its 175th meeting held on 18.09.2018, revised its investment policy in consonance with aforementioned guidelines of the Ministry of Finance and ESIC started investment in G-Sec (Government Securities), Bonds, SDLs (State Development Loans), etc. The revised investment policy was implemented w.e.f. 01.04.2019. ESIC’s investment policy was previously modified in the 182nd meeting of ESI Corporation held on 20.08.2020. ESIC investments are made on the basis of MoF investment guidelines endorsed by the Ministry of Labour and Employment.

As on 30th Nov 2022, 73.69% of investment was into Government Securities (G-sec, SDL, government guaranteed and government serviced bonds), 21.16% was into AAA rated PSU bonds and 5.14% into short term debt instruments.

- G-secs and SDLs (State Development Loans) do not carry credit risk (being guaranteed by Central Government and State Government concerned respectively) while Government Guaranteed Bonds carry unconditional and full guarantee of coupon and principal amount. Government serviced bonds are serviced by the Government directly in terms of payment of coupon and principal amount.
- PSU bonds carry credit risk. However, ESIC's investments are made into highest rated PSU bonds, i.e. 'AAA' rating. Fixed deposits are made in public sector banks that fulfil certain financial criteria and in private scheduled commercial banks that have been declared as Domestic Systemically Important Banks (D-SIB) by RBI from time to time.
- Short term debt instruments where ESIC has invested consist of T-bills (government security), TREPS (Risk is borne by the Clearing Corporation of India Limited) and short-term FDs (investments into FDs with tenure less than one year for liquidity)."

3.11 When asked to clarify whether proper return in the form of interest is being received, any default in getting return and the amount of interest received in each investment during the last five years, the Ministry stated as under:

“Proper return in the form of interest is being received. Interest on investment of State Development Loans (SDLs) and G-Sec. (Govt. securities) is received on semi-annual basis whereas interest on PSU bonds is received on semi-annual or annual basis which is audited by the external concurrent auditor and accounted by ESIC. Interest on investment is received in the account maintained with custodian on due date and the same is re-invested by Portfolio Managers as per the approved investment policy. There is no default in getting return.

As per annual accounts, the details of year wise amount of interest received in each investment is as under: -

(Rupees in crore)

S.No.	Particulars	2017-18	2018-19	2019-20	2020-21	2021-22
1	On Government Securities	NA	NA	2375.56	5115.04	4711.22
2	Other Bond/Debenture	NA	NA	249.26	899.77	2078.67
3	Other Securities	NA	NA	377.34	299.74	192.54
4	Bank Fixed Deposits & Special deposit Account (SDA) maintained with GOI	4869.19*	6489.67*	4075.48	1563.09	1290.93
	Total	4869.19	6489.67	7077.64	7877.64	8273.36

- Prior to April 2019, ESIC was investing its surplus fund in Fixed Deposits of Public Sector Banks.
- As per approved investment policy, ESIC has been investing its surplus fund in Govt. Securities, AAA rated PSU bonds, etc w.e.f. 01st April 2019.”

3.12 On being enquired about instances of bad investments with poor returns and remedial steps subsequently taken to stop recurrence of inappropriate

investments/ investments made without proper foresight, the Ministry submitted as under:

“ESIC’s investments are into G-Secs (Govt. Securities), SDLs (State Development Loans) and AAA rated PSU bonds. Government Securities are risk free. Investments into PSU bonds carry credit risk, however ESIC’s investments are made into highest rated PSU bonds, i.e. ‘AAA’ rating. None of the investments in ESIC’s portfolio has seen a downgrade or default till date.”

3.13 When asked about the short-term and long-term roadmaps for a more robust investment strategy, the Ministry responded as under:

“For the long-term investments, ESIC examined the options for consideration of institutions like EPFO and NPS Trust-PFRDA. For inclusion of investment options in equity & related investments, asset-backed, trust-structured & misc. investments as suggested in the guidelines of the Ministry of Finance, the matter was placed before the 189th meeting of the ESI Corporation held on 3-4 December 2022 for revision in the ESIC investment policy as follows: -

- i. Inclusion of equity investment up to the MoF limit of 15% of total investment.
- ii. Exposure to equity through ETFs managed by Fund managers of AMCs.
- iii. Initial investment shall start at 5% and increase up to 15% gradually, after review of 2 quarters.
- iv. Selection of asset management companies through floating an RFP, with the assistance of consultant CRISIL.

The ESI Corporation has accorded in-principle approval for initial investment starting at 5% and gradual increase up to 15%, after review of 2 quarters in Exchange Traded Funds (ETFs) i.e. Nifty and Sensex only.”

3.14 Asked to state the major initiatives taken up in the recent past to assure a more robust and transparent management of the surplus funds, the Ministry stated as under:

“The investments of the surplus funds are managed by professional portfolio managers, since April 2019, appointed by ESIC through an open tendering process. Besides, related service providers viz. Consultant, Custodian Bank and External Concurrent Auditor are appointed by the ESIC based upon open tendering process. Portfolio Managers invest surplus funds of ESIC as per the investment policy guidelines of the ESIC. The investment transactions made by the Portfolio Managers are monitored by the External Concurrent Auditor on a daily basis. Performance of the Portfolio Managers on the parameters of benchmark returns and strict adherence to the ESIC’s investment policy is evaluated by the consultant (at present CRISIL) and audited by the ECA, accounted by the Custodian and monitored by ESIC on a regular basis.”

3.15 The details of the Revenue and Expenditure during the last four years, as furnished by the Ministry, are as under:

Sr.	Head	2018-19	2019-20	2020-21	2021-22	2022-23
1	Contribution Income (in crores)	22,279	16,745	13,778	15,309	17403
2	Total Revenue Expenditure (in crores)	11,015	12898	13747	16956	15735

- ❖ Contribution rate reduced from 6.5% to 4% with effect from 01.07.2019.
- ❖ The gap between Contribution Income and Revenue Expenditure has narrowed considerably.

3.16 From the above data, it was noticed that the contribution income in 2018-19 was Rs. 22,279 crore, whereas the total revenue expenditure was Rs. 11,015 crore i.e. the revenue expenditure was approximately 50% of contribution income. The contribution income for 2021-22 was Rs. 15,309 crore, whereas the revenue expenditure was Rs. 16,956 crore i.e. the revenue expenditure was more than contribution income. When asked for the reasons for variation, the Ministry submitted as under:

“The data regarding expenditure of ESIC, as furnished by the Ministry since 2018-19 is given below:

(Rs. in crores)

S. No.	Head	2018-19	2019-20	2020-21	2021-22
1	Medical Benefit	8,156.39	8,740.10	8,912.71	10,238.49
2	Cash Benefit	1,171.00	1,867.22	2,761.89	4,924.17
3	Other Benefit	2.47	2.11	3.40	2.71
4	Medical Education	565.00	628.20	617.92	693.95
5	Establishment Expenses	716.99	1,366.86	1,155.61	932.20
6	Other Administrative Expenses	385.45	322.30	273.61	339.26
	Total	10,997.30	12,926.79	13,725.14	17,130.78

It is stated that there has been increase in the expenditure mainly due to increase in medical expenditure and due to major project initiatives undertaken in construction/renovation of medical and other infrastructure to meet the requirement of beneficiaries.”

3.17 It was also noticed that the contribution income had decreased during 2019-20 and 2020-21, whereas the revenue expenditure had increased during the 2019-20 and 2020-21. When asked as to how this increase had affected the functioning/activities of ESIC and steps being taken by the Ministry/ESIC to ensure sufficient income so as to meet expenditure obligations, the Ministry stated as under:

“Contribution income reduced during the financial years 2019-20 and 2020-21 due to the following reasons:

- i. Reduction in rate of ESIC contribution payable from 6.5% to 4 % (for employers from 4.75% to 3.25% and for employees 1.75% to 0.75%) with effect from 01/07/2019 to reduce burden of compliance on employers and employees.

- ii. One of the main reasons for the reduction of revenue is imposition of lockdown due to the Covid pandemic during which a large number of companies were shut down/closed for the particular period.

The increase in revenue expenditure has not affected the functioning/ activities of ESIC as the income from investments has supplemented the overall revenue receipts of the Corporation.”

3.18 The Ministry also submitted the following data regarding the number of contributors in the financial years 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23:

Year	No. of Employers	No. of IPs
2017-18	10,33,730	3,43,31,300
2018-19	12,11,174	3,49,67,080
2019-20	12,36,565	3,41,44,140
2020-21	14,82,125	3,39,19,370
2021-22	15,94,083	3,10,20,570

3.19 With regard to reduction in additional accrual to investments, the representative of the Ministry during oral evidence deposited as under:

“Consequent to the reduction in the percentage of contribution from 1920, there has been reduction in the additional accrual to investments over the years. This year, we hope to maintain the last year’s figures and next year we will again make all our efforts to ensure that we have sufficient income from contribution as well as from investments to meet our obligations of expenditure.”

Awareness Campaigns

3.20 Asked whether the Ministry propose to organize awareness campaigns about the Investment Policy and whether local MPs are also proposed to be involved in the awareness campaigns, the Ministry stated as under:

“ESIC does not organize any special awareness campaign about the Investment Policy. However, Hon’ble Members of Parliament (MPs) are represented in the Standing Committee and ESI Corporation as per provisions under the ESI Act Representatives of Employees and Employers alongwith other stakeholders are also included in the Investment Committee, Standing Committee and ESI Corporation which take decision regarding investment policy framework. Portfolio Managers invest ESIC funds in adherence to the approved investment policy of ESIC. As ESIC’s investments are made through professional Portfolio Managers (there is no component of local investment) and details of invested funds are published in ESIC Annual Reports, available in public domain.”

3.21 With regard to creating awareness, the representative of the Ministry during oral evidence deposited as under:

“Inputs regarding creating awareness are very-very valid, and we will take it up and also see how we can converge with other wings like EPF so that jointly we can do that. People can be told for their entitlements and what they need to do.”

PART-II
OBSERVATIONS/RECOMMENDATIONS

ESI SCHEME - APPLICABILITY AND BENEFITS

Coverage of the Scheme

1. The ESI Act, 1948 applies to factories employing 10 or more persons. The Central Government is fully responsible for running the Scheme and ESIC does not receive subsidy from the Government. Presently, the employees of factories and establishments covered under the Act drawing wages upto Rs.21,000 per month (Rs.25,000for Persons with Disabilities) are covered under the Scheme. The Employees' and Employers' contribution was reduced from 1.75% to 0.75% and 4.75% to 3.25% of the wages w.e.f. 01.07.2019. There was overall reduction in contribution from 6.5% to 4% (2.5% decrease). The proceeds are utilized to provide medical care and various cash benefits to the Insured Persons (IPs). The average daily wages during a wage period for exemption from payment of employee's contribution which was Rs.137 earlier was raised to Rs.176w.e.f. 06 September, 2019.

The Committee further note that the number of IPs in 2018-19, 2019-20, 2020-21 and 2021-22 was 3.50, 3.41, 3.39 and 3.10 crore respectively, and the number of beneficiaries during the corresponding period was 13.56, 13.24, 13.16 and 12.04 crore. Thus, there is noticeable decrease in IPs as well as beneficiaries since 2018-19.The reasons for decrease in the number of IPs as well as beneficiaries, as intimated by the Ministry, include, *inter*

alia out-break of the Covid-19 Pandemic owing to which the companies/factories were completely shut down and employees working in such companies were compelled to leave the place of work for some period.

The Committee also note that the net revenue for two years prior to reduction of the contribution was Rs.43,274 crore and for three years following the reduction, it was Rs.44,587 crore. Thus, the average annual revenue prior to, and after the reduction of the contribution is Rs.21,637 crore and Rs.14,862 crore respectively. Thus, the average annual reduction of ESIC's revenue following the cutting down of the contribution was to the extent of Rs.6775 crore.

As intimated by the Ministry, presently, there is no proposal to change the wage limit for coverage under the ESI Scheme.

The Committee wish to highlight the fact that with the passage of time, wages have increased. The last revision of the wage ceiling was effected from 01January 2017 viz. approx. 6 years 9 months back and the prevailing wage limit of Rs.176 per day for exemption from paying contribution was effected w.e.f. 06 September 2019.In the light of the changing economic scenario, the Committee impress upon the Ministry/ESIC the need for reviewing the provisions relating to coverage, contribution and entitlement of wages. An expert Committee could be constituted for suggesting the changes 'required' in the provisions with a view to increasing coverage by a considerable extent and provide benefits to maximum number of IPs and

beneficiaries. The Committee wish to be apprised of the action taken in this regard.

Extended Coverage of the Scheme under Code on Social Security, 2020

2. The ESI Act, 1948 along with 8 other Central Labour Acts has been subsumed in the Code on Social Security, 2020 (Act 36 of 2020) which was notified on 29 September, 2020. The code is, however, yet to be enforced. The Central Government has notified the Code on Social Security (Central) Rules, 2020 in the Gazette of India on 13 November, 2020 for stakeholder consultation; and the final rules are yet to be notified.

The benefits currently available under the ESI Act will be retained in the Code. All the benefits relating to medical, sickness, maternity, disablement and dependence benefits are proposed to be retained. The coverage of ESI will expand pan India to all establishments employing ten or more employees under the Code as against only the notified district areas currently.

The Committee further note that as per Section 1(4) of the Code on Social Security, 2020 read with its First Schedule, provision has been made for voluntary coverage of establishments with less than 10 persons. At present, the ESI Act does not contain this provision. Coverage of plantations as an establishment, on opting for the same by the employer has been provided for in the Code. As per the proviso of First Schedule of the Code, *ibid*, establishments engaged in hazardous or life-threatening occupations

will have to cover every single employee. Provision for formulating special scheme for unorganized workers, gig workers, platform workers and other beneficiaries have been included in the Code. As per the provisions of Section 142 of the Code on Social Security, 2020, the establishment of identity through Aadhaar for the employees or unorganized workers or any other person, either for himself or dependents, has been made mandatory for availing services, seeking benefits, receiving payment, etc. Further, the definition of 'wages' under ESI Act, 1948 is proposed to be replaced with the definition of 'wages' as contained under Code on Social Security 2020. The Code defines 'wages' under Section 2(88) as basic pay plus dearness allowance plus retaining allowance. The definition excludes bonus, conveyance allowance, PF/pension contribution, payment towards special expenses because of the nature of the job, HRA, remuneration payable under settlement between parties or the order of the Tribunal, overtime allowance, commission, etc. The proviso to the section in the Code states that if the total of the components that are excluded is more than 50% of gross remuneration, then such percentage of remuneration, which is in excess of 50% will be added to the wages.

The Committee note that with the implementation of the Code, the coverage of ESI is to expand pan-India. The Ministry have admitted that considering the existing infrastructure expanding the coverage without proper development/ augmentation of facilities will not be in the interest of Insured Persons/beneficiaries. The Committee are also concerned to note

that out of 3.73 crore Insured Persons (IPs) as on 12 May, 2023, Aadhaar numbers of only 17,531 IPs have been seeded by ESIC.

The Committee express concern to note that at present the Ministry/ESIC is not fully geared up to provide extended coverage as envisaged under the Code on Social Security, 2020. The Committee are of the considered view that preparatory work for implementation of the plan of action already identified by ESIC viz. conduct of extensive surveys; collection of data from Government Departments; identification of common business identifiers for establishments by the ESIC in consultation with EPFO; use of Aadhar for identification of members/insured persons, etc. need to be undertaken in right earnest. The Committee also urge upon the Ministry to seriously have a re-look at its approach for gearing up the medical/health infrastructure, prepare a 'Vision Document' and ensure that administrative, infrastructural, legal, technical and financial hurdles do not in any way dilute the spirit of Code on Social Security, 2020 for pan India coverage of ESI Scheme in the larger interest of present and future beneficiaries including those in the Unorganized Sectors, as also gig workers, platform workers and similar other beneficiaries.

Extension of ESIC Scheme to Union Territory of Lakshadweep

3. The Committee note that the Ministry had initiated efforts to extend medical facilities in the Union Territory of Lakshadweep in the year 2016. As intimated by the Ministry, building the medical infrastructure in the

Union Territory having population of 60000, area of 32 square km., 8 islands which are upto 302 km. apart from each other has been a challenge. The Committee have, from time to time, emphasized the need for providing medical facilities under the Scheme in the Union Territory. The Committee are appreciative of the fact that, the challenges have been met and as emphasized upon them, the ESI Scheme has now been implemented in the entire area of Kavaratti, Agatti and Minicoy Islands of the Union Territory of Lakshadweep w.e.f. 01May, 2023. The Committee have also been apprised that the Ministry has to depend upon the State Governments for opening dispensaries and hospitals under the ESIS so that the coverage can be notified. The Committee impress upon the Ministry to pursue the State Governments the matter of covering new districts and the Scheme, which is presently applicable in 610 districts (492 fully notified and 118 partially notified) is notified in all the districts of the country in a time bound manner and thereby achieve the objective of providing medical facilities under the Scheme to all parts of the country. The Committee wish to be apprised of the progress in this direction.

Penal action on defaulting contributors

4. The Committee note that under the ESI Act, the employers are under obligation to ensure that their share of contribution is paid to ESIC within six-monthly intervals in a financial year. In case of default by the employer in payment of contribution, recovery is effected after following the

procedure laid down. If the employer is not contributing deliberately and if the stipulated time period is exceeded, there is no provision for the employee to voluntarily contribute his share. The Committee note that despite penal provisions being available under ESI Act, Negotiable Instruments Act and various Sections of IPC for taking action against willful defaulter employers, there are occasions where the employee, despite having contributed his share, is made to suffer on account of default on the part of the employer. The Committee express concern in this regard and desire that the Ministry strengthen the monitoring mechanism, ensure strict enforcement of the penal provisions so as to deter violators and also devise a suitable mechanism to prevent such instances, which would minimize the sufferings of the employees.

Formation of State ESI societies

5. The Committee note that in order to address the issue of non-allocation of funds through State Budget for running the ESI Scheme, ESIC had encouraged the States to form State ESI Societies, which will provide autonomy in terms of availability and utilization of funds; timely engagement of medical manpower on contract till the time regular manpower is made available; timely settlement of reimbursement bills of the insured persons/ beneficiaries without waiting for state budgetary release; better availability of drugs/ dressings in ESIS hospitals and dispensaries; procurement of equipment to upgrade medical services due to better

decision making by the Society, repair & maintenance of State-run hospitals and dispensaries, etc. Further, in the case of ESI Society, the entire expenditure up to maximum ceiling is being borne by ESI Corporation, whereas in other cases, where a society has not been formed, the expenditure is shared in the ratio of 7:1 by ESI Corporation and the States respectively.

The Committee further note in this regard that as on 04May, 2023, while 22 States/UTs have consented to form the ESI Societies; 04 States viz. Andhra Pradesh, Kerala, Telangana, West Bengal have refused to form Societies; 08 States/UT viz. Assam, Bihar, Dadra Nagar Haveli & Daman Diu, Goa, Haryana, Ladakh, Manipur and Rajasthan have not responded; and the provision is not applicable in the case of 02 Union Territories viz. Delhi and Lakshadweep. The Committee have also been apprised that the Societies have been operationalised in 04 States viz. Maharashtra, Chhattisgarh, Tripura and Himachal Pradesh and the funds are directly transferred to the bank account of these Societies since 2019 except in the case of Himachal Pradesh, where, though the Society has been registered, the matter is continuing under correspondence. The Committee have also been apprised that formation of a Society depends on the States which have to register the Society as per Societies Registration Act and State Specific Public Trust Act. The Committee find that although the Ministry have taken up the matter with the States, which have given consent to constitute the Societies, a lot remains to be done. The Committee, therefore, urge the Ministry to

vigorously pursue the matter regarding constitution of the Societies with those 22 States, which have consented to constitute the Societies so as to ensure timely operationalisation of Societies and thereby contribute to the betterment of the medical facilities provided under the ESI Scheme. The Committee also urge the Ministry to make sincere efforts to resolve the concerns expressed by the 04 States which have not agreed to form the Societies. The Committee further desire the Ministry/ESIC topursue the matter with the 08 States which have not yet responded so that the laudable intent with which formation of State Level Societies has been conceived is truly served.

FUNCTIONING OF ESI HOSPITALS

Infrastructure

6. The Committee note that at present, medical services to ESI beneficiaries are provided through a network of 160 ESI hospitals (51ESICand109 ESIS) in25 States/UTs. Of these, 6 are non-functional due to decrease in number of beneficiaries in the area. Further, 1502 Dispensaries (36 ESIC and 1466 ESIS) are also presently functional in 33 States/UTs. The Committee have been apprised that ESIC has given in-principle approval for setting up 76 new ESI hospitals (18 ESIC and 58 ESIS) in 24 States/UTs. In addition, 47 Dispensary-cum-Branch Offices (DCBO) and 180 ESIS Dispensaries have also been sanctioned. Besides, ESIC has entered into tie-up arrangements with 2204 public/private hospitals across the country for

providing cashless secondary/tertiary medical services that are not available in ESI hospitals.

The Committee find that out of 76 hospitals proposed to be set up, 39 hospitals were sanctioned in 2019. Of these, only 2 Hospitals at Angul (Odisha) and Bikaner (Rajasthan) have been completed and operationalized; 16 are under construction; 02 under tendering; 07 under estimation and in respect of the remaining 12 hospitals, allotment of land is under process. In respect of the 37 hospitals sanctioned after 2019, the Ministry/ESIC has not provided information regarding the target date of completion and operationalization despite being specifically asked for, which is improper and regrettable.

The Committee are dissatisfied with the pace of progress of setting up of new hospitals. The Committee are of the view that the constraints that may be impeding the estimation/allotment of land/ tendering/ construction process need to be looked into with a sense of urgency and commitment. The Committee, therefore, impress upon the Ministry/ESIC to fix targets, chalk-out year-wise plan and gainfully utilize the earmarked funds for the purpose and ensure that the hospitals are operationalized in a time bound manner so as to meet the present as well as future requirements. This is essential as the coverage of ESI is to expand pan India after implementation of the Social Security Code, 2020.

Insurance Medical Practitioners (IMPs)

7. The Committee note that to supplement the ESI dispensary network, 1003 Private Medical Practitioners have been empanelled as Insurance Medical Practitioners (IMPs). Each IMP is allowed to register upto 2000 IP family units. The IMPs under the panel system are paid capitation fee of Rs.500/- per IP per year, since 8th September, 2016, for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine.

The Committee observe that the capitation fee being paid to the IMPs at Rs. 41 per IP per month is meagre and needs to be revised considering the inflation rate and also the fact that the last revision was effected way back in 2016. The Committee desire that an appropriate administrative decision in this regard be taken by the Ministry/ESIC on priority.

Employer Utilization Dispensary (EUD)

8. The Committee note that the Employer Utilization Dispensaries (EUDs) are set up where the employer agrees to have their own infrastructure and ESIC pays capitation fees to the employer based on per IP family unit per annum. In this Scheme, the employer opens the dispensary in the premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum.

The Committee note that out of 15.94 lakh Establishments, only 04 EUDs have been approved for which the capitation fee of Rs. 38 per IP per month is being paid to the employer. The Committee impress upon the Ministry to take urgent steps to encourage the employers, having requisite infrastructure, to establish EUDs so that the medical care is available to the workers at their workplace. The Committee also desire that the Scheme be suitably revised so as to cover the workers of nearby establishments, which do not have the necessary infrastructure on some mutually agreed terms and conditions. Concurrently, the capitation fee be suitably increased keeping in view the rise in prices.

Dispensary cum Branch Office (DCBO)

9. The Committee were apprised in November, 2019 of the decision of ESIC to open a Dispensary cum Branch Office (DCBO) in each of the covered districts. However, in the light of the recommendations made at meeting of Committee of Secretaries (CoS) held on 27.12.2019 to discuss measures for improving efficiency and accessibility in EPFO and ESIC through IT, ESIC revised the criteria and derived new norms for setting up of DCBOs, which *inter-alia* included, DCBOs shall be opened only on need basis and in only such districts which have no ESI Dispensary; and where the IP population has achieved the threshold limit of 3000 or more; DCBO are to be located at such a place which is easily accessible by public transport from every corner of the district and have the maximum IP population within 10 kilometers

range. Subsequently, the ESIC approved that DCBO will be opened considering both covered and coverable number of IPs and if the number of IPs (both coverable and covered) crosses the threshold limit of 3000, DCBO will be set up subject to the consent/ NOC from the State Government concerned. As intimated by the Ministry, in addition to the existing 89 DCBOs, 47new DCBOs have been sanctioned.

The Committee had been apprised by the representatives of the Ministry during evidence held in November, 2020 that there are some Districts which have very less number of IPs especially in the North-Eastern States and Andaman & Nicobar Islands. The Committee also note that IMPs have not been empanelled in Andaman & Nicobar Islands, Lakshadweep, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The Committee feel that there is scope for rationalization of criteria for setting up of DCBOs on the basis of IPs. Considering the fact that relaxation has already been provided to the North Eastern/Hilly areas for setting up 100 bedded hospitals, the Committee desire the Ministry have a re-look on this aspect. The Committee also call upon the Ministry to ensure that 47 new DCBOs are set up on priority and in a time bound manner and the norms for providing medical facility through IMPs are strictly adhered to so that the benefit of providing medical assistance is timely provided to the IPs.

Norms for setting up of ESI Hospitals

10. The Committee note that the norms for setting up of ESI Hospitals in the country depend upon the minimum number of IPs in the catchment area ranging from minimum of 50,000 to 5,00,000 IPs. For 100 bedded hospitals, the catchment area should have at least 50,000 IPs, and for 600 bedded hospitals, the catchment area should have at least 5,00,000 IPs. The Committee further note that the IP population is taken in a radius of 25 Km and there should not be any other ESI Hospital within a radius of 50 Km. Further, if there is another ESI Hospital existing within 50 Km, then each ESI Hospital should fulfill these norms in the respective catchment area viz., if the two hospitals are at a distance of 40 Km, then each hospital should meet these norms within the 20 Km radius. The Committee have also been apprised that the norms have since been updated in June, 2022, which, *inter alia* provide that instead of considering the present IP population, health facilities may be created based on projected number of IP population in future viz., upcoming 05 years in case of hospitals, and 03 years in case of dispensaries. In case of non-notified districts or non-notified areas of partially implemented districts, new dispensaries may be established based on number of coverable employees instead of Insured Persons, as ascertained in the pre-implementation survey data.

11. The Committee are happy to note that based on projected number of IP population in the future, two places, i.e. Iddukki (Kerala) and Agartala

(Tripura) have been identified for setting up a 100 bedded hospital at each location. The Committee desire that formalities for setting up the hospitals at these two places be completed on priority and the endeavour be drawn to its logical end so that the targeted IPs are benefitted. The Committee would also like to be apprised of the outcome of the survey conducted at various places across the country and the action taken by the Ministry/ESIC thereon. The Committee further desire that the examination of the matter of setting up of ESI hospital at Bulandshahr be expedited.

12. The Committee feel that in view of the diversified nature of concentration of Industrial Hubs at different parts of the country, it may not be appropriate to have a uniform criteria for setting up new hospitals across the country. The Committee, therefore, desire that for setting up new hospitals, the criteria should also include the aspect of concentration of Industrial Hubs at various geographical locations. Further, instead of taking into account the number of IPs, it would be preferable to consider the number of coverable employees. The Committee also feel that the norms pertaining to IP population in a radius of 25 Km and the criteria that there should not be any other ESI Hospital within a radius of 50 Km also needs to be reviewed with the intent to provide medical facilities to maximum number of IPs. Access to medical assistance/treatment, in near vicinity, can, at times, prove to be life saving.

Convergence between National Health Authority (NHA) and Employees' State Insurance Corporation (ESIC)

13. The Committee are pleased to note that ESIC and National Health Authority (NHA) collaboration has expanded to cover a total of 157 districts of the country. Besides, 15 ESIC hospitals have been selected for providing medical services to Pradhan Mantri Jan Arogya Yojana (PM-JAY) Beneficiaries and as on February, 2023, 1608 beneficiaries have availed medical treatment services amounting to Rs.2.97 crore. Further, it has been proposed to expand the convergence to the remaining areas of the country and explore providing primary care/ OPD consultation services to PM-JAY beneficiaries through ESIC hospitals.

The Committee are of the considered view that the steps taken by the Ministry/ESIC are in right direction and need to be pursued earnestly. The Committee would call upon the Ministry to expedite the proposal of convergence with PM-JAY in more districts so as to provide primary care/ OPD consultation services to PM-JAY beneficiaries.

Hospital Development Committees (HDCs)

14. The Committee are happy to note that the composition of ESIC/ESIS Hospital Development Committees (HDCs) has been revised whereby one of the members of the Committee is a local member nominated by Member of Parliament of the area. The Committee, however, find that HDCs have been constituted only in 36 of 51 ESIC hospitals and 57 of 109 ESIS hospitals. Of

these, the nominees of local Member of Parliament have been nominated in 19 ESIC and 24 ESIS HDCs. The Committee desire that the HDCs in the remaining ESIC and ESIS hospitals be constituted expeditiously and nomination of local representatives of Member of Parliament of the area be ensured. The Committee further desire that the meetings of HDCs of both ESIC and ESIS hospitals be held at regular intervals.

Health Service to Persons other than IPs through under-utilised Hospitals

15. The Committee are appreciative of the fact that so far, approximately 7 lakh non-insured persons have been treated in underutilized ESI hospitals and there has been increase in availing OPD & IPD facilities at such hospitals from 76,914 in 2019-20 to 2,44,369 in 2022-23. The Committee impress upon the Ministry to launch an awareness campaign through all possible means so as to enable the general public in availing the facility in larger numbers. This step will not only be in the interest of non-insured persons but also help in utilizing the infrastructure and manpower in the underutilized hospitals. The Committee further desire that the State Governments should also be advised to adopt similar approach in respect of underutilized hospitals that are run by them.

Occupational Disease Centres (ODCs)

16. The Committee note that with a view to providing facilities for early detection and diagnosis of Occupational Diseases among ESI beneficiaries,

ESIC has at present established Occupational Disease Centres (ODCs) in only 07 States/UTs. While 02 ODCs are located in ESIC hospitals at Basaidarapur (New Delhi) and Indore (Madhya Pradesh), the other five ODCs are located in medical colleges at Faridabad (Haryana), Joka (Kolkata), Alwar (Rajasthan), Bihta (Patna) and K. K. Nagar (Chennai). These ODCs also cater to the needs of ESI beneficiaries of the neighbouring States, which refer the suspected cases. The Committee have also been apprised that State run ESIS hospitals are being identified to develop ODCs in States where ESIC hospitals are not available. The Committee further note that an MoU with ICMR-National Institute of Occupational Health, Ahmedabad has been signed to undertake research.

The Committee find that there are inherent provisions in the ESI Act, 1948, which recognize occupational disease as an employment injury and insured persons become eligible for permanent disability benefit on the basis of identification of occupational disease. Considering the provisions contained in the Act, it is imperative on the part of the Ministry/ESIC to pay special and focused attention on early detection and diagnosis of occupational diseases. This can be achieved in the real sense by increasing the ODCs in various parts of the country, especially where the number of cases reported are on the higher side. The Committee also desire that the process of identification of ESIS hospitals for the purpose of development of ODCs be expedited. Further, as no laboratory has been established in ESIC or ESIS Hospitals for the purpose of research, the Committee recommend

the Ministry/ESIC to consider setting up their own laboratories for undertaking research activities so as to minimize the dependence on other sources for medical services.

Tele- consultation through e-Sanjeevani Portal

17. The Committee are happy to note that all ESI hospitals along with 1950 Doctors have been on-boarded on e-Sanjeevani Portal of the Ministry of Health & Family Welfare for providing tele-consultation services. As on July, 2023, more than 70,000 patients have been provided tele-consultation through this platform. The Committee have been apprised that, at present, there is no demarcation of ESI/non-ESI patients on the portal. In this context, the Committee find that in the e-Sanjeevani application, a provision exists for CGHS beneficiaries to enter beneficiary ID and also to upload CGHS Card at the time of availing services. The Committee, therefore, urge the Ministry/ ESIC to approach the Ministry of Health & Family Welfare to provide facility of entering beneficiary ID and also uploading Card at the time of availing services to ESI beneficiaries so that the data regarding online tele-consultation provided by ESI doctors to ESI & non-ESI beneficiaries is readily available. The Committee also desire that awareness campaigns be launched through ESIC/ESIS hospitals/dispensaries as well as through employers regarding availability of online tele-consultation facility and IPs may be encouraged to utilize the same.

Vacancies in ESI hospitals

18. The Committee have, time and again, expressed concern on the existence of large number of vacancies in the ESIC/ESIS hospitals and dispensaries, which adversely impacts the health services. The steps taken by the Ministry/ESIC to fill up the vacancies have not yielded the desired results and the situation continues to be bleak at the ground level. On in-depth analysis of the data furnished by the Ministry, the Committee find that in the 51 hospitals run by ESIC, 35% of posts of Doctors, 26 % of posts of nurses and 53% posts of para-medical staff were vacant as on July, 2023. In the case of 109 ESI hospitals run by State Governments, 35% posts of Specialists, GDMO, Nurses and para-medical staff continued to remain vacant as on March, 2023. In the case of 36 dispensaries run by ESIC, 43% posts of Doctors were vacant as on July, 2023 (65% in U.P & 23% in Delhi). In the case of 1466 dispensaries run by State Governments, 21% posts of Doctors were vacant in July, 2023. (Jharkhand 72%, Bihar 64%, Goa 57% & Odisha 52%). It is equally a matter of concern that 45% of the posts in various cadres of the ESIC remained vacant as on July, 2023.

The Ministry/ESIC have attempted to rationalize their position by indicating the progress of recruitment exercise undertaken/under process / proposed to be undertaken to fill up the vacancies at various levels. The Committee are, however, not convinced with the response of the Ministry/ESIC. Very glaringly, in some cases, make shift arrangements have

been made through contractual engagements against regular vacancies. The Committee trust that the orders of DoPT, Government of India with regard to the time period for which the sanctioned posts in various cadres could be kept vacant are being complied with by the Ministry.

19. From the information made available, the Committee also note that since 2020, 349 vacancies of Specialists/Super Specialists in ESIC were advertised, and of these only 168 could be filled. Even after completion of the recruitment exercise, 48% vacancies could not be filled up. In the case of ESI hospitals run by 15 State Governments, following the recruitment exercise vacancies of Specialists/Super Specialists that remained unfilled were to the extent of 75% in 2020, 58% in 2021, 63% in 2022 and 73% in 2023. As admitted by the Ministry, the shortage of manpower and lack of proper and upto date infrastructure in most of the ESI hospitals are the major constraints being faced by them in the smooth and effective running of ESI Hospitals/Dispensaries. As informed by the Ministry, this is also one of the major reasons for referral of beneficiaries, in many cases, to ESI empanelled hospitals; and overcrowding in the hospitals and consequent rise in the number of grievances.

In case of ESIS Hospitals run by the State Governments, the Committee feel that the Ministry/ESIC cannot evade from their responsibility by merely stating that the deployment/recruitment of staff comes under the administrative control of the State Governments

concerned. ESIC needs to play a proactive role in pursuing with the State Governments for filling up vacancies in the Hospitals/Dispensaries run by them. The matter also needs to be taken up with the recruiting agencies at the highest level, so as to ensure that the vacancies are filled on priority.

20. Considering the shortage of manpower and lack of proper infrastructure, the Committee strongly recommend the Ministry to leave no stone unturned to fill up the vacancies in ESIC as well as ESIC/ESIS hospitals and dispensaries. If required, the Recruitment Rules be amended and restructuring, wherever considered necessary, be done so as to have requisite manpower in position and thereby enable in meeting the stipulations of the Code on Social Security, 2020. The Committee impress upon the Ministry/ESIC that the recruitment process already initiated and, at whatever stage, be completed with a sense of urgency and commitment. The Committee would like to be apprised of the action taken by the Ministry/ESIC within a period of two months from the date of presentation of the Report.

Gap in sanctioned and commissioned beds in ESIC as well as ESIS hospitals

21. The Committee note that during 2021-22, in the ESIC hospitals, while 12705 beds were sanctioned, 9678 beds were actually commissioned thereby resulting in shortfall in commissioning of 3027 beds (23.82%beds).During the corresponding period, 43% of the sanctioned beds were not commissioned in ESIS hospitals. The reasons adduced for commissioned

beds being less than the sanctioned beds include *inter-alia*, hospital buildings being under construction/renovation, inadequate manpower, shortage of space, etc. Had the gap between sanctioned and commissioned beds been minimal, more number of needy beneficiaries could have availed IPD facilities. The Committee, therefore, in the interest of beneficiaries, impress upon the Ministry/ESIC to resolve all issues responsible for the mismatch between sanctioned and commissioned beds in ESIC as well as ESIS hospitals.

Taking over State run ESI hospitals by ESIC

22. The Committee note that ESIC, from time to time approaches State Governments to take over low performing ESIS hospitals. The Committee appreciate that ESIC has recently taken over ESIS hospital at Kota (Rajasthan) and the proposal to take over three more hospitals at Vijayawada (Andhra Pradesh), Maithan (Jharkhand) and Bhopal (Madhya Pradesh) is under process. The Committee desire the Ministry/ESIC to expedite the formalities of taking over these hospitals on priority. The Committee also appreciate the efforts made by the ESIC requesting all the State Governments to provide their consent for taking over such State Government ESI hospitals where State is willing. The Committee further recommend that the ESIS hospitals at Jagadhari, Haryana; Chaudwar, Odisha; and Bhilwara, Rajasthan be taken over by ESIC. The Committee urge the

Ministry/ESIC to continue their efforts in this direction and apprise them of the outcome of the same.

Financial Support to the State Governments

23. The Committee note that the State Governments are entitled for reimbursement of expenditure at a ceiling rate of Rs. 3000 per IP per annum. During the year 2021-22, while the entitlement of the State Governments was Rs. 7719.13 crore, the expenditure incurred was Rs. 4670.61 crore and, out of 30 States/UTs, 24 States/UTs had incurred less expenditure as compared to their entitlement. Further, Rs. 1439 per IP per annum was spent by State Governments during 2021-22 against the entitlement of Rs. 3000 per IP per annum.

The Committee have also been apprised that the State Governments are also entitled to an incentive of Rs. 200 per IP per annum over and above the ceiling of Rs. 3000 per IP per annum, if bed occupancy in all State ESI hospitals is more than 70% during the concluded financial year. The Committee note that West Bengal is the only State which has been provided bed occupancy incentive of Rs.20 crore in the year 2018-19 and Rs. 38.44 crore in the year 2019-20.

The Committee impress upon the Ministry/ESIC to encourage the State Governments to maximize utilization of funds as per their entitlement, which in turn would lead to better and updated medical facilities to the beneficiaries. The Committee also urge the Ministry to take urgent steps to

persuade the State Governments to avail the benefits of bed occupancy incentive in the larger interest of beneficiaries.

ESIC Covid-19 Relief Scheme

24. The Committee note that ESIC started 'ESIC Covid-19 Relief Scheme' to provide help and succor to the families of the IPs who died due to Covid-19 and 90% of wages of deceased IPs were paid to the eligible dependents. The Scheme was in operation from 24.03.2020 to 23.03.2022 and, upto 31.03.2023, 38,203 beneficiaries (149, 15,855 and 22,199 beneficiaries in 2020-21, 2021-22 and 2022-23 respectively) were paid Rs. 151.16 crore. A total of 1,91,191 Covid patients were provided treatment in the Covid waves. As intimated by the Ministry, ESIC hospitals provided reasonable care to its beneficiaries and the general public during all three waves of Covid-19 pandemic. 22 ESIC hospitals were declared dedicated Covid hospitals to provide secondary and tertiary care to Covid affected patients. RTPCR tests were conducted in all ESIC medical colleges. 26 PSA plants were installed to make up for the increased oxygen demand during the second wave. All guidelines of the Ministry of Health and Family Welfare (MoHFW) were adopted by ESIC for convenience of the public. ESI hospitals and dispensaries conducted Covid-19 vaccination drive under the guidelines of MoHFW.

While appreciating the efforts made by ESIC during unprecedented Covid-19 pandemic, the Committee desire that the lessons learnt and

shortcomings noticed in providing medical care/facilities to the beneficiaries including Doctors, Nurses and paramedical staff of ESIC and general public be rectified and it should be ensured that all arrangements including infrastructure development, equipments, manpower, medicines, etc. are in place and ESIC is fully geared up to handle such eventualities in future so as to provide service to the common people. The Committee trust that all claims received from dependents of Insured Persons (IPs) have been settled and monthly pay outs to the dependents is continuing as per the terms of the Scheme.

Steps taken by the Ministry/ESIC to promote and strengthen AYUSH

25. The Committee note that the ESIC has taken a number of steps to promote and strengthen AYUSH (Ayurveda, Yoga, Unani, Sidha& Homoeopathy) facilities/ services. The Committee, however, note that the ESIC has hired 21 Ayurvedic and 35 Homoeopathic Doctors on Contract basis since 2020-21, when the Covid-19 pandemic was at its peak. The Committee, in their 41st Report on Demands for Grants (2023-24) had impressed upon the Ministry to take appropriate measures for regularization of the services of doctors and paramedical staff working on ad-hoc or contractual basis. Subsequently, the Committee in their 46th Action Taken Report have desired that while undertaking the exercise to fill up regular posts, the doctors/nursing/para medical staff appointed on contractual

basis, especially during COVID-19 pandemic, be granted due weightage and accorded priority in regular appointment.

The ESIC have, in this context, submitted that as per recruitment rules, contractual doctors cannot be regularized, however, they are eligible for participating in the procedure for recruitment on regular basis. The Committee note that in the light of judgment of Hon'ble Supreme Court, the Allopathic and Homeopathic doctors of NDMC, appointed on contract basis during Covid-19 pandemic, have been regularized. The Doctors engaged by ESIC on direct contractual basis on or before Covid-19 pandemic have served in a most testing time. The Committee, therefore, strongly recommend the Ministry/ESIC to sympathetically consider the case of regularization of AYUSH doctors, who are direct contractual appointee/recruited uptill or during the spread of Covid-19 pandemic, by granting them suitable relaxation, as a onetime measure, which may not be treated as precedent.

Lab Services in ESIC/ESIS Dispensaries

26. The Committee were apprised that the dispensaries mainly provide primary care medical services and in-house laboratories are provided in hospitals where secondary care/tertiary care medical services are available. The Committee note from the data furnished by the Ministry that out of 1502 dispensaries run by ESIC/ESIS in 31 States/UTs, in-house laboratory service is available in 270 dispensaries in only 14 States/UTs. While no laboratory facility is available in 102 dispensaries in Gujarat, 68 in

Maharashtra and 98 in Dispensaries Uttar Pradesh, laboratory facility is available in only 01 out of 113 dispensaries in Karnataka. Further, only Telangana has laboratory facility in all the 70 dispensaries. While agreeing with the contention of the Ministry that the dispensaries mainly provide primary care medical services, the Committee feel that providing laboratory facility in the dispensary itself is an added advantage to the beneficiaries. Such a step would also minimize the cases of referral to empanelled hospitals for investigations and would also minimize the inconvenience being faced by the beneficiaries for undergoing tests at far away ESIC/ESIS/empanelled hospitals. The Committee, therefore, call upon the Ministry to explore the possibility of providing laboratory facilities in all the 1502 dispensaries run by ESIC/ESIS especially in view of the fact that the coverage of ESIC is to be expanded to cover the entire country.

MANAGEMENT OF CORPUS FUND

27. As per section 26 of the Employees' State Insurance Act, 1948, all contributions paid under the Act and all other money received on behalf of the Corporation shall be paid into a fund called the Employees State Insurance Fund which shall be held and administered by the corporation. All money accruing or payable to the said fund is to be paid into the Reserve Bank of India or such other bank as maybe approved by the central government to the credit of the Employees' State Insurance Fund. In accordance with the provisions of the Act, expenditure is met and the funds

which are not immediately required are invested through a Portfolio Manager appointed by ESI Corporation as per investment policy of ESIC. Apart from utilisation of the employees and employers share contribution for providing medical care and various cash benefits to the Insured Persons (IPs) for the contingencies like sickness, disablement, maternity benefit, dependent benefit and other charges required to administer the ESI scheme envisaged in the ESI Act, the surplus funds are kept invested in accordance with the investment policy approved by the Standing Committee of ESIC from time to time. According to the Ministry, the current Investment Policy of ESIC includes (i) Government Securities and related instruments (Government bonds) which ranges from 45% to 75%; (ii) Debt instruments (Fixed Deposits of scheduled commercial banks for more than one year) and AAA rated PSU Bonds ranging from 20% to 45%; and (iii) Short Term debt instruments and related instruments ranging from 5% to 10%. The Committee find that the investment amount has been constantly increasing during the last 7 years. As on 30th November, 2022, 73.69% of investment was in Government Securities (G-sec, SDL, Government guaranteed and Government serviced bonds), 21.16% was s AAA rated PSU bonds and 5.14% in short term debt instruments. The Committee note that PSU bonds may carry credit risk and there is decreasing trend in interest received in the last few years. Under the head 'Government Securities' the interest received decreased from Rs.5115.04 crore in 2020- 21 to Rs. 4711.22 in 2021 -22. Similarly, under the head 'Bank Fixed Deposits and SDA' the returns decreased from

Rs.4075.48 crore in 2019-20 to Rs.1290.93 crore in 2021-22. The Ministry have, however, stated that none of the investments in ESIC's portfolio has seen a downgrade or default till date. Nevertheless, mainly on account of the downward trend in the interest money received, the Committee suggest that the investment policy should be reviewed annually without fail and more robust and productive strategy of investing the hard-earned money of the IPs should be chalked out.

28. The Ministry further informed the Committee that for inclusion of investment options in equity and related investments, asset backed, trust-structured and miscellaneous investments, as per the guidelines of the Ministry of Finance, the matter was placed before the ESI Corporation in December, 2022 for revision. The Ministry also stated that the options of considering institutions like EPFO and NPS trust-PFRDA are also being examined by ESIC. The Corporation has accorded approval for initial investment starting at 5% and gradual increase up to 15% after review of two quarters in Exchange Trade Funds (ETFs) i.e. Nifty and Sensex only. The Committee note that there are issues relating to construction of more hospitals and Dispensaries, filling up of vacancies of doctors and medical staff, upgrading infrastructure in the hospitals in rural areas, failure to provide adequate medical services to IPs of newly covered areas, etc. all of which require a substantial amount of funds. The Committee expect that whatever roadmaps the Corporation has been working on is for the optimum benefit for the most deserving workers of the organised and unorganised

sectors whose requirements should be given utmost importance by the Ministry. The Committee are of the opinion that before making changes in the percentage of the amount of the investment, the Corporation should make diligent efforts to address these issues so as to meet the requirements of the Insured Persons.

29. The Committee are surprised to find that ESIC does not organise any special awareness campaigns about their Scheme and facilities. Raising awareness involves the process of informing the general public about a policy or scheme, increasing levels of consciousness for obtaining optimum benefits of the scheme or policy, for which awareness campaigns need to be organized. The Committee, therefore, desire that the Ministry should come up with guidelines for organising special awareness campaigns about the ESIC Scheme, highlighting its benefits, for covering more workers. The Committee also desire that local public representatives should also be involved in the awareness campaigns. The Committee appreciate the idea of involving other wings of the Ministry like EPFO, etc. and work in coordination with them while organizing these campaigns. The Committee would like to be apprised of the progress made in this regard.

New Delhi;
6th September, 2023
15 Bhadrapada, 1945 (Saka)

BHARTRUHARI MAHTAB
CHAIRPERSON,
STANDING COMMITTEE ON LABOUR,
TEXTILES AND SKILL DEVELOPMENT

District wise list of newly approved 76 ESI hospitals

Sl. No.	State	District	Location	No. of beds sanctioned
1.	AndhraPradesh	Guntur	Guntur(ESIC)	100
2.	AndhraPradesh	Vizianagaram	Vizianagaram	100
3.	AndhraPradesh	EastGodawari	Kakinada	100
4.	AndhraPradesh	Ananthpur	Penukonda	100
5.	AndhraPradesh	Vishakapatnam	Vishakhapatnam	400
6.	AndhraPradesh	SriPottiSriramulu(Nellore)	SriCity,Nellore	100
7.	AndhraPradesh	SriPottiSriramulu(Nellore)	Nellore	100
8.	AndhraPradesh	Vishakapatnam	Atchyutapuram	30
9.	Bihar	Muzaffarpur	Muzzafarpur(ESIC)	100
10.	Chhattisgarh	Durg	Bhillai	200
11.	Chhattisgarh	Raigarh	Raigarh	100
12.	Chhattisgarh	Bilaspur	Bilaspur	100
13.	Delhi	NorthDelhi	Narela(ESIC)	80
14.	Goa	NorthGoa	MulgaonGoa	150
15.	Gujarat	Bhavnagar	Alang	50
16.	Gujarat	Ahmedabad	Sanand	350 (upgradable to 500 beds)
17.	Haryana	Jhajjar	Bahadurgarh	100
18.	Haryana	Rewari	Bawal	100
19.	Haryana	Gurgaon	Manesar(ESIC)	500
20.	Haryana	Hissar	Hissar	100
21.	Haryana	Sonipat	Sonepat	150
22.	Haryana	Ambala	Ambala	100
23.	Haryana	Rohtak	Rohtak	100
24.	HimachalPradesh	Sirmaur	KalaAmb	30
25.	Jammu&Kashmir(UT)	Badgam	Ompura,Srinagar	100
26.	Jharkhand	Deoghar	Deoghar	100
27.	Jharkhand	Bokaro	Bokaro(ESIC)	100
28.	Karnataka	BangaloreRural	Doddabalapur	100
29.	Karnataka	BangaloreRural	Bommsandra	200
30.	Karnataka	Shimoga	Shivamoga	100
31.	Karnataka	Kolar	Narsapura	100
32.	Karnataka	Ramanagar	Haroholli	100
33.	Karnataka	Bellary	Bellary	100

34.	Karnataka	Tumkur	Tumkur	100
35.	Karnataka	Udupi	Udupi	100
36.	Kerala	Ernakulam	Perambavoor	100
37.	Leh(UT)	Leh	Leh(ESIC)	30
38.	MadhyaPradesh	Dhar	Pithampur	100
39.	MadhyaPradesh	Jabalpur	Jabalpur	100
40.	Maharashtra	Nagpur	Butibori,Nagpur	200
41.	Maharashtra	Palghar	Palghar(ESIC)	150
42.	Maharashtra	Satara	Satara(ESIC)	100
43.	Maharashtra	Raigad	Pen(ESIC)	200
44.	Maharashtra	Jalgaon	Jalgaon(ESIC)	100
45.	Maharashtra	Pune	Chakan(ESIC)	350
46.	Maharashtra	Raigad	Panvel(ESIC)	100
47.	Odisha	Khurdha	ESIC SS hospital,JagannathPrasad,Bhubaneswar(ESIC)	150
48.	Odisha	Jajpur	Duburi	100
49.	Odisha	Jagatsinghpur	Paradeep	30
50.	Odisha	Jharsuguda	Jharsuguda	100
51.	Punjab	SAS Nagar (Mohali)	SAS Nagar, Lalru	50(Upgradable to 100 beds)
52.	Rajasthan	Bikaner	Bikaner(ESIC)	30
53.	Rajasthan	Chittorgarh	Chittorgarh	30
54.	Sikkim	EastSikkim	Rangpo(ESIC)	30
55.	TamilNadu	Tiruppur	Tirupur	100
56.	TamilNadu	Kanchipuram	Sriperumbudur	100
57.	TamilNadu	Dindigul	Dindigul	100
58.	TamilNadu	Tirupattur	Vaniyamvadi	100
59.	TamilNadu	Thothukudi	Tuticorin	100
60.	TamilNadu	Kanyakumari	Kanyakumari	100
61.	TamilNadu	Chengalpattu	Chengalpattu	100
62.	TamilNadu	Erode	Erode	100
63.	Telangana	Peddapalli	Ramagundam	100
64.	UttarPradesh	Meerut	Meerut(ESIC)	100
65.	UttarPradesh	Firozabad	Firozabad	30
66.	UttarPradesh	Shahjahanpur	Shahjahanpur(ESIC)	30
67.	UttarPradesh	Amroha	Gajraula(ESIC)	30
68.	UttarPradesh	Moradabad	Moradabad	100
69.	UttarPradesh	Gorakhpur	Gorakhpur	100
70.	Uttarakhand	Dehradun	Dehradun	100
71.	Uttarakhand	Udham Singh Nagar	Kashipur	100

72.	Uttarakhand	Haridwar	Sidkularea	300
73.	WestBengal	Darjeeling	Siliguri	100
74.	WestBengal	PurbaMedinapore	Haldia	100
75.	WestBengal	North24Pargana	Garshyamnagar	100
76.	WestBengal	Paschim Midnapore	Kharagpur	100
	TOTAL		76	8780

List of District-wise ESICH/ESISH/Dispensaries details as on 30.11.2022

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
1	AndamanNicobar(UT)	Nicobar	NIL	Nil	Nil
2	AndamanNicobar(UT)	NorthMiddleAndaman	NIL	Nil	Nil
3	AndamanNicobar(UT)	SouthAndaman	NIL	Nil	Nil
4	AndhraPradesh	Ananthpuram	5	Nil	Nil
5	AndhraPradesh	Chitoor	10	Nil	Tirupati
6	AndhraPradesh	EastGodavari	9	Nil	Rajamahendravaram
7	AndhraPradesh	Guntur	7	Nil	Nil
8	AndhraPradesh	Kadapa	4	Nil	Nil
9	AndhraPradesh	Krishna	13	Nil	Vijayawada
10	AndhraPradesh	Kurnool	6	Nil	Nil
11	AndhraPradesh	Nellore	9	Nil	Nil
12	AndhraPradesh	Prakasam	4	Nil	Nil
13	AndhraPradesh	Srikakulam	3	Nil	Nil
14	AndhraPradesh	Visakhapatnam	12	Nil	Visakhapatnam
15	AndhraPradesh	Vizianagaram	5	Nil	Nil
16	AndhraPradesh	WestGodavari	7	Nil	Nil
17	ArunachalPradesh	Anjaw	NIL	Nil	Nil
18	ArunachalPradesh	Changlang	NIL	Nil	Nil
19	ArunachalPradesh	EastKameng	NIL	Nil	Nil
20	ArunachalPradesh	EastSiang	NIL	Nil	Nil
21	ArunachalPradesh	Kamle	NIL	Nil	Nil
22	ArunachalPradesh	KraDaadi	NIL	Nil	Nil
23	ArunachalPradesh	KurungKumey	NIL	Nil	Nil
24	ArunachalPradesh	LepaRada	NIL	Nil	Nil
25	ArunachalPradesh	Lohit	NIL	Nil	Nil
26	ArunachalPradesh	Longding	NIL	Nil	Nil
27	ArunachalPradesh	LowerDibangValley	NIL	Nil	Nil
28	ArunachalPradesh	LowerSiang	NIL	Nil	Nil
29	ArunachalPradesh	LowerSubansiri	NIL	Nil	Nil
30	ArunachalPradesh	Namsai	NIL	Nil	Nil
31	ArunachalPradesh	PakkeKessang	NIL	Nil	Nil
32	ArunachalPradesh	PapumPare	NIL	Nil	Nil
33	ArunachalPradesh	ShiYomi	NIL	Nil	Nil
34	ArunachalPradesh	Siang	NIL	Nil	Nil
35	ArunachalPradesh	Tawang	NIL	Nil	Nil
36	ArunachalPradesh	Tirap	NIL	Nil	Nil
37	ArunachalPradesh	UpperDibangValley	NIL	Nil	Nil
38	ArunachalPradesh	UpperSiang	NIL	Nil	Nil
39	ArunachalPradesh	UpperSubansiri	NIL	Nil	Nil
40	ArunachalPradesh	WestKameng	NIL	Nil	Nil
41	ArunachalPradesh	WestSiang	NIL	Nil	Nil
42	Assam	Bajali	NIL	Nil	Nil
43	Assam	Baksa	NIL	Nil	Nil
44	Assam	Barpeta	NIL	Nil	Nil
45	Assam	Biswanath	NIL	Nil	Nil
46	Assam	Bongaigaon	1	Nil	Nil
47	Assam	Cachar	1	Nil	Nil
48	Assam	Chirang	NIL	Nil	Nil
49	Assam	Darrang	NIL	Nil	Nil
50	Assam	Dhemaji	NIL	Nil	Nil
51	Assam	Dhubri	1	Nil	Nil
52	Assam	Dibrugarh	2	Nil	Nil
53	Assam	DimaHasao	NIL	Nil	Nil
54	Assam	Goalpara	NIL	Nil	Nil
55	Assam	Golaghat	1	Nil	Nil
56	Assam	Hailakandi	NIL	Nil	Nil
57	Assam	Jorhat	1	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
58	Assam	Kamrup	1	Nil	Nil
59	Assam	KamrupMetropolitan	10	Beltola	Nil
60	Assam	KarbiAnglong	NIL	Nil	Nil
61	Assam	Karimganj	NIL	Nil	Nil
62	Assam	Kokrajhar	NIL	Nil	Nil
63	Assam	Lakhimpur	NIL	Nil	Nil
64	Assam	Majuli	NIL	Nil	Nil
65	Assam	Morigaon	1	Nil	Nil
66	Assam	Nagaon	1	Nil	Nil
67	Assam	Nalbari	NIL	Nil	Nil
68	Assam	Sivasagar	NIL	Nil	Nil
69	Assam	Sonitpur	1	Nil	Nil
70	Assam	Tinsukia	5	Tinsukia	Nil
71	Assam	Udalguri	NIL	Nil	Nil
72	Assam	WestKarbiAnglong	NIL	Nil	Nil
73	Bihar	Araria	NIL	Nil	Nil
74	Bihar	Arwal	NIL	Nil	Nil
75	Bihar	Aurangabad	NIL	Nil	Nil
76	Bihar	Banka	NIL	Nil	Nil
77	Bihar	Begusarai	NIL	Nil	Nil
78	Bihar	Bhagalpur	2	Nil	Nil
79	Bihar	Bhojpur	NIL	Nil	Nil
80	Bihar	Buxar	NIL	Nil	Nil
81	Bihar	Darbhanga	NIL	Nil	Nil
82	Bihar	EastChamparan	NIL	Nil	Nil
83	Bihar	Gaya	1	Nil	Nil
84	Bihar	Gopalganj	NIL	Nil	Nil
85	Bihar	Jamui	NIL	Nil	Nil
86	Bihar	Jehanabad	NIL	Nil	Nil
87	Bihar	Kaimur	NIL	Nil	Nil
88	Bihar	Katihar	1	Nil	Nil
89	Bihar	Khagaria	NIL	Nil	Nil
90	Bihar	Kishanganj	NIL	Nil	Nil
91	Bihar	Lakhisarai	NIL	Nil	Nil
92	Bihar	Madhepura	NIL	Nil	Nil
93	Bihar	Madhubani	NIL	Nil	Nil
94	Bihar	Munger	1	Nil	Munger
95	Bihar	Muzaffarpur	1	Nil	Nil
96	Bihar	Nalanda	1	Nil	Nil
97	Bihar	Nawada	NIL	Nil	Nil
98	Bihar	Patna	7	Bihta, Phulwarisharif	Nil
99	Bihar	Purnia	NIL	Nil	Nil
100	Bihar	Rohtas	1	Nil	DalmiaNagar
101	Bihar	Saharsa	NIL	Nil	Nil
102	Bihar	Samastipur	1	Nil	Nil
103	Bihar	Saran	NIL	Nil	Nil
104	Bihar	Sheikhpura	NIL	Nil	Nil
105	Bihar	Sheohar	NIL	Nil	Nil
106	Bihar	Sitamarhi	NIL	Nil	Nil
107	Bihar	Siwan	NIL	Nil	Nil
108	Bihar	Supaul	NIL	Nil	Nil
109	Bihar	Vaishali	1	Nil	Nil
110	Bihar	WestChamparan	NIL	Nil	Nil
111	Chandigarh(UT)	Chandigarh	2	Ramdarbar, Chandigarh	Nil
112	Chhatisgarh	Balod	NIL	Nil	Nil
113	Chhatisgarh	BalodaBazar	3	Nil	Nil
114	Chhatisgarh	Balrampur.	NIL	Nil	Nil
115	Chhatisgarh	Bastar	NIL	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
116	Chhatisgarh	Bemetara	NIL	Nil	Nil
117	Chhatisgarh	Bijapur	NIL	Nil	Nil
118	Chhatisgarh	Bilaspur	3	Nil	Nil
119	Chhatisgarh	Dantewada	NIL	Nil	Nil
120	Chhatisgarh	Dhamtari	1	Nil	Nil
121	Chhatisgarh	Durg	9	Nil	Nil
122	Chhatisgarh	Gariaband	NIL	Nil	Nil
123	Chhatisgarh	Gaurella-Pendra- Marwahi	NIL	Nil	Nil
124	Chhatisgarh	JanjgirChampa	3	Nil	Nil
125	Chhatisgarh	Jashpur	NIL	Nil	Nil
126	Chhatisgarh	Kabirdham	NIL	Nil	Nil
127	Chhatisgarh	Kanker	NIL	Nil	Nil
128	Chhatisgarh	Kondagaon	NIL	Nil	Nil
129	Chhatisgarh	Korba	5	Korba	Nil
130	Chhatisgarh	Koriya	NIL	Nil	Nil
131	Chhatisgarh	Mahasamund	NIL	Nil	Nil
132	Chhatisgarh	Mungeli	NIL	Nil	Nil
133	Chhatisgarh	Narayanpur	NIL	Nil	Nil
134	Chhatisgarh	Raigarh	6	Nil	Nil
135	Chhatisgarh	Raipur	9	Raipur	Nil
136	Chhatisgarh	Rajnandgaon	3	Nil	Nil
137	Chhatisgarh	Sukma	NIL	Nil	Nil
138	Chhatisgarh	Surajpur	NIL	Nil	Nil
139	Chhatisgarh	Surguja	NIL	Nil	Nil
140	DadraNagarHaveliand DamanandDiu(UT)	DadraandNagarHaveli	NIL	Nil	Nil
141	DadraNagarHaveliand DamanandDiu(UT)	Daman	NIL	Nil	Nil
142	DadraNagarHaveliand DamanandDiu(UT)	Diu	NIL	Nil	Nil
143	Delhi(UT)	CentralDelhi	2	Nil	Nil
144	Delhi(UT)	EastDelhi	4	Nil	Nil
145	Delhi(UT)	New Delhi	3	Nil	Nil
146	Delhi(UT)	NorthDelhi	4	Nil	Nil
147	Delhi(UT)	NorthEastDelhi	1	Nil	Nil
148	Delhi(UT)	NorthWest	5	Rohini	Nil
149	Delhi(UT)	Shahdara	NIL	Jhilmil	Nil
150	Delhi(UT)	SouthDelhi	3	Nil	Nil
151	Delhi(UT)	SouthEast	2	Okhla	Nil
152	Delhi(UT)	SouthWestDelhi	3	Nil	Nil
153	Delhi(UT)	WestDelhi	5	Basaidarapur	Nil
154	Goa	NorthGoa	8	Nil	Nil
155	Goa	SouthGoa	7	Nil	Margao
156	Gujarat	Ahmedabad	44	BapuNagar, Naroda	RajpurHirpur
157	Gujarat	Amreli	NIL	Nil	Nil
158	Gujarat	Anand	1	Nil	Nil
159	Gujarat	Aravalli	NIL	Nil	Nil
160	Gujarat	Banaskantha	NIL	Nil	Nil
161	Gujarat	Bharuch	3	Ankleshwar	Nil
162	Gujarat	Bhavnagar	5	Nil	Bhavnagar
163	Gujarat	Botad	NIL	Nil	Nil
164	Gujarat	ChhotaUdaipur	NIL	Nil	Nil
165	Gujarat	Dahod	NIL	Nil	Nil
166	Gujarat	Dang	NIL	Nil	Nil
167	Gujarat	DevbhoomiDwarka	NIL	Nil	Nil
168	Gujarat	Gandhinagar	4	Nil	Kalol
169	Gujarat	GirSomnath	NIL	Nil	Nil
170	Gujarat	Jamnagar	2	Nil	Jamnagar
171	Gujarat	Junagadh	1	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
172	Gujarat	Kheda	1	Nil	Nil
173	Gujarat	Kutch	NIL	Nil	Nil
174	Gujarat	Mahisagar	NIL	Nil	Nil
175	Gujarat	Mehsana	3	Nil	Nil
176	Gujarat	Morbi	2	Nil	Nil
177	Gujarat	Narmada	NIL	Nil	Nil
178	Gujarat	Navsari	1	Nil	Nil
179	Gujarat	Panchmahal	3	Nil	Nil
180	Gujarat	Patan	NIL	Nil	Nil
181	Gujarat	Porbandar	1	Nil	Nil
182	Gujarat	Rajkot	3	Nil	Rajkot
183	Gujarat	Sabarkantha	1	Nil	Nil
184	Gujarat	Surat	9	Nil	Surat
185	Gujarat	Surendranagar	4	Nil	Nil
186	Gujarat	Tapi	NIL	Nil	Nil
187	Gujarat	Vadodara	12	Nil	Baroda
188	Gujarat	Valsad	2	Vapi	Nil
189	Haryana	Ambala	4	Nil	Nil
190	Haryana	Bhiwani	4	Nil	Nil
191	Haryana	CharkhiDadri	NIL	Nil	Nil
192	Haryana	Faridabad	11	FaridabadMedical College	Ballabgarh
193	Haryana	Fatehabad	1	Nil	Nil
194	Haryana	Gurgaon	15	Gurugram, Manesar	Nil
195	Haryana	Hisar	5	Nil	Nil
196	Haryana	Jhajjar	4	Nil	Nil
197	Haryana	Jind	1	Nil	Nil
198	Haryana	Kaithal	NIL	Nil	Nil
199	Haryana	Karnal	1	Nil	Nil
200	Haryana	Kurukshetra	NIL	Nil	Nil
201	Haryana	Mahendragarh	1	Nil	Nil
202	Haryana	Mewat(Nuh)	1	Nil	Nil
203	Haryana	Palwal	2	Nil	Nil
204	Haryana	Panchkula	2	Nil	Nil
205	Haryana	Panipat	4	Nil	Panipat
206	Haryana	Rewari	5	Nil	Nil
207	Haryana	Rohtak	2	Nil	Nil
208	Haryana	Sirsa	1	Nil	Bhiwani
209	Haryana	Sonipat	9	Nil	Nil
210	Haryana	Yamunanagar	9	Nil	Jagadhari
211	HimachalPradesh	Bilaspur	1	Nil	Nil
212	HimachalPradesh	Chamba	NIL	Nil	Nil
213	HimachalPradesh	Hamirpur	NIL	Nil	Nil
214	HimachalPradesh	Kangra	1	Nil	Nil
215	HimachalPradesh	Kinnaur	NIL	Nil	Nil
216	HimachalPradesh	Kullu	NIL	Nil	Nil
217	HimachalPradesh	LahaulSpiti	NIL	Nil	Nil
218	HimachalPradesh	Mandi	NIL	Nil	Nil
219	HimachalPradesh	Shimla	2	Nil	Nil
220	HimachalPradesh	Sirmaur	3	Nil	Nil
221	HimachalPradesh	Solan	7	Baddi	Parwanoo
222	HimachalPradesh	Una	3	Nil	Nil
223	JammuKashmir(UT)	Anantnag	NIL	Nil	Nil
224	JammuKashmir(UT)	Bandipora	NIL	Nil	Nil
225	JammuKashmir(UT)	Baramulla	NIL	Nil	Nil
226	JammuKashmir(UT)	Budgam	NIL	Nil	Nil
227	JammuKashmir(UT)	Doda	NIL	Nil	Nil
228	JammuKashmir(UT)	Ganderbal	NIL	Nil	Nil
229	JammuKashmir(UT)	Jammu	2	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
230	JammuKashmir(UT)	Kathua	1	Nil	Nil
231	JammuKashmir(UT)	Kishtwar	NIL	Nil	Nil
232	JammuKashmir(UT)	Kulgam	NIL	Nil	Nil
233	JammuKashmir(UT)	Kupwara	NIL	Nil	Nil
234	JammuKashmir(UT)	Poonch	NIL	Nil	Nil
235	JammuKashmir(UT)	Pulwama	NIL	Nil	Nil
236	JammuKashmir(UT)	Rajouri	NIL	Nil	Nil
237	JammuKashmir(UT)	Ramban	NIL	Nil	Nil
238	JammuKashmir(UT)	Reasi	NIL	Nil	Nil
239	JammuKashmir(UT)	Samba	1	Bari-Brahmana	Nil
240	JammuKashmir(UT)	Shopian	NIL	Nil	Nil
241	JammuKashmir(UT)	Srinagar	4	Nil	Nil
242	JammuKashmir(UT)	Udhampur	NIL	Nil	Nil
243	Jharkhand	Bokaro	1	Nil	Nil
244	Jharkhand	Chatra	NIL	Nil	Nil
245	Jharkhand	Deoghar	2	Nil	Nil
246	Jharkhand	Dhanbad	4	Nil	Maithan
247	Jharkhand	Dumka	NIL	Nil	Nil
248	Jharkhand	EastSinghbhum	3	Nil	Nil
249	Jharkhand	Garhwa	NIL	Nil	Nil
250	Jharkhand	Giridih	1	Nil	Nil
251	Jharkhand	Godda	NIL	Nil	Nil
252	Jharkhand	Gumla	NIL	Nil	Nil
253	Jharkhand	Hazaribagh	NIL	Nil	Nil
254	Jharkhand	Jamtara	NIL	Nil	Nil
255	Jharkhand	Khunti	NIL	Nil	Nil
256	Jharkhand	Koderma	1	Nil	Nil
257	Jharkhand	Latehar	NIL	Nil	Nil
258	Jharkhand	Lohardaga	NIL	Nil	Nil
259	Jharkhand	Pakur	NIL	Nil	Nil
260	Jharkhand	Palamu	NIL	Nil	Nil
261	Jharkhand	Ramgarh	1	Nil	Nil
262	Jharkhand	Ranchi	5	NamkumRanchi	Nil
263	Jharkhand	Sahebganj	NIL	Nil	Nil
264	Jharkhand	SeraikelaKharsawan	3	Nil	Nil
265	Jharkhand	Simdega	NIL	Nil	Nil
266	Jharkhand	WestSinghbhum	NIL	Adityapur	Nil
267	Karnataka	Bagalkot	2	Nil	Nil
268	Karnataka	Bangalore	42	Peenya,Rajaji Nagar	Indiranagar
269	Karnataka	BangaloreRural	3	Nil	Nil
270	Karnataka	Belgaum	8	Nil	Belgaum
271	Karnataka	Bellary	2	Nil	Nil
272	Karnataka	Bidar	NIL	Nil	Nil
273	Karnataka	Chamarajanagar	NIL	Nil	Nil
274	Karnataka	Chikballapur	NIL	Nil	Nil
275	Karnataka	Chikkamagaluru	NIL	Nil	Nil
276	Karnataka	Chitradurga	1	Nil	Nil
277	Karnataka	DakshinKannada	5	Nil	Mangalore
278	Karnataka	Davangere	3	Nil	Devangare
279	Karnataka	Dharwad	6	Nil	Hubli
280	Karnataka	Gadag	2	Nil	Nil
281	Karnataka	Hassan	1	Nil	Nil
282	Karnataka	Haveri	NIL	Nil	Nil
283	Karnataka	Kalaburagi	5	Gulbarga	Shahbad
284	Karnataka	Kodagu	NIL	Nil	Nil
285	Karnataka	Kolar	2	Nil	Nil
286	Karnataka	Koppal	1	Nil	Nil
287	Karnataka	Mandya	3	Nil	Nil
288	Karnataka	Mysuru	9	Nil	Mysore

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
289	Karnataka	Raichur	1	Nil	Nil
290	Karnataka	Ramanagara	3	Nil	Nil
291	Karnataka	Shimoga	5	Nil	Nil
292	Karnataka	Tumkur	3	Nil	Nil
293	Karnataka	Udupi	4	Nil	Nil
294	Karnataka	UttaraKannada	1	Nil	Dandeli
295	Karnataka	Vijayapura	1	Nil	Nil
296	Karnataka	Yadgir	NIL	Nil	Nil
297	Kerala	Alappuzha	14	Nil	Alleppy
298	Kerala	Ernakulam	20	UdyogMandal	Ernakulam
299	Kerala	Idukki	2	Nil	Nil
300	Kerala	Kannur	11	Nil	Thottada
301	Kerala	Kasaragod	1	Nil	Nil
302	Kerala	Kollam	30	Asramam- Kollam,Ezhuk one	Nil
303	Kerala	Kottayam	9	Nil	Vadavathur
304	Kerala	Kozhikode	12	Nil	Feroke
305	Kerala	Malappuram	7	Nil	Palakkad
306	Kerala	Palakkad	7	Nil	Nil
307	Kerala	Pathanamthitta	4	Nil	Nil
308	Kerala	Thiruvananthapuram	12	Nil	Perookada
309	Kerala	Thrissure	15	Nil	Mulamkunnathukam, Olarikara
310	Kerala	Wayanad	1	Nil	Nil
311	Ladakh(UT)	Kargil	NIL	Nil	Nil
312	Ladakh(UT)	Leh	NIL	Nil	Nil
313	Lakshadweep(UT)	Lakshadweep(Kavarathi)	NIL	Nil	Nil
314	MadhyaPradesh	AgarMalwa	NIL	Nil	Nil
315	MadhyaPradesh	Alirajpur	NIL	Nil	Nil
316	MadhyaPradesh	Anuppur	NIL	Nil	Nil
317	MadhyaPradesh	Ashoknagar	NIL	Nil	Nil
318	MadhyaPradesh	Badwani(Barwani)	NIL	Nil	Nil
319	MadhyaPradesh	Balaghat	NIL	Nil	Nil
320	MadhyaPradesh	Betul	NIL	Nil	Nil
321	MadhyaPradesh	Bhind	1	Nil	Nil
322	MadhyaPradesh	Bhopal	3	Nil	Bhopal
323	MadhyaPradesh	Burhanpur	1	Nil	Nil
324	MadhyaPradesh	Chhatarpur	NIL	Nil	Nil
325	MadhyaPradesh	Chhindwara	NIL	Nil	Nil
326	MadhyaPradesh	Damoh	NIL	Nil	Nil
327	MadhyaPradesh	Datia	NIL	Nil	Nil
328	MadhyaPradesh	Dewas	3	Nil	Dewas
329	MadhyaPradesh	Dhar	2	Nil	Nil
330	MadhyaPradesh	Dindori	NIL	Nil	Nil
331	MadhyaPradesh	Guna	NIL	Nil	Nil
332	MadhyaPradesh	Gwalior	6	Nil	Gwalior
333	MadhyaPradesh	Harda	NIL	Nil	Nil
334	MadhyaPradesh	Hoshangabad	NIL	Nil	Nil
335	MadhyaPradesh	Indore	7	Indore	Indore(T.B.)
336	MadhyaPradesh	Jabalpur	4	Nil	Nil
337	MadhyaPradesh	Jhabua	NIL	Nil	Nil
338	MadhyaPradesh	Katni	2	Nil	Nil
339	MadhyaPradesh	Khandwa	NIL	Nil	Nil
340	MadhyaPradesh	Khargone	NIL	Nil	Nil
341	MadhyaPradesh	Mandla	NIL	Nil	Nil
342	MadhyaPradesh	Mandsaur	1	Nil	Nil
343	MadhyaPradesh	Morena	1	Nil	Nil
344	MadhyaPradesh	Narsinghpur	NIL	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
345	MadhyaPradesh	Neemuch	NIL	Nil	Nil
346	MadhyaPradesh	Niwari	NIL	Nil	Nil
347	MadhyaPradesh	Panna	NIL	Nil	Nil
348	MadhyaPradesh	Raisen	2	Nil	Nil
349	MadhyaPradesh	Rajgarh	NIL	Nil	Nil
350	MadhyaPradesh	Ratlam	2	Nil	Nil
351	MadhyaPradesh	Rewa	NIL	Nil	Nil
352	MadhyaPradesh	Sagar	1	Nil	Nil
353	MadhyaPradesh	Satna	1	Nil	Nil
354	MadhyaPradesh	Sehore	NIL	Nil	Nil
355	MadhyaPradesh	Seoni	NIL	Nil	Nil
356	MadhyaPradesh	Shahdol	1	Nil	Nil
357	MadhyaPradesh	Shajapur	NIL	Nil	Nil
358	MadhyaPradesh	Sheopur	NIL	Nil	Nil
359	MadhyaPradesh	Shivpuri	NIL	Nil	Nil
360	MadhyaPradesh	Sidhi	NIL	Nil	Nil
361	MadhyaPradesh	Singrauli	NIL	Nil	Nil
362	MadhyaPradesh	Tikamgarh	NIL	Nil	Nil
363	MadhyaPradesh	Ujjain	4	Nil	Nagda,Ujjain
364	MadhyaPradesh	Umaria	NIL	Nil	Nil
365	MadhyaPradesh	Vidisha	NIL	Nil	Nil
366	Maharashtra	Ahmednagar	NIL	Nil	Nil
367	Maharashtra	Akola	NIL	Nil	Nil
368	Maharashtra	Amravati	1	Nil	Nil
369	Maharashtra	Aurangabad	4	Nil	Aurangabad
370	Maharashtra	Beed	NIL	Nil	Nil
371	Maharashtra	Bhandara	NIL	Nil	Nil
372	Maharashtra	Buldhana	NIL	Nil	Nil
373	Maharashtra	Chandrapur	1	Nil	Nil
374	Maharashtra	Dhule	1	Nil	Nil
375	Maharashtra	Gadchiroli	NIL	Nil	Nil
376	Maharashtra	Gondia	NIL	Nil	Nil
377	Maharashtra	Hingoli	NIL	Nil	Nil
378	Maharashtra	Jalgaon	4	Nil	Nil
379	Maharashtra	Jalna	NIL	Nil	Nil
380	Maharashtra	Kolhapur	7	Kolhapur	Nil
381	Maharashtra	Latur	NIL	Nil	Nil
382	Maharashtra	MumbaiCity	NIL	Nil	Worli
383	Maharashtra	MumbaiSuburban	7	Andheri	Kandivali,Mulund
384	Maharashtra	Nagpur	16	Nil	Nagpur
385	Maharashtra	Nanded	2	Nil	Nil
386	Maharashtra	Nandurbar	NIL	Nil	Nil
387	Maharashtra	Nashik	5	Nil	Nasik
388	Maharashtra	Osmanabad	NIL	Nil	Washi
389	Maharashtra	Palghar	NIL	Nil	Nil
390	Maharashtra	Parbhani	NIL	Nil	Nil
391	Maharashtra	ParelMumbaiCity	NIL	Nil	MGM
392	Maharashtra	Pune	14	Bibvewadi	Chinchwad(Pune)
393	Maharashtra	Raigad	NIL	Nil	Nil
394	Maharashtra	Ratnagiri	NIL	Nil	Nil
395	Maharashtra	Sangli	2	Nil	Nil
396	Maharashtra	Satara	1	Nil	Nil
397	Maharashtra	Sindhudurg	NIL	Nil	Nil
398	Maharashtra	Solapur	3	Nil	Sholapur
399	Maharashtra	Thane	NIL	Nil	Thane,Ulhasnagar
400	Maharashtra	Wardha	NIL	Nil	Nil
401	Maharashtra	Washim	NIL	Nil	Nil
402	Maharashtra	Yavatmal	NIL	Nil	Nil
403	Manipur	Bishnupur	NIL	Nil	Nil
404	Manipur	Chandel	NIL	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
405	Manipur	Churachandpur	NIL	Nil	Nil
406	Manipur	ImphalEast	NIL	Nil	Nil
407	Manipur	ImphalWest	NIL	Nil	Nil
408	Manipur	Jiribam	NIL	Nil	Nil
409	Manipur	Kakching	NIL	Nil	Nil
410	Manipur	Kamjong	NIL	Nil	Nil
411	Manipur	Kangpokpi	NIL	Nil	Nil
412	Manipur	Noney	NIL	Nil	Nil
413	Manipur	Pherzawl	NIL	Nil	Nil
414	Manipur	Senapati	NIL	Nil	Nil
415	Manipur	Tamenglong	NIL	Nil	Nil
416	Manipur	Tengnoupal	NIL	Nil	Nil
417	Manipur	Thoubal	NIL	Nil	Nil
418	Manipur	Ukhrul	NIL	Nil	Nil
419	Meghalaya	EastGaroHills	NIL	Nil	Nil
420	Meghalaya	EastJaintiaHills	NIL	Nil	Nil
421	Meghalaya	EasternwestKhasiHills	1	Nil	Nil
422	Meghalaya	Mairang	NIL	Nil	Nil
423	Meghalaya	NorthGaroHills	NIL	Nil	Nil
424	Meghalaya	RiBhoi	1	Nil	Nil
425	Meghalaya	Shillong	NIL	Nil	Nil
426	Meghalaya	SouthGaroHills	NIL	Nil	Nil
427	Meghalaya	SouthWestGaroHills	NIL	Nil	Nil
428	Meghalaya	SouthWestKhasiHills	NIL	Nil	Nil
429	Meghalaya	WestGaroHills	NIL	Nil	Nil
430	Meghalaya	WestJaintiaHills	NIL	Nil	Nil
431	Meghalaya	WestKhasiHills	NIL	Nil	Nil
432	Mizoram	Aizawl	1	Nil	Nil
433	Mizoram	Champhai	NIL	Nil	Nil
434	Mizoram	Hnahthial	NIL	Nil	Nil
435	Mizoram	Khawzawl	NIL	Nil	Nil
436	Mizoram	Kolasib	NIL	Nil	Nil
437	Mizoram	Lawngtlai	NIL	Nil	Nil
438	Mizoram	Lunglei	NIL	Nil	Nil
439	Mizoram	Mamit	NIL	Nil	Nil
440	Mizoram	Saiha	NIL	Nil	Nil
441	Mizoram	Saitual	NIL	Nil	Nil
442	Mizoram	Serchhip	NIL	Nil	Nil
443	Nagaland	Chumukedima	NIL	Nil	Nil
444	Nagaland	Dimapur	1	Nil	Nil
445	Nagaland	Kiphire	NIL	Nil	Nil
446	Nagaland	Kohima	1	Nil	Nil
447	Nagaland	Longleng	NIL	Nil	Nil
448	Nagaland	Mokokchung	1	Nil	Nil
449	Nagaland	Mon	NIL	Nil	Nil
450	Nagaland	Niuland	NIL	Nil	Nil
451	Nagaland	Noklak	NIL	Nil	Nil
452	Nagaland	Peren	NIL	Nil	Nil
453	Nagaland	Phek	NIL	Nil	Nil
454	Nagaland	Shamator	NIL	Nil	Nil
455	Nagaland	Tseminyu	NIL	Nil	Nil
456	Nagaland	Tuensang	NIL	Nil	Nil
457	Nagaland	Wokha	NIL	Nil	Nil
458	Nagaland	Zunheboto	NIL	Nil	Nil
459	Odisha	Angul	3	Angul	Nil
460	Odisha	Balangir	1	Nil	Nil
461	Odisha	Baleswara(Balasore)	2	Nil	Nil
462	Odisha	Bargarh(Baragarh)	1	Nil	Nil
463	Odisha	Bhadrak	1	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
464	Odisha	Boudh	NIL	Nil	Nil
465	Odisha	Cuttack	7	Nil	Choudwar
466	Odisha	Debagarh	NIL	Nil	Nil
467	Odisha	Dhenkanal	2	Nil	Nil
468	Odisha	Gajapati	NIL	Nil	Nil
469	Odisha	Ganjam	3	Nil	Nil
470	Odisha	Jagatsinghpur	1	Nil	Nil
471	Odisha	Jajpur	2	Nil	Nil
472	Odisha	Jharsuguda	2	Nil	Brajarajanagar
473	Odisha	Kalahandi	NIL	Nil	Nil
474	Odisha	Kandhamal	NIL	Nil	Nil
475	Odisha	Kendrapara	NIL	Nil	Nil
476	Odisha	Kendujhar	2	Nil	Barbil
477	Odisha	Khordha	2	Nil	Bhubaneshwar
478	Odisha	Koraput	2	Nil	Nil
479	Odisha	Malkangiri	NIL	Nil	Nil
480	Odisha	Mayurbhanj	1	Nil	Nil
481	Odisha	Nabarangpur	NIL	Nil	Nil
482	Odisha	Nayagarh	NIL	Nil	Nil
483	Odisha	Nuapada	NIL	Nil	Nil
484	Odisha	Puri	1	Nil	Nil
485	Odisha	Rayagad	NIL	Nil	Jaykapur
486	Odisha	Sambalpur	2	Nil	Nil
487	Odisha	Subarnapur	NIL	Nil	Nil
488	Odisha	Sundargarh	6	Rourkela	Rajgangpur,Kansbahal
489	Puducherry(UT)	Karaikal	1	Nil	Nil
490	Puducherry(UT)	Mahe	2	Nil	Nil
491	Puducherry(UT)	Puducherry	11	Nil	GorimeduHospital
492	Puducherry(UT)	Yanam	1	Nil	Nil
493	Punjab	Amritsar	3	Nil	Amritsar
494	Punjab	Barnala	1	Nil	Nil
495	Punjab	Bathinda	4	Nil	Nil
496	Punjab	Faridkot	1	Nil	Nil
497	Punjab	FatehgarhSahib	4	Nil	MandiGobindgar
498	Punjab	Fazilka	1	Nil	Nil
499	Punjab	Firozpur	NIL	Nil	Nil
500	Punjab	Gurdaspur	3	Nil	Nil
501	Punjab	Hoshiarpur	4	Nil	Hoshiarpur
502	Punjab	Jalandhar	7	Nil	Jalandhar
503	Punjab	Kapurthala	4	Nil	Phagwara
504	Punjab	Ludhiana	12	Ludhiana	Nil
505	Punjab	Malerkotla	NIL	Nil	Nil
506	Punjab	Mansa	1	Nil	Nil
507	Punjab	Moga	1	Nil	Nil
508	Punjab	Mohali	6	Nil	Nil
509	Punjab	Pathankot	1	Nil	Nil
510	Punjab	Patiala	4	Nil	Nil
511	Punjab	Rupnagar	2	Nil	Mohali
512	Punjab	Sangrur	6	Nil	Nil
513	Punjab	SASNAGAR(MOHALI)	1	Nil	Nil
514	Punjab	ShaheedBhagatSingh Nagar	NIL	Nil	Nil
515	Punjab	SriMuktsarSahib	1	Nil	Nil
516	Punjab	TarnTaran	2	Nil	Nil
517	Rajasthan	Ajmer	4	Nil	Nil
518	Rajasthan	Alwar	6	Alwar,Bhiwadi	Nil
519	Rajasthan	Banswara	1	Nil	Nil
520	Rajasthan	Baran	1	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
521	Rajasthan	Barmer	NIL	Nil	Nil
522	Rajasthan	Bharatpur	2	Nil	Nil
523	Rajasthan	Bhilwara	6	Nil	Bhilwara
524	Rajasthan	Bikaner	3	Nil	Nil
525	Rajasthan	Bundi	NIL	Nil	Nil
526	Rajasthan	Chittaurgarh	1	Nil	Nil
527	Rajasthan	Churu	NIL	Nil	Nil
528	Rajasthan	Dausa	1	Nil	Nil
529	Rajasthan	Dholpur	1	Nil	Nil
530	Rajasthan	Dungarpur	1	Nil	Nil
531	Rajasthan	Hanumangarh	1	Nil	Nil
532	Rajasthan	Jaipur	18	Jaipur	Nil
533	Rajasthan	Jaisalmer	1	Nil	Nil
534	Rajasthan	Jalore	NIL	Nil	Nil
535	Rajasthan	Jhalawar	1	Nil	Nil
536	Rajasthan	Jhunjhunu	NIL	Nil	Nil
537	Rajasthan	Jodhpur	5	Nil	Jodhpur
538	Rajasthan	Karauli	NIL	Nil	Nil
539	Rajasthan	Kota	3	Nil	Kota
540	Rajasthan	Nagaur	1	Nil	Nil
541	Rajasthan	Pali	3	Nil	Pali
542	Rajasthan	Pratapgarh	NIL	Nil	Nil
543	Rajasthan	Rajsamand	2	Nil	Nil
544	Rajasthan	SawaiMadhopur	NIL	Nil	Nil
545	Rajasthan	Sikar	2	Nil	Nil
546	Rajasthan	Sirohi	1	Nil	Nil
547	Rajasthan	SriGanganagar	3	Nil	Nil
548	Rajasthan	Tonk	1	Nil	Nil
549	Rajasthan	Udaipur	5	Udaipur	Nil
550	Sikkim	EastSikkim	1	Nil	Nil
551	Sikkim	NorthSikkim	NIL	Nil	Nil
552	Sikkim	SouthSikkim	1	Nil	Nil
553	Sikkim	WestSikkim	NIL	Nil	Nil
554	TamilNadu	Ariyalur	1	Nil	Nil
555	TamilNadu	Chengalpattu	NIL	Nil	Nil
556	TamilNadu	Chennai	20	KKNagar	Ayanavaram
557	TamilNadu	Coimbatore	31	Nil	Coimbatore
558	TamilNadu	Cuddalore	7	Nil	Nil
559	TamilNadu	Dharmapuri	3	Nil	Nil
560	TamilNadu	Dindigul	10	Nil	Nil
561	TamilNadu	Erode	7	Nil	Nil
562	TamilNadu	Kallakurichi	NIL	Nil	Nil
563	TamilNadu	Kanchipuram	11	Nil	Nil
564	TamilNadu	Kanyakumari	8	Nil	Nil
565	TamilNadu	Karur	3	Nil	Nil
566	TamilNadu	Krishnagiri	5	Nil	Hosure
567	TamilNadu	Madurai	10	Nil	Madurai
568	TamilNadu	Mayiladuthurai	1	Nil	Nil
569	TamilNadu	Nagapattinam	1	Nil	Nil
570	TamilNadu	Namakkal	6	Nil	Nil
571	TamilNadu	Nilgiris	1	Nil	Nil
572	TamilNadu	Perambalur	NIL	Nil	Nil
573	TamilNadu	Pudukkottai	3	Nil	Nil
574	TamilNadu	Ramanathapuram	1	Nil	Nil
575	TamilNadu	Ranipet	4	Nil	Nil
576	TamilNadu	Salem	11	Nil	Salem
577	TamilNadu	Sivaganga	4	Nil	Nil
578	TamilNadu	Tenkasi	NIL	Nil	Nil
579	TamilNadu	Thanjavur	4	Nil	Nil
580	TamilNadu	Theni	2	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
581	TamilNadu	Thoothukudi	6	Nil	Nil
582	TamilNadu	Tirucharapally	6	Nil	Tirucharapally
583	TamilNadu	Tirunelveli	11	Tirunelveli	Nil
584	TamilNadu	Tirupattur	2	Nil	Nil
585	TamilNadu	Tiruppur	15	Nil	Nil
586	TamilNadu	Tiruvallur	9	Nil	Nil
587	TamilNadu	Tiruvannamalai	2	Nil	Nil
588	TamilNadu	Tiruvarur	1	Nil	Nil
589	TamilNadu	Vellore	4	Nil	Vellore
590	TamilNadu	Viluppuram	1	Nil	Nil
591	TamilNadu	Virudhunagar	14	Nil	Sivakasi
592	Telangana	Adilabad	NIL	Nil	Sirpurkagaznagar
593	Telangana	BhadradiKothagudem	2	Nil	Nil
594	Telangana	Hanamkonda	1	Nil	Nil
595	Telangana	Hyderabad	25	Sanath Nagar MC,SanathNagarS ST	Nacharam
596	Telangana	Jagtial	NIL	Nil	Nil
597	Telangana	Jangaon	NIL	Nil	Nil
598	Telangana	Jayashankar	NIL	Nil	Nil
599	Telangana	Jogulamba	NIL	Nil	Nil
600	Telangana	Kamareddy	NIL	Nil	Nil
601	Telangana	Karimnagar	NIL	Nil	Nil
602	Telangana	Khammam	NIL	Nil	Nil
603	Telangana	KomaramBheem	1	Nil	Nil
604	Telangana	Mahabubabad	NIL	Nil	Nil
605	Telangana	Mahbubnagar	3	Nil	Nil
606	Telangana	Mancherial	1	Nil	Nil
607	Telangana	Medak	1	Nil	R.C.Puram
608	Telangana	Medchal	13	Nil	Nil
609	Telangana	Mulugu	NIL	Nil	Nil
610	Telangana	Nagarkurnool	NIL	Nil	Nil
611	Telangana	Nalgonda	1	Nil	Nil
612	Telangana	Narayanpet	NIL	Nil	Nil
613	Telangana	Nirmal	1	Nil	Nil
614	Telangana	Nizamabad	2	Nil	Nizamabad
615	Telangana	Peddapalli	2	Nil	Nil
616	Telangana	RajannaSircilla	NIL	Nil	Nil
617	Telangana	RangaReddy	4	Nil	Nil
618	Telangana	Sangareddy	7	Nil	Nil
619	Telangana	Siddipet	NIL	Nil	Nil
620	Telangana	Suryapet	NIL	Nil	Nil
621	Telangana	Vikarabad	NIL	Nil	Nil
622	Telangana	Wanaparthy	NIL	Nil	Nil
623	Telangana	Warangal	3	Nil	Warangal
624	Telangana	YadadriBhuvanagiri	3	Nil	Nil
625	Tripura	Dhalai	1	Nil	Nil
626	Tripura	Gomati	1	Nil	Nil
627	Tripura	Khowai	NIL	Nil	Nil
628	Tripura	NorthTripura	1	Nil	Nil
629	Tripura	Sepahijala	1	Nil	Nil
630	Tripura	SouthTripura	NIL	Nil	Nil
631	Tripura	Unakoti	NIL	Nil	Nil
632	Tripura	WestTripura	1	Nil	Nil
633	UttarPradesh	Agra	6	Nil	Agra
634	UttarPradesh	Aligarh	2	Nil	Aligarh
635	UttarPradesh	Allahabad(Prayagraj)	5	Nil	Naini Allahabad
636	UttarPradesh	AmbedkarNagar	NIL	Nil	Nil
637	UttarPradesh	Amethi	1	Nil	Nil

638	UttarPradesh	Amroha	1	Nil	Nil
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S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
639	UttarPradesh	Auraiya	NIL	Nil	Nil
640	UttarPradesh	Ayodhya	NIL	Nil	Nil
641	UttarPradesh	Azamgarh	NIL	Nil	Nil
642	UttarPradesh	Baghpat	NIL	Nil	Nil
643	UttarPradesh	Bahraich	NIL	Nil	Nil
644	UttarPradesh	Ballia	NIL	Nil	Nil
645	UttarPradesh	Balrampur	NIL	Nil	Nil
646	UttarPradesh	Banda	NIL	Nil	Nil
647	UttarPradesh	Barabanki	1	Nil	Nil
648	UttarPradesh	Bareilly	3	Bareilly	Nil
649	UttarPradesh	Basti	NIL	Nil	Nil
650	UttarPradesh	Bhadohi(SantRavidas Nagar	1	Nil	Nil
651	UttarPradesh	Bijnor	1	Nil	Nil
652	UttarPradesh	Budaun	NIL	Nil	Nil
653	UttarPradesh	Bulandshahr	3	Nil	Nil
654	UttarPradesh	Chandauli	NIL	Nil	Nil
655	UttarPradesh	Chitrakoot	NIL	Nil	Nil
656	UttarPradesh	Deoria	NIL	Nil	Nil
657	UttarPradesh	Etah	NIL	Nil	Nil
658	UttarPradesh	Etawah	1	Nil	Nil
659	UttarPradesh	Faizabad	Nil	Nil	Nil
660	UttarPradesh	Farrukhabad	1	Nil	Nil
661	UttarPradesh	Fatehpur	1	Nil	Nil
662	UttarPradesh	Firozabad	3	Nil	Nil
663	UttarPradesh	GautambudhNagar (Noida)	4	Noida	Nil
664	UttarPradesh	Ghaziabad	8	Sahibabad	ModiNagar
665	UttarPradesh	Ghazipur	NIL	Nil	Nil
666	UttarPradesh	Gonda	NIL	Nil	Nil
667	UttarPradesh	Gorakhpur	3	Nil	Nil
668	UttarPradesh	Hamirpur	NIL	Nil	Nil
669	UttarPradesh	Hapur	1	Nil	Nil
670	UttarPradesh	Hardoi	1	Nil	Nil
671	UttarPradesh	Hathras	1	Nil	Nil
672	UttarPradesh	Jalaun	NIL	Nil	Nil
673	UttarPradesh	Jaunpur	NIL	Nil	Nil
674	UttarPradesh	Jhansi	2	Nil	Nil
675	UttarPradesh	Kannauj	NIL	Nil	Nil
676	UttarPradesh	Kanpur	17	Jajmau	Azad Nagar (Chest),Pandunagar, Sarvodyanagar,(MA T),KidwaiNagar
677	UttarPradesh	KanpurDehat	1	Nil	Nil
678	UttarPradesh	Kasganj	NIL	Nil	Nil
679	UttarPradesh	Kaushambi	NIL	Nil	Nil
680	UttarPradesh	Kheri	NIL	Nil	Nil
681	UttarPradesh	Kushinagar	NIL	Nil	Nil
682	UttarPradesh	Lalitpur	NIL	Nil	Nil
683	UttarPradesh	Lucknow	6	SarojiniNagar	Nil
684	UttarPradesh	Maharajganj	NIL	Nil	Nil
685	UttarPradesh	Mahoba	NIL	Nil	Nil
686	UttarPradesh	Mainpuri	1	Nil	Nil
687	UttarPradesh	Mathura	1	Nil	Nil
688	UttarPradesh	Mau	NIL	Nil	Nil
689	UttarPradesh	Meerut	2	Nil	Nil
690	UttarPradesh	Mirzapur	1	Nil	Nil
691	UttarPradesh	Moradabad	2	Nil	Nil
692	UttarPradesh	Muzaffarnagar	1	Nil	Nil
693	UttarPradesh	Pilibhit	NIL	Nil	Nil

S.No	State	Districts	No.ofdispensary	ExistingESICHospital sinDistrict	ExistingESISHospitalsin District
694	UttarPradesh	Pratapgarh	NIL	Nil	Nil
695	UttarPradesh	Raebareli	1	Nil	Nil
696	UttarPradesh	Rampur	1	Nil	Nil
697	UttarPradesh	Saharanpur	2	Nil	Saharanpur
698	UttarPradesh	Sambhal	NIL	Nil	Nil
699	UttarPradesh	SantKabirNagar	1	Nil	Nil
700	UttarPradesh	Shahjahanpur	1	Nil	Nil
701	UttarPradesh	Shamli	NIL	Nil	Nil
702	UttarPradesh	Shravasti	NIL	Nil	Nil
703	UttarPradesh	Siddharthnagar	NIL	Nil	Nil
704	UttarPradesh	Sitapur	1	Nil	Nil
705	UttarPradesh	Sonbhadra	1	Nil	Pipri
706	UttarPradesh	Sultanpur	NIL	Nil	Nil
707	UttarPradesh	Unnao	1	Nil	Nil
708	UttarPradesh	Varanasi	7	Varanasi	Nil
709	Uttarakhand	Almora	NIL	Nil	Nil
710	Uttarakhand	Bageshwar	NIL	Nil	Nil
711	Uttarakhand	Chamoli	NIL	Nil	Nil
712	Uttarakhand	Champawat	NIL	Nil	Nil
713	Uttarakhand	Dehradun	11	Nil	Nil
714	Uttarakhand	Haridwar	6	Nil	Nil
715	Uttarakhand	Nainital	4	Nil	Nil
716	Uttarakhand	Pauri	1	Nil	Nil
717	Uttarakhand	Pithoragarh	NIL	Nil	Nil
718	Uttarakhand	Rudraprayag	NIL	Nil	Nil
719	Uttarakhand	Tehri	1	Nil	Nil
720	Uttarakhand	UdhamsinghNagar	7	Rudrapur	Nil
721	Uttarakhand	Uttarkashi	NIL	Nil	Nil
722	WestBengal	Alipurduar	NIL	Nil	Nil
723	WestBengal	Bankura	NIL	Nil	Nil
724	WestBengal	Birbhum	NIL	Nil	Nil
725	WestBengal	CoochBehar	NIL	Nil	Nil
726	WestBengal	DakshinDinajpur	NIL	Nil	Nil
727	WestBengal	Darjeeling	1	Nil	Nil
728	WestBengal	EastBardhaman	NIL	Nil	Nil
729	WestBengal	Hooghly	6	Nil	Bandel,Gourhati, Serampore
730	WestBengal	Howrah	6	Nil	Baltikuri,BellurBelly, Uluberia
731	WestBengal	Jalpaiguri	1	Nil	Nil
732	WestBengal	Jhargram	NIL	Nil	Nil
733	WestBengal	Kalimpong	NIL	Nil	Nil
734	WestBengal	Kolkata	5	Nil	Manicktala,Sealdah
735	WestBengal	Malda	NIL	Nil	Nil
736	WestBengal	Murshidabad	NIL	Nil	Nil
737	WestBengal	Nadia	1	Nil	Kalyani
738	WestBengal	North24parganas	8	Nil	Kamarhati
739	WestBengal	PaschimMedinipur	NIL	Nil	Nil
740	WestBengal	PurbaMedinipur	NIL	Nil	Nil
741	WestBengal	Purulia	NIL	Nil	Nil
742	WestBengal	South24Parganas	9	Joka	Budge-Budge
743	WestBengal	UttarDinajpur	NIL	Nil	Nil
744	WestBengal	WestBardhaman	4	Nil	Asansol,Durgapur
			1502	51	109

Details of the 39 ESI hospitals sanctioned in 2019

Sl. No.	State	Location	Sanctioned Beds	Status
1.	Odisha	Angul	100	Completed & Operationalised.
Newly Approved Hospitals in Construction stage				
2.	Andhra Pradesh	Kakinada	100	Under construction
3.	Chhattisgarh	Bhilai	200	Under construction
4.	Chhattisgarh	Raigarh	100	Under construction
5.	Haryana	Bawal	100	Under construction
6.	Karnataka	Dodaballapur	100	Under construction
7.	Karnataka	Shivamoga	100	Under construction
8.	Rajasthan	Bikaner	30	Under construction
9.	West Bengal	Siliguri	100	Under construction
10.	West Bengal	Haldia	100	Under construction
11.	Tamil Nadu	Tirupur	100	Under construction
12.	Haryana	Bahadurgarh	100	Under construction
13.	Himachal Pradesh	Kala Amb	30	Under construction
14.	Andhra Pradesh	Vizianagaram	100	Under construction
15.	Uttarakhand	Haridwar	300	Under construction

Newly approved Hospitals where projects are at tendering/statutory approval stage.				
16.	Delhi	Narela	80	
17.	Andhra Pradesh	Vishakhapatnam	400 beds(Including 50 super specialty bedded)	
18.	Tamil Nadu	Sriperumbudur	100	
19.	Tamil Nadu	Tuticorin	100	
Newly approved Hospitals in pre-construction stage				
20.	Karnataka	Narsapura	100	Concept plan stage
21.	Karnataka	Haroholli	100	Concept plan stage
22.	Madhya Pradesh	Pithampur	100	Cost Estimation stage
23.	Odisha	Bhubaneswar	150	Cost Estimation stage
24.	Karnataka	Bommsandra	200	Cost Estimation stage
Newly approved Hospitals in allotment/possession of land stage				
25.	Odisha	Duburi	100	Possession of land taken
26.	Rajasthan	Chittorgarh	30	Possession of land taken
27.	Andhra Pradesh	Penukonda	100	Allotment of land stage
28.	Andhra Pradesh	Sri City, Nellore	100	Allotment of land stage
29.	Andhra Pradesh	Guntur	100	Allotment of land stage
30.	Goa	Mulgaon Goa	150	Allotment of land stage
31.	Gujarat	Alang	50	Allotment of land stage
32.	Jharkhand	Deoghar	100	Allotment of land stage
33.	Karnataka	Bellary	100	Allotment of land stage
34.	Kerala	Perambavoor	100	Allotment of land stage
35.	Tamil Nadu	Kanyakumari	100	Allotment of land stage
36.	Tamil Nadu	Dindigul	100	Allotment of land stage
37.	Tamil Nadu	Vaniyamvadi	100	Allotment of land stage
38.	Telangana	Ramagundam	100	Allotment of land stage
39.	Uttarakhand	Dehradun	100	Allotment of land stage

Annexure-IV

Hospital wise details of estimates approved for the purpose including amount utilised including target date of completion of the project

S. No.	State	Location	Sanctioned bed	Target Date of completion	Estimated sanctioned cost (In Crores)	Fund Released (In Crores)	Status
1	2	3	4	5	6	7	8
Projects Completed & Operationalized							
1	Odisha	Angul	100	18.08.2021	64.47	57.11	Completed & Operationalized
2	Rajasthan	Bikaner	30	13.04.2023	41.15	37.16	Completed & Operationalized
Projects Under - Construction							
3	Andhra Pradesh	Kakinada	100	30.06.2023	114.10	62.82	Under - Construction
4	Chhattisgarh	Bhillai	200	30.06.2023	103.11	55.38	Under - Construction
5	Chhattisgarh	Raigarh	100	15.06.2023	74.24	64.70	Under - Construction
6	Haryana	Bawal	100	27.07.2023	96.79	28.16	Under - Construction
7	Karnataka	Dodaballapur	100	30.06.2023	93.42	85.54	Under - Construction
8	Karnataka	Shivmogga	100	31.03.2024	99.77	18.67	Under - Construction
9	West Bengal	Siliguri	100	30.06.2023	63.93	48.00	Under - Construction
10	West Bengal	Haldia	100	30.06.2023	70.12	53.57	Under - Construction
11	Tamil Nadu	Tirupur	100	30.09.2023	95.13	28.15	Under - Construction
12	Haryana	Bahadurgarh	100	03.12.2023	96.09	25.71	Under - Construction
13	Himachal Pradesh	Kala Amb	30 (Expandable to 100 beds)	31.12.2023	96.17	38.83	Under - Construction
14	Andhra Pradesh	Vizianagram	100	19.04.2024	73.68	16.22	Under - Construction
15	Uttarakhand	Haridwar	300	31.07.2024	297.63	59.52	Under - Construction
16	Andhra Pradesh	Vishakhapatnam	400 (Including 50 Super speciality beds)	30.04.2026	384.26	38.43	Under - Construction
17	Tamilnadu	Sriperumbudur	100	12.06.2025	123.69	14.64	Under - Construction
18	Tamilnadu	Tuticorin	100	30.01.2025	114.49	13.85	Under - Construction
Projects Under Tendering & Statutory approval							
19	Delhi	Narela	80	-	40.98	0.25	Tendering & Statutory
20	Karnataka	Bommsandra	200	-	168.80	-	Tendering & Statutory

Projects Under Estimation							
21	Karnataka	Narsapura	100	-	-	-	Estimation
22	Karnataka	Haroholli	100	-	-	-	Estimation
23	Madhya Pradesh	Pithampur	100	-	-	-	Estimation
24	Odisha	Bhubneshwar	150	-	-	-	Estimation
Projects Under Concept plan							
25	Karnataka	Bellary	100	-	-	-	Concept plan
26	Odisha	Duburi	100	-	-	-	Concept plan
27	Rajasthan	Chittorgarh	30 (Expandable to 100 beds)	-	-	-	Concept plan
Projects under Possession / allotment of land stage							
28	Goa	Mulgaon	150	-	-	-	Land is being obtained
29	Andhra Pradesh	Penukonda	100	-	-	-	Land allotment under process
30	Andhra Pradesh	Sri City, Nellore	100	-	-	-	Land allotment under process
31	Andhra Pradesh	Guntur	100	-	-	-	Land allotment under process
32	Gujarat	Alang	50	-	-	-	Land allotment under process
33	Jharkhand	Deoghar	100	-	-	-	Land allotment under process
34	Kerala	Perambavoor	100	-	-	-	Land allotment under process
35	Tamil Nadu	Kanyakumari	100	-	-	-	Land allotment under process
36	Tamil Nadu	Dindigul	100	-	-	-	Land allotment under process
37	Tamil Nadu	Vaniyamvadi	100	-	-	-	Land allotment under process
38	Telangana	Ramagundam	100	-	-	-	Land allotment under process
39	Uttarakhand	Dehradun	100	-	-	-	Land allotment under process

District-wise details of the number of beds sanctioned, patients treated at OPD as well as admitted patients (IPD) (ESIC Hospitals)

S.No	STATE	NAME OF THE HOSPITAL	BEDS (Sanctioned/Commissioned)	OPD 2021-22	BOR (%) 2021-22
1	ASSAM	BELTOLA	50/85	12399	70
		TINSUKIA	100/20	RECENTLY TAKEN OVER	
2	BIHAR	PHULWARISHARIF	100/50	169071	56
		BIHTA	330/330	73827	25
3	CHANDIGARH	RAMDARBAR	100/70	165575	66
4	DELHI	BASAIDARAPUR	1000/600	470306	59
		JHILMIL	300/300	238536	54
		OKHLA	500/305	232763	72
		ROHINI	300/280	435112	60
5	GUJARAT	BAPUNAGAR	300/264	169858	43
		NARODA	100/50	53832	36
		VAPI	100/75	105217	65
		ANKLESWAR	100/100	37699	28
6	HARYANA	FARIDABAD MEDICAL COLLEGE	650/650	403421	66
		GURGAON	200/150	81285	29
		MANESAR	100/100	213643	85
7	HIMACHAL	BADDI	100/100	88441	55
8	JAMMU &	BARI-BRAHMANA	100/50	80722	29
9	JHARKHAND	RANCHI	200/50	133096	48
		ADITYAPUR	100/50	132533	58
10	KARNATAKA	RAJAJINAGAR	750/500	318463	40
		PEENYA	150/150	147022	60
		GULBARGA	470/470	109961	30
11	KERALA	UDYOGMANDAL	100/100	145307	69
		ASRAMAM	250/200	202056	53
		EZHUKONE	150/150	100015	32
12	MADHYA PRADESH	INDORE	300/300	219621	51
13	MAHARASHTRA	ANDHERI	500/220	138447	33
		KOLHAPUR	100/30	71547	17
		BIBVEWADI	100/100	150171	45
14	ODISHA	ROURKELA	75/50	63942	63
	ODISHA	ANGUL	100/50	7232	0
15	PUNJAB	LUDHIANA	300/300	195800	58
16	RAJASTHAN	BHIWADI	50/50	34071	18

17		JAIPUR	300/300	306086	42
		ALWAR	330/220	104222	19
		UDAIPUR	100/50	477	0
18	TAMILNADU	TIRUNAVELI	100/100	130945	64
		KKNAGAR	550/508	396795	52
19	TELANGANA	SANATHNAGARMedCollege	1000/665	315989	63
		SSTSANATHNAGAR	150/132	86914	81
20	UTTARPR ADESH	NOIDA	300/300	289249	74
		SAROJININAGAR,LUCKNOW	150/75	71948	37
		SAHIBABAD	200/129	104599	76
		JAJMAU,KANPUR	100/50	68087	45
		VARANASI	150/150	163004	37
		BAREILLY	100/50	55182	31

21	UTTARAKHAND	RUDRAPUR	100/50	46828	0
22	WESTBENGAL	JOKA	650/470	158115	39
23	CHHATTISGARH	KORBA	100/50	0	0
		RAIPUR	100/50	0	0

ESIS Hospitals

Sr.No.	State	ESISHospital	BEDS(Sanctioned/Commissioned)	OPD2021-22	BOR(%) 2021-22
1	AndhraPradesh	Visakhapatnam	200/30	DNA	24
2		Vijayawada	110/0	42251	0
3		Rajamundry	50/50	DNA	85
4		Triupathy	50/50	19482	15
5		Adoni	10	DNA	DNA
1	Goa	Margao	100/58	DNA	3
2	Gujarat	RajpurHirpur	50/50	48313	54
3		Kalol	50/40	15129	53
4		Baroda	200/200	137100	51
5		Surat	100/22	44082	36
6		Rajkot	50/50	14401	17
7		Bhavnagar	30/30	10712	31
8		Jamnagar	50/50	15556	17
1		Haryana	Ballabgharh	50/50	DNA
2	Panipat		75/70	DNA	36
3	Jagadhari		80/74	DNA	17
4	Bhiwani		50/50	DNA	10

1	Himachal Pradesh	Parwanoo	50/50	DNA	45
1	Puducherry	Gorimedu	75/75	34380	25
1	Jharkhand	Maithan	110/38	DNA	1
1	Karnataka	Indiranagar	270/270	134416	16
2		Dandeli	25/25	21253	1
3		Devangare	100/50	DNA	DNA
4		Hubli	100/50	58043	21
5		Mysore	100/60	118651	47
6		Mangalore	100/70	17662	1
7		Belgaum	50/50	60000	13
1	Kerala	Alleppy	55/55	40177	33
2		Ernakulum	100/65	43786	22
3		Mulamkunnathukam	110/110	6112	17
4		Olarikara	102/102	67516	14
5		Palakkad	50/50	32248	34
6		Perookada	128/128	42540	6
7		Vadavathur	65/65	31464	16
8		Feroke	100/100	54804	20
9		Thottada	50	17106	13.7
1		Indore(T.B.)	75/55	6496	15

2	Madhya Pradesh	Ujjain	50/15	26557	10
3		Gwalior	100/100	38709	6
4		Bhopal	100/85	78405	12
5		Dewas	50/50	61806	23
6		Nagda	50/35	11352	0.1
1	Odissa	Kansabahal	50/50	9482	1
2		Chaudwar	100/100	63481	15
3		Jaykapur	25/25	26580	0
4		Brajrajnagar	50	DNA	DNA
5		Bhubaneshwar	100/100	85740	56
1	Maharashtra	Ulhasnagar	100/0	29164	OnlyOPD
2		Thane	100/40	11688	4
3		Mulund	400/200	34639	60
4		MGM,Parel	330/100	30110	7
5		Washi	100/0	28302	OnlyOPD

6		Worli	300/150	28792	5
7		Kandivali	300/220	165954	37
8		Sholapur	150/100	80950	17
9		Nasik	100/100	67690	35
10		Nagpur	200/130	91863	35
11		Aurangabad	100/100	43123	39
12		Chinchwad	100/100	63024	30
1	Punjab	Jalandhar	100	DNA	DNA
2		Amritsar	125/125	63347	28
3		Mohali	30/30	DNA	32
4		Phagwara	50/50	DNA	27
5		Hoshiarpur	50/50	DNA	42
6		MandiGobindgarh	30/30	DNA	0
1	Rajasthan	Kota	60/60	64061	42
2		Jodhpur	50/25	15399	9
3		Bhilwara	50/30	51869	24
4		Pali	50/20	6076	5
1	Tamilnadu	Aiyanavaram,Chennai	616/466	314813	55
2		Madurai	209/185	69334	49
3		Vellore	50/50	20209	25
4		Sivakasi	100/100	0	37
5		Salem	50/50	48789	44
6		Hosure	50/50	68644	34
7		Tirucharapally	50/50	DNA	35
1	UttarPradesh	Pandunagar	312/130	DNA	13
2		Azadnagar	100/100	DNA	19
3		Modinagar	124/124	DNA	5
4		NainiAllahabad	100/100	DNA	11
5		Kanpur(MAT)	144/100	DNA	7
6		Agra	100/100	DNA	12
7		Saharanpur	50/50	DNA	2
8		Kidwainagar	100/70	DNA	10
9		Aligarh	60/30	DNA	5
10		Pipri	60/60	DNA	1
1	WestBengal	Asansol	150/100	DNA	79
2		BellurBelly	200/200	11352	41

3		Baltikuri	230/230	0	DNA
4		Gourhati	216/216	52000	58
5		Budge-Budge	300/300	4849	76
6		Kalyani	250/250	54025	44
7		Manicktola	422/422	107318	65
8		Kamarhati	350/350	77650	65
9		Sealdah	254/254	42753	43
10		Uluberia	216/216	13696	DNA
11		Serampore	216/216	49924	69
12		Bandel	250/184	4092	DNA
13		Durgapur	150/150	63251	75
1	Telangana	Nacharam	450/200	17424 9	56
2		R.K.Puram	100/100	DNA	21
3		Sirpurkagarnagar	62/62	DNA	32
4		Warangal	50/50	DNA	5

*DNA-DataNotavailable

Details regarding sanctioned strength, actual strength and the number of vacancies of doctors, nurses and para medical staff

Sl.No.	State	Name of ESIC Hospital	Medical Officers	
			Sanctioned	In-position
1.	Assam	Beltola, Guwahati	44	49
2.		Tinsukia	16	Under Process
3.	Bihar	Bihta	201	148
4.		Phuwarisharif, Patna	43	42
5.	Chandigarh (UT)	Ramdarbar, Chandigarh	55	48
6.	Chhatisgarh	Korba	39	8
7.		Raipur	59	13
8.	Delhi	Basaidarapur	433	325
9.		Jhilmil	162	125
10.		Okhla	135	54
11.		Rohini	300	280
12.	Gujarat	Bapunagar	126	96
13.		Ankleswar	57	15
14.		Naroda	57	25
15.		Vapi	60	35
16.	Haryana	Faridabad Hospital & MC	278	207
17.		Gurgaon	90	60
18.		Manesar	64	47
19.	Himachal Pradesh	Baddi	57	41
20.	Jammu & Kashmir	Bari Brahmana	39	33
21.	Jharkhand	Adityapur	39	31
22.		Namkum, Ranchi	49	39
23.	Karnataka	Rajajinagar, Bangalore	330	236
24.		Gulbarga	312	158
25.		Peenya	72	61
26.	Kerala	Asramam, Kollam	110	72
27.		Ezhukone	94	64
28.		Udyogamandal	70	32
29.	Madhya Pradesh	Indore	135	64
30.	Maharashtra	Andheri	210	101
31.		Bibvewadi	68	69
32.		Kolhapur	57	41
33.	Odisha	Angul	57	1
34.		Rourkela	45	25
35.	Punjab	Ludhiana	86	47

Sl. No.	State	Name of ESIC Hospital	Medical Officers	
			Sanctioned	In-position
36.	Rajasthan	Alwar	198	136
37.		Bhiwadi	44	32
38.		Jaipur	112	67
39.		Udaipur	57	20
40.	Tamilnadu	K.KNagar, Chennai	293	162
41.		Tirunelveli	69	65
42.	Telangana	S.S.Sanathnagar	137	80
43.		Sanathnagar MC	468	328
44.	Uttar Pradesh	Bareilly	39	15
45.		Jajmau, Kanpur	40	26
46.		Noida	140	121
47.		Sahibabad	72	55
48.		Sarojinagar, Lucknow	46	28
49.		Varanasi	86	54
50.	Uttarakhand	Rudrapur	57	14
51.	West Bengal	Joka	340	187
Total			6247	4082

(HOSPITALSDIRECTLYRUNBYSTATEGOVERNMENTS)

Sanctioned strength, actual strength and number of vacancies of Doctors, Nurses, Para medical staff in ESIS Hospitals during the F.Y. 2021-22

Sr.No.	NameofState	LocationofESISHospital	StatusofManpower								
			Specialist		GDMO		Nurses		ParamedialStaff		
			S	I	S	I	S	I	S	I	
1	I	AndhraPradesh	Visakhapatnam	13	8	13	12	38	13	33	13
	II		Rajahendravaram	8	4	9	8	16	8	17	6
	III		Tirupati	11	5	17	17	26	14	19	9
	IV		Vijayawada	11	6	13	12	32	14	23	7
2	I	Goa	Margao	16	10	29	20	118	42	24	15
3	I	Gujarat	Vadodara(GeneralHospital)	15	11	25	19	63	35	22	10
	II		Bhavnagar	6	4	5	3	8	6	2	2
	III		Jamnagar	6	5	7	2	8	4	2	2
	IV		Kalol	6	5	9	7	16	10	2	2
	V		Rajkot	8	5	9	9	16	7	3	3
	VI		Rajpur,Hirpur	8	6	11	10	16	11	15	6
	VII		Surat	8	7	10	8	47	13	15	7
4	I	Haryana	Ballabgarh(Faridabad)	13	10	19	12	24	10	39	20
	II		Bhivani	13	2	7	7	22	16	25	22
	III		Jagadhari	6	4	6	5	23	13	11	6

	IV		Panipat	12	9	26	4	24	7	24	12
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5	I	HimachalPradesh	Parwanoo	0	2	8	7	7	7	15	8
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6	I	Jharkhand	Maithan	10	1	4	1	24	2	11	0
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7	I	Karnataka	IndiraNagar	66	62	0	0	99	35	29	16
	II		Mysuru	0	24	6	6	44	23	27	14
	III		Mangalore	28	7	0	0	37	28	23	18
	IV		Davanagere	27	9	13	13	27	26	23	12
	V		Hubli	13	13	6	6	25	19	22	10
	VI		Belgaum	28	2	28	10	22	16	20	10
	VII		Dandeli	1	1	16	5	16	9	10	4

8	I	Kerala	Alleppy	6	6	8	5	18	17	7	6
	II		Ernakulam	6	6	11	10	18	17	12	10
	III		feroke	9	8	12	12	25	25	13	9
	IV		Mulamkunnathukavu	3	2	8	6	13	13	11	11
	V		Olarikkara	8	8	12	12	26	26	10	10
	VI		Palakkad	6	6	8	8	12	12	6	6
	VII		Peroorkada	10	10	18	18	26	24	20	16
	VIII		Thottada	6	6	8	4	13	13	11	10
	IX		Vedavathoor	6	5	8	8	18	15	6	5

9	I	MadhyaPradesh	Bhopal	12	0	25	21	32	14	31	16
	II		Dewas	9	1	15	11	29	17	19	15
	III		Gwalior	10	1	25	12	33	12	19	11
	IV		Indore(TB)	1	1	9	9	25	22	12	10
	V		Nagda	5	0	13	3	19	4	14	2
	VI		Ujjain	6	0	10	8	13	9	11	8

10	I	Maharashtra	Aurangabad	9	5	15	15	48	48	38	26
	II		Chinchwad	13	12	18	18	66	53	30	20
	III		Kandivali	14	8	26	16	105	18	40	6
	IV		MGM	19	4	7	5	100	21	28	17
	V		Mulund	18	9	30	17	140	82	42	23
	VI		Nagpur	13	20	21	33	66	59	33	27
	VII		Nasik	8	3	13	11	43	32	26	16
	VIII		Sholapur	8	2	25	19	57	48	28	14
	IX		Thane	9	7	13	13	43	27	27	9
	X		Ulhasnagar	7	8	14	11	35	20	29	9
	XI		Washi	7	5	13	13	35	21	25	8
	XII		Worli	17	9	26	10	105	45	45	15

11	I	Odisha	Kansbahal	8	1	9	6	17	5	49	18
	II		Bhubaneswar	69	18	0	0	48	10	80	12
	III		Choudwar	11	9	0	0	28	10	12	7
	IV		Jaykapur	8	1	7	4	9	2	12	3

12	I	Puducherry	GorimeduHospital	7	7	11	6	26	21	8	7
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13	I	Punjab	Amritsar	9	9	7	7	25	0	0	21
	II		Hoshiarpur	2	1	4	4	19	19	14	9
	III		Jalandhar	14	5	0	0	25	16	21	12
	IV		Mandigobindhgarh	3	3	5	2	11	4	6	3
	V		Mohali	9	7	0	0	12	12	5	5
	VI		Phagwara	6	6	9	8	19	9	17	9

14	I	Rajasthan	Bhilwara	12	6	7	6	22	22	6	6
	II		Jodhpur	12	5	10	8	23	20	5	4
	III		Kota	12	11	21	20	19	17	7	7
	IV		Pali	12	4	5	1	13	12	6	2

15	I	Tamilnadu	Ayanavaram,Chennai	19	19	59	58	136	126	175	32
	II		Hosure	4	2	15	14	12	12	18	11
	III		Madurai	4	4	21	21	46	45	48	21
	IV		Salem	4	4	12	11	23	20	13	9
	V		Sivakasi	5	3	17	13	15	15	21	8
	VI		Tirucharapally	5	5	9	9	12	12	16	13
	VII		Vellore	5	5	5	5	18	17	7	7
	VIII		Coimbatore(Govt.MedicalCollege)	98	88	58	58	259	255	138	72
16	I	Telangana	Nacharam	63	55	143	109	435	94	218	70

	II		R.C.Puram	18	18	36	32	61	46	17	13
	III		Sirpurkagarnagar	6	3	14	8	14	6	45	24
	IV		Warangal	7	4	8	7	11	5	5	5

17	I	UttarPradesh	Sarwodyanagar	5	1	12	0	28	10	5	5
	II		Pandunagar	6	5	16	4	54	14	25	14
	III		KidwaiNagar	5	0	9	0	21	12	14	12
	IV		Azadnagar	11	0	6	4	31	14	4	3
	V		Agra	8	3	2	2	15	7	9	9
	VI		Prayagraj	5	3	5	4	19	10	13	8
	VII		Modinagar	7	0	12	5	22	6	12	9
	VIII		Aligarh	6	0	8	2	11	5	8	6
	IX		Saharanpur	5	1	7	4	12	4	4	3
	X		Pipri	5	0	12	3	12	3	4	4

18	I	WestBengal	Asansol	8	7	21	21	49	50	35	31
	II		Baltikuri	15	15	35	26	85	63	39	20
	III		Bandel	11	11	30	22	73	69	29	20
	IV		BellurBelly	9	9	21	15	45	40	26	18
	V		Budge-Budge	12	12	25	22	66	52	35	23
	VI		Durgapur	12	11	38	30	48	45	21	21
	VII		Gourhati	11	10	20	20	49	47	33	20
	VIII		Kalyani	11	11	24	22	53	53	29	21
	IX		Kamarhati	28	28	84	32	105	103	57	30
	X		Manicktola	27	27	50	49	170	160	58	44

	XI		Sealdah	11	11	26	20	72	68	30	20
	XII		Serampore	11	11	23	20	46	48	36	13
	XIII		Uluberia	11	10	21	19	47	48	29	18

Annexure-VIII**State-wise Information regarding sanctioned strength, actual strength and the number of vacancies of doctors in 1502 ESI dispensaries**

SI.No.	Name of the State/UT	Doctors	
		Sanctioned	Positioned
1	AndhraPradesh	159	122
2	Assam	56	50
3	Bihar	51	18
4	Chandigarh(UT)	11	6
5	Chhattisgarh	127	103
6	Delhi(UT)	312	239
7	Goa	64	27
8	Gujarat	282	201
9	Haryana	289	187
10	HimachalPradesh	32	27
11	Jammu(UT)&Kashmir(UT)	12	11
12	Jharkhand	83	23
13	Karnataka	332	332
14	Kerala	326	278
15	MadhyaPradesh	178	124
16	Maharashtra	118	91
17	Meghalaya	1	1
18	Mizoram	1	1
19	Nagaland	3	3
20	Odisha	50	24
21	Puducherry(UT)	28	28
22	Punjab	101	111
23	Rajasthan	277	205
24	Sikkim	0	0
25	Tamilnadu(A&N)	549	495
26	Telangana	204	142
27	Tripura	7	4
28	UttarPradesh	259	89
29	Uttarakhand	66	34
30	WestBengal	72	72

Post-wise details of sanctioned and actual strength

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
1	Insurance Commissioner	10	06	04	<p><u>DPC/Promotion:-</u> Last DPC for promotion to the post of Insurance Commissioner was held on 28.02.2023 and 05 Officers were promoted to the post of Insurance Commissioner vide Office Order No.37 of 2023 dated 23.03.2023.</p> <p>Further, no officers in the feeder grade i.e. Additional Commissioner is eligible to be considered for promotion to the post of Insurance Commissioner as on date. However, 02 Officers in the feeder grade will become eligible for promotion on 01.01.2024 and a DPC proposal in respect of these officers will be submitted to UPSC by June, 2023.</p>
2	Additional Commissioner	25	02	23	<p><u>DPC:-</u> Last DPC for promotion to the post of Additional Commissioner was held on 22.03.2022 and 02 Officers were promoted to the post of Additional Commissioner vide Office Order No.51 of 2022 dated 11.04.2022.</p> <p>Thereafter, no officer is eligible in feeder grade for promotion as on date. However, 04 Officers in the feeder grade i.e. Regional Director Grade 'A'/Director will become eligible for promotion on 01.01.2024 and a DPC proposal in respect of these officers will be submitted to UPSC by July, 2023.</p> <p><u>Deputation:-</u> The proposal for recruitment on deputation (including short-term contract basis) has been submitted in UPSC on 22.02.2023 for 12 vacancies.</p>

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
3	Director/Regional Director Grade 'A'	69	04	65	<p>DPC:-</p> <p>DPC upto date. No officer is eligible in feeder cadre for promotion as on date.</p> <p>Deputation:-</p> <p>The proposal for recruitment on deputation (including short-term contract basis) has been submitted in UPSC on 23.02.2023 for 62 vacancies. The matter is under process.</p>
4	Joint Director /Regional Director Grade 'B'	150	01	149	<p>DPC:-</p> <p>Due to revision of restructuring hierarchy from Deputy Director to Joint Director in 188th meeting of ESI Corporation, the existing RRs for the post of Joint Director has become unworkable as its feeder cadre post i.e. Sr. Deputy Director has been abolished. Revised RRs for the post of Joint Director and Deputy Director have been uploaded on official website of ESIC for seeking comments from the stakeholders.</p> <p>DPC proposal will be submitted on notification of new RRs of Joint Director in the Gazette of India.</p>

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
5	Deputy Director	551	230	321	<p><u>DPC:-</u></p> <p>ESIC visited UPSC on 10.10.2022 for submitting DPC proposal for the post of Deputy Director under 'Single Window System'. UPSC returned the said proposal with request to examine the impact of judgment dated 30.08.2022 of the Hon'ble Tribunal in O.A. No. 141/2017 titled 'Anil Katyal & Ors.' in the said proposal.</p> <p>The said query is being examined</p> <p><u>Direct Recruitment:-</u></p> <p>Proposal for 151 posts has been accepted by UPSC. Written Exam held on 17.07.2022 and result of the written exam has been declared on 20.09.2022. Interview to be conducted by UPSC shortly.</p>
6	Assistant Director	413	329	84	<p><u>DPC:-</u></p> <p>A review DPC proposal for the post was submitted to UPSC on 04.02.2022.</p> <p>Subsequently, Hon'ble CAT, PB, New Delhi, vide its order dated 30.08.2022 in O.A. 141/2017 filed by Shri Anil Katyal, set aside seniority list dated 08.11.2016 of Social Security Officer which is the feeder cadre for promotion to the post of Assistant Director.</p> <p>Hence, UPSC requested ESIC to communicate decision for conducting aforesaid review DPC for the post of Assistant</p>

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
					Director on account of aforesaid judgement. Thereafter, UPSC was requested to put on hold the aforesaid review DPC till further communication. Subsequently, Hon'ble Tribunal, vide its orders dated 15.09.2022 & 22.03.2023 in O.A.No. 1715/2017 (titled Krishna Murariji & Ors.) and O.A. No. 1234/2022 (titled Shanti Mahenderan) respectively, set aside the aforesaid seniority list dated 08.11.2016. The aforesaid judgements/orders are being examined in ESIC.
7	Director(OL)	01	00	01	DPC:- DPC upto date. No officer is eligible in feeder cadre for promotion as on date.
8	Jt. Director(Official Language)	03	03	00	DPC:- DPC upto date. No vacancy is available.
9	Deputy Director(Official Language)	05	04	01	DPC:- DPC upto date. No officer is eligible in feeder cadre for promotion as on date.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
10	Assistant Director (Official Language)	32	12	20	<p>DPC:-</p> <p>The process of preparing DPC proposal for the post of Assistant Director (OL) has been initiated and the vacancy/reservation position is being calculated. DPC proposal is likely to be submitted to UPSC by August, 2023.</p> <p>Direct Recruitment:-</p> <p>Proposal for 13 posts accepted by UPSC. Written Exam held on 27.08.2022 and result declared on 12.10.2022. Interview to be conducted by UPSC.</p>
11	Actuary	01	00	01	<p>Deputation:-</p> <p>Last proposal for deputation of Actuary and Assistant Actuary was submitted to UPSC on 21.01.2022 and the said proposal was infructuous due to non-availability of eligible candidate. Thereafter, the fresh advertisement for filling up of 01 post each of Actuary and Assistant Actuary through deputation has been issued in July, 2022. No application received.</p>
12	Assistant Actuary	01	00	01	
13	Dy. Director (Actuary)	01	00	01	<p>Direct Recruitment:-</p> <p>Proposal is pending for want of NOC from DGR. Proposal will be submitted to UPSC on receipt of NOC from DGR.</p>
14.	Chief Engineer (Civil)	01	01	00	Novacancy.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
15	Superintending Engineer(Civil)	06	00	06	<p>DPC:- DPC upto date. No officer is eligible in feeder cadre for promotion as on date.</p> <p>Deputation:- UPSC declared the proposal for 04 posts of SE(C) as infructuous due to unwillingness of lone eligible candidate. Fresh vacancy Circular issued on 29.08.2022 for 6 vacant posts of SE(C).</p>
16	Executive Engineer(Civil)	14	10	04	<p>DPC: DPC upto date. No officer is eligible in feeder cadre for promotion as on date.</p> <p>Deputation: UPSC declared the proposal for 3 posts of EE (C) as infructuous due to lone candidate was not found fit for appointment. Fresh vacancy Circular issued on 20.09.2022 for 4 posts of EE(C).</p>
17	Executive Engineer(Electrical)	05	01	04	<p>DPC:- No officer is eligible for promotion at present.</p> <p>Deputation: 2 officers for the said post have been selected by UPSC and Offer of Appointment issued. One candidate has joined on 25.11.2022.</p>
18	Assistant Executive Engineer(Civil)	16	06	10	<p>Direct Recruitment:- Proposal for 10 posts accepted by UPSC. Written Exam held on 28.08.2022 and result declared on 04.10.2022. Interview to be conducted by UPSC.</p>

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
19	Assistant Executive Engineer (Electrical)	08	00	08	<u>Deputation:-</u> Proposal for 8 posts submitted in UPSC on 24.03.2022. UPSC did not find any application eligible for consideration. The proposal, therefore, became infructuous vide their letter dated 24.04.2023. Fresh attempt for the same under process.
20	Assistant Engineer (Civil)	36	24	12	<u>DPC:-</u> Mandatory Training of officials in the feeder grade as provided in the RR is yet to be completed. The DPC proposal will be submitted after completion of training of eligible officials.
21	Assistant Engineer (Electrical)	12	10	02	<u>DPC:-</u> Mandatory Training of officials in the feeder grade as provided in the RR is yet to be completed. The DPC proposal will be submitted after completion of training of eligible officials.
22	Junior Engineer (Civil)	122	61	61	<u>Direct Recruitment:-</u> The proposal for filling up of 58 vacant posts of JE (C) through direct recruitment has been submitted to UPSC in May, 2022.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
23	Junior Engineer (Electrical)	68	48	20	<u>Direct Recruitment:</u> The proposal for filling up of 20 vacant posts of JE (E) through direct recruitment has been submitted to UPSC in May, 2022.
24	Social Security Officer	2189	1814	375	<u>DPC:</u> DPC for 396 posts convened in April, 2021 upto the vacancy year 2020. For calculation of vacancies to conduct DPC, total sanctioned strength of SSO as on date has been sought from Establishment Branch-III, Hqrs. and the same is still awaited. On receipt of same the process of convening DPC will be initiated. <u>LDCE:-</u>
					Requisition for filling up of 163 posts of SSO through LDCE has already been submitted to Recruitment Division, Hqrs. <u>Direct Recruitment:-</u> Last direct recruitment was held in the year 2021. Offer of Appointment has been issued to 86 candidates.
25	Principal Private Secretary	20	13	07	<u>DPC:-</u> DoPT vide O.M. No.36012/1/2020-Estt (Res II) dated 17.05.2023 issued instructions for grant of reservation in promotion to PWD. Vacancies under promotion quota is being recalculated in view of the aforesaid instruction and DPC proposal will be submitted to UPSC by May, 2023.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
26	Private Secretary	144	83	61	DPC: DPC for promotion to the post has, recently, been conducted on 27.03.2023. The recommendations of DPC has been submitted for the approval of Director General, ESIC.
27	Senior Translation Officer	41	32	09	DPC: The vacancy/reservation position is being calculated and DPC proposal is likely to be submitted by August, 2023.
28	Junior Translation Officer	110	32	78	Direct Recruitment: The proposal for filling up of 76 vacant posts of JTO through direct recruitment has been submitted to UPSC in April, 2022.
29	Director (Technical)	1	0	1	Recruitment Regulation of the post is under process of framing. Post will be filled after notification of the RR.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
30	Joint Director (Technical)	4	0	4	Recruitment Regulation of the post is under process of framing. Post will be filled after notification of the RR.
31	Assistant Head Clerk /	3612	2872	740*	DPC: DPC held for 2023 and available vacancies have been filled up. Limited departmental Competitive Examination: under process.
32	Upper Division Clerk	6523	3460	3063*	DPC: DPC held for 2023 and available vacancies have been filled up. Limited departmental Competitive Examination: under process. Direct Recruitment: 1769 vacancies have been filled up as on 31.03.2023.
33	Lower Division Clerk	1908	1124	784*	DPC: DPC held for 2023 and available vacancies have been filled up. Limited departmental Competitive Examination: under process.

Sl. No.	Name of Post	Sanctioned Strength	In Position	Vacancy	Action taken/to be taken
34	PERSONAL ASSISTANT	211	103	108*	DPC: DPC held for 2023 and available vacancies have been filled up. Limited departmental Competitive Examination: under process.
35	STENOGRAPHER	290	115	175*	Direct Recruitment: 165 vacancies have been filled up as on 31.03.2023
36	MULTI TASKING STAFF	3514	892	2622*	Direct Recruitment: 1947 vacancies have been filled up as on 31.03.2023
	Total	19714	11313	8801	

Information/Reply	Remarks
<p>Post-wise details of recruitment exercise that are under process:-</p> <p>Recruitment to 115 vacancies of Associate Professor or ESIC PGIMSRs & ESIC Medical/Dental Colleges.</p> <p>Recruitment to 491 vacancies of Assistant Professor for ESIC PGIMSRs & ESIC Medical Colleges.</p> <p>Recruitment to 1120 vacancies of IMO Gr.II. Recruitment to 72 vacancies of Specialists.</p> <p>Information regarding sanctioned and actual strength (in-position) is not maintained in Examination Cell.</p>	<p>Proposals for appointment of part-time Chairpersons of Selection Boards are under submission. After the appointment of part-time Chairpersons and subject to the dates/schedule provided by the Chairpersons, the recruitment processes (conduct of interviews & declaration of results) shall be completed.</p>

In addition to above, information regarding recently completed recruitment projects is as under:-

Year	Group/Cadre	No.ofVacancies
2022-23	Dean	11
2022-23	SpecialistGr.II	334
2022-23	Gr.C Non-Medical (UDC-1769,Steno-165,MTS-1947andSSO-93)	3974
Total		4319

Apart from above, vacancies upto 31.12.2024 have been called from different appointing Authorities in ESIC. For Group C Posts (Paramedical & Nursing, UDC, Steno. and MTS) total 2401 vacancies have been reported for which recruitment process will be initiated shortly.

Annexure-X**Information on Specialists/Super Specialists recruited in ESIS Hospitals in the past three years**

Sl. No.	Name of State	No. of vacancies of Specialist/ Super Specialist in ESIS Hospital				No. of Specialists recruited/deployed			
		2020	2021	2022	2023	2020	2021	2022	2023
1.	Andhra Pradesh	27	29	29	5	0	0	24	0
2.	Bihar	No functioning ESIS hospital							
3.	Goa	6	5	5	6	1	0	1	0
4.	Gujarat	46	43	43	43	6	2	0	10
5.	Haryana	No separate cadre for specialist							
6.	Himachal Pradesh	0	0	0	0	0	0	0	0
7.	Jharkhand	9	9	10	10	0	0	0	0
8.	Karnataka	No separate cadre for specialist							
9.	Kerala	10	8	6	5	2	3	1	3
10.	Madhya Pradesh	32	34	40	41	0	0	0	0
11.	Maharashtra*	80	81	81	93	0	78	50	0
12.	Odisha**	0	0	0	0	0	0	0	0
13.	Puducherry	5	5	5	4	0	0	0	1
14.	Punjab	7	8	7	10	0	0	0	2
15.	Rajasthan	26	27	23	22	0	0	0	0

16.	Tamil Nadu	17	10	8	8	0	8	4	1
17.	Telangana***	98	98	98	98	0	0	0	0
18.	Uttar Pradesh	31	35	29	30	3	8	0	0
19.	West Bengal****	118	120	124	126	115	112	110	117
	Total	512	512	508	501	127	211	190	134

* In Maharashtra, as State level ESI society has been formed in March 2019, Contractual Specialists against vacant sanctioned post were appointed from time to time and as of now there are 78 Contractual Specialists appointed against vacant sanctioned posts and additional 50 Contractual Specialists are appointed as per ESIC norms for extended OPD hours & new services like Skin & Psychiatry. Apart from this, Maharashtra Public Service Commission (MPSC) has also published advertisement for 52 posts of Specialist for regular recruitment and action is also being taken by State Govt to fill up 08 posts by promotion.

** In Odisha, there is no Specialist posting separately from 2020 under ESI Scheme, Odisha. The Insurance Medical Officers having specialist degrees in different streams in the ESI Hospital, Odisha usually do the specialist work.

*** In Telangana State, the post of Specialist is Promotional Post, which will be filled in due course through DPC.

****In West Bengal, the vacancy of Specialist medical officers is filled/recruited on contractual basis and their contract is renewed from time to time.

HOSPITALS DIRECTLY RUN BY STATE GOVERNMENTS

Percentage bed occupancy and average recurring cost per bed per day in ESIS Hospitals during the F.Y. 2021-22

Sr. No.	Name of State	Location of ESIS Hospital	Sanctioned Bed	Commissioned Bed	Bed Occupancy Rate (%)	Cost per bed per day (in Rs.)	Status of Manpower								
							Specialist		GDMO		Nurses		Paramedical Staff		
							S	I	S	I	S	I	S	I	
1	I	Andhra Pradesh	Visakhapatnam	200	30	24	8728	13	8	13	12	38	13	33	13
	II		Rajamahendravaram	50	50	85	2456	8	4	9	8	16	8	17	6
	III		Tirupati	50	50	15	5173	11	5	17	17	26	14	19	9
	IV		Vijayawada	110	0	0	0	11	6	13	12	32	14	23	7
2	I	Goa	Margao	100	58	3	93	16	10	29	20	118	42	24	15
3	I	Gujarat	Vadodara (General Hospital)	200	200	51	2121	15	11	25	19	63	35	22	10
	II		Bhavnagar	30	30	31	2537	6	4	5	3	8	6	2	2
	III		Jamnagar	50	50	17	1775	6	5	7	2	8	4	2	2
	IV		Kalol	50	40	53	2012	6	5	9	7	16	10	2	2
	V		Rajkot	50	50	17	2338	8	5	9	9	16	7	3	3
	VI		Rajpur, Hirpur	50	50	54	4277	8	6	11	10	16	11	15	6
	VII		Surat	100	22	36	7468	8	7	10	8	47	13	15	7
4	I	Haryana	Ballabgarh (Faridabad)	50	50	69	4313	13	10	19	12	24	10	39	20
	II		Bhivani	50	50	10	5232	13	2	7	7	22	16	25	22
	III		Jagadhari	80	74	17	5190	6	4	6	5	23	13	11	6
	IV		Panipat	75	70	36	6887	12	9	26	4	24	7	24	12

5	I	Himachal Pradesh	Parwanoo	50	50	45	DNR	0	2	8	7	7	7	15	8
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6	I	Jharkhand	Maithan	110	38	1	1399	10	1	4	1	24	2	11	0
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7	I	Karnataka	IndiraNagar	270	270	16	DNR	66	62	0	0	99	35	29	16
	II		Mysuru	100	60	47	5056	0	24	6	6	44	23	27	14
	III		Mangalore	100	70	1	12055	28	7	0	0	37	28	23	18
	IV		Davanagere	100	50	DNR	DNR	27	9	13	13	27	26	23	12
	V		Hubli	100	50	21	DNR	13	13	6	6	25	19	22	10
	VI		Belgaum	50	50	13	7375	28	2	28	10	22	16	20	10
	VII		Dandeli	25	25	1	8617	1	1	16	5	16	9	10	4

8	I	Kerala	Alleppy	55	55	33	3719	6	6	8	5	18	17	7	6
	II		Ernakulam	100	65	22	3779	6	6	11	10	18	17	12	10
	III		feroke	100	100	20	3110	9	8	12	12	25	25	13	9
	IV		Mulamkunnathukavu	110	110	17	1676	3	2	8	6	13	13	11	11
	V		Olarikkara	102	102	14	2618	8	8	12	12	26	26	10	10
	VI		Palakkad	50	50	34	2998	6	6	8	8	12	12	6	6
	VII		Peroorkada	128	128	6	3505	10	10	18	18	26	24	20	16
	VIII		Thottada	50	50	13	2833	6	6	8	4	13	13	11	10
	IX		Vedavathoor	65	65	16	2883	6	5	8	8	18	15	6	5

9	I	Madhya Pradesh	Bhopal	100	85	12	2956	12	0	25	21	32	14	31	16
	II		Dewas	50	50	23	4145	9	1	15	11	29	17	19	15
	III		Gwalior	100	100	6	1972	10	1	25	12	33	12	19	11
	IV		Indore(TB)	75	55	15	3214	1	1	9	9	25	22	12	10
	V		Nagda	50	35	0	1401	5	0	13	3	19	4	14	2

	VI		Ujjain	50	15	10	7255	6	0	10	8	13	9	11	8
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10	I	Maharashtra	Aurangabad	100	100	39	6179	9	5	15	15	48	48	38	26
	II		Chinchwad	100	100	30	1983	13	12	18	18	66	53	30	20
	III		Kandivali	300	220	37	2042	14	8	26	16	105	18	40	6
	IV		MGM	330	100	7	4877	19	4	7	5	100	21	28	17
	V		Mulund	400	200	60	4220	18	9	30	17	140	82	42	23
	VI		Nagpur	200	130	35	4390	13	20	21	33	66	59	33	27
	VII		Nasik	100	100	35	7665	8	3	13	11	43	32	26	16
	VIII		Sholapur	150	100	17	5016	8	2	25	19	57	48	28	14
	IX		Thane	100	40	4	44488	9	7	13	13	43	27	27	9
	X		Ulhasnagar	100	0	Only OPD	0	7	8	14	11	35	20	29	9
	XI		Washi	100	0	Only OPD	0	7	5	13	13	35	21	25	8
	XII		Worli	300	150	5	10829	17	9	26	10	105	45	45	15

11	I	Odisha	Kansbahal	50	50	1	1514	8	1	9	6	17	5	49	18
	II		Bhubaneswar	100	100	56	1718	69	18	0	0	48	10	80	12
	III		Choudwar	100	100	15	1599	11	9	0	0	28	10	12	7
	IV		Jaykapur	25	25	0	1767	8	1	7	4	9	2	12	3

12	I	Puducherry	GorimeduHospital	75	75	25	4431	7	7	11	6	26	21	8	7
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13	I	Punjab	Amritsar	125	125	28	4941	9	9	7	7	25	0	0	21
	II		Hoshiarpur	50	50	42	3183	2	1	4	4	19	19	14	9
	III		Jalandhar	100	100	20	2465	14	5	0	0	25	16	21	12
	IV		Mandigobindhgarh	30	30	0	0	3	3	5	2	11	4	6	3
	V		Mohali	30	30	32	4360	9	7	0	0	12	12	5	5

	VI		Phagwara	50	50	27	3037	6	6	9	8	19	9	17	9
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14	I	Rajasthan	Bhilwara	50	30	24	6835	12	6	7	6	22	22	6	6
	II		Jodhpur	50	25	9	8952	12	5	10	8	23	20	5	4
	III		Kota	60	60	42	4181	12	11	21	20	19	17	7	7
	IV		Pali	50	20	5	3555	12	4	5	1	13	12	6	2

15	I	Tamilnadu	Ayanavaram,Chennai	616	466	55	2315	19	19	59	58	136	126	175	32
	II		Hosure	50	50	34	5525	4	2	15	14	12	12	18	11
	III		Madurai	209	185	49	2256	4	4	21	21	46	45	48	21
	IV		Salem	50	50	44	2365	4	4	12	11	23	20	13	9
	V		Sivakasi	100	100	37	2496	5	3	17	13	15	15	21	8
	VI		Tirucharapally	50	50	35	3162	5	5	9	9	12	12	16	13
	VII		Vellore	50	50	25	2753	5	5	5	5	18	17	7	7
	VIII		Coimbatore (Govt.MedicalColl ege)	506	506	75	DNR	98	88	58	58	259	255	138	72

16	I	Telangana	Nacharam	450	200	56	10127	63	55	14 3	10 9	435	94	218	70
	II		R.C.Puram	100	100	21	5510	18	18	36	32	61	46	17	13
	III		Sirpurkagarnagar	62	62	32	3852	6	3	14	8	14	6	45	24
	IV		Warangal	50	50	5	3612	7	4	8	7	11	5	5	5

17	I	UttarPra desh	Sarwodyanagar	144	100	7	4764	5	1	12	0	28	10	5	5
	II		Pandunagar	312	130	13	2615	6	5	16	4	54	14	25	14
	III		KidwaiNagar	100	70	10	2964	5	0	9	0	21	12	14	12
	IV		Azadnagar	100	100	19	1671	11	0	6	4	31	14	4	3
	V		Agra	100	100	12	4790	8	3	2	2	15	7	9	9
	VI		Prayagraj	100	100	11	1771	5	3	5	4	19	10	13	8

	VII		Modinagar	124	124	5	1208	7	0	12	5	22	6	12	9
	VIII		Aligarh	60	30	5	3221	6	0	8	2	11	5	8	6
	IX		Saharanpur	50	50	2	16402	5	1	7	4	12	4	4	3
	X		Pipri	60	60	1	940	5	0	12	3	12	3	4	4

18	I	WestBengal	Asansol	150	100	79	3242	8	7	21	21	49	50	35	31
	II		Baltikuri	230	230	Covid DedicatedH ospital		15	15	35	26	85	63	39	20
	III		Bandel	250	184	Covid DedicatedH ospital		11	11	30	22	73	69	29	20
	IV		BellurBelly	200	200	41	1466	9	9	21	15	45	40	26	18
	V		Budge-Budge	300	300	76	2586	12	12	25	22	66	52	35	23
	VI		Durgapur	150	150	75	2139	12	11	38	30	48	45	21	21
	VII		Gourhati	216	216	58	1989	11	10	20	20	49	47	33	20
	VIII		Kalyani	250	250	44	1274	11	11	24	22	53	53	29	21
	IX		Kamarhati	350	350	65	3544	28	28	84	32	105	103	57	30
	X		Manicktola	422	422	65	3729	27	27	50	49	170	160	58	44
	XI		Sealdah	254	254	43	1872	11	11	26	20	72	68	30	20
	XII		Serampore	216	216	69	1217	11	11	23	20	46	48	36	13
	XIII		Uluberia	216	216	Covid DedicatedH ospital		11	10	21	19	47	48	29	18

Annexure-XII

Percentage bed occupancy and average recurring cost per bed per day in ESIC Hospitals during the F.Y. 2021-22

Sr .	State	Name of ESIC Hospital	Sanctioned Bed	Commissioned Bed	Bed Occupancy Rate (%)	Cost per bed per day (in Rs.)
1	Assam	Beltola, Guwahati	50	85*	70	21385
2	Assam	Tinsukia#	100	0	0	0
3	Bihar	Bihta	330	330	25	7370
4	Bihar	Phuwarisharif, Patna	100	50	56	19892
5	Chandigarh	Ramdarbar, Chandigarh	100	70	66	15008
6	Chhatisgarh	Korba	100	50	0	4171
7	Chhatisgarh	Raipur	100	50	0	1627
8	Delhi	Basaidarapur	1000	600	59	14772
9	Delhi	Jhilmil	300	300	54	12866
10	Delhi	Okhla	500	305	72	13860
11	Delhi	Rohini	300	280	60	22875
12	Gujrat	Ankleswar	100	100	28	6577
13	Gujrat	Bapunagar	300	264	43	10222
14	Gujrat	Naroda	100	50	36	13966
15	Gujrat	Vapi	100	75	65	8849
16	Haryana	Faridabad Hospital & MC	650	650	66	16527
17	Haryana	Gurgaon	200	150	29	11451
18	Haryana	Manesar	100	100	85	30288
19	Himachal Pradesh	Baddi	100	100	55	11315
20	Jammu & Kashmir	Bari Brahmana	100	50	29	15434
21	Jharkhand	Adityapur	100	50	58	20244
22	Jharkhand	Namkum, Ranchi	200	50	48	19762
23	Karnataka	Gulbarga	470	470	30	9498
24	Karnataka	Peenya	150	150	60	14428
25	Karnataka	Rajajinagar, Bangalore	750	500	40	17327
26	Kerala	Asramam, Kollam	250	200	53	16279
27	Kerala	Ezhukone	150	150	32	8342
28	Kerala	Udyogamandal	100	100	69	19631

29	MadhyaPradesh	Indore	300	300	51	8375
30	Maharashtra	Andheri	500	220	33	15579
31	Maharashtra	Bibvewadi	100	100	45	16086
32	Maharashtra	Kolhapur	100	30	18	20182
33	Odisha	Angul	100	50	0	1199
34	Odisha	Rourkela	75	50	63	16197
35	Punjab	Ludhiana	300	300	58	9071
36	Rajasthan	Alwar	330	220	19	12866
37	Rajasthan	Bhiwadi	50	50	18	13703
38	Rajasthan	Jaipur	300	300	42	10642
39	Rajasthan	Udaipur	100	50	0	3644
40	Tamilnadu	Tirunelveli	100	100	64	10636
41	Tamilnadu	K.K Nagar, Chennai	550	508	52	12432
42	Telangana	S.S.Sanathnagar	150	132	81	29757
43	Telangana	SanathnagarMC	1000	665	63	13099
44	UttarPradesh	Bareilly	100	50	43	8752
45	UttarPradesh	Jajmau, Kanpur	100	50	45	14498
46	UttarPradesh	Noida	300	300	74	22237
47	UttarPradesh	Sahibabad	200	129	76	16717
48	UttarPradesh	Sarojinagar, Lucknow	150	75	37	11656
49	UttarPradesh	Varanasi	150	150	37	9483
50	Uttarakhand	Rudrapur	100	50	0	5910
51	WestBengal	Joka	650	470	39	12707
TOTAL BED STRENGTH AND AVERAGE BED OCCUPANCY & COST PER BED PER DAY			12705	9678	50	13588

Note: *Thirty-five more beds are commissioned due to high BOR. Sanction of these beds is under process # Hospital handed over by State Govt. to ESIC w.e.f. 11.03.2022

District Wise and Financial Year wise details of ESIC Covid Relief Scheme

S. No.	Name of Region	Name of District	F.Y.2020-2021		F.Y.2021-2022		F.Y.2022-2023	
			No. of Beneficiaries to Whom the relief was provided	Amount Paid	No. of Beneficiaries to Whom the relief was provided	Amount Paid	No. of Beneficiaries to Whom the relief was provided	Amount Paid
	RO Vijayawada (Andhra Pradesh)	NELLORE	0	0	24	864761	43	2855116
		ONGOLE	0	0	38	2537842	49	2777817
		GUNTUR	0	0	65	1783440	87	2581151
		KRISHNA	0	0	228	8695133	141	4104760
		EAST GODAVARI	0	0	140	7426967	230	8453120
		WEST GODAVARI	0	0	74	3230946	24	1800442
	SRO Tirupati	ANANTAPUR	NIL	NIL	27	685195	22	320472
		CHITTOOR	NIL	NIL	8	291069	9	276375
		KADAPA	NIL	NIL	12	32794	44	3045890
		SRISATHYASAI	NIL	NIL	NIL	NIL	39	856300
		ANNAMAYYA	Nil	Nil	4	134414	23	1352769
		KURNOOL	Nil	Nil	21	603911	61	1366036
		TIRUPATHI	NIL	NIL	117	2309731	26	1843658
	SRO Visakhapatnam	Visakhapatnam district	0	0	294	18206187	378	27077655
		Vizianagaram district	0	0	56	2538811	81	4009449
		Srikakulam district	0	0	13	481307	23	2264352
		Anakapalle district	0	0	7	146247	18	869160
		Alluri Sitharamapur district	0	0	0	0	0	0
		Parvathipuram Manyam district	0	0	0	0	0	0

	RO Guwahti(Assam/NorthEast)	Kamrup(Assam)	0	0	8	333857	8	385002
		Cachar(Assam)	0	0	1	153578	1	35929
		Sonitpur(Assam)	0	0	4	158228	4	186910
		Kamrup (Metro)(Assam)	0	0	24	1587919	28	1548572
		Dibrugarh(Assam)	0	0	10	798647	10	509015
		Tinsukia(Assam)	0	0	7	443987	7	565699
		Bongaigaon(Assam)	0	0	8	397741	14	1577833
		Jorhat(Assam)	0	0	3	92732	3	105761
		Dhubri(Assam)	0	0	1	9760	1	24000
		Golaghat(Assam)	0	0	2	191106	4	298184
		Nagaon(Assam)	0	0	0	0	2	338
		Nalbari(Assam)	0	0	0	0	3	65856
		West Tripura(Tripura)	0	0	1	308	1	136708
		West Khasi Hills(Meghalaya)	0	0	6	240024	6	263149
		Dimapur(Nagaland)	0	0	2	128707	2	170826
		Imphal East(Manipur)	0	0	6	162346	6	303702
	RO Patna(Bihar)	Patna	0	0	70	2170155	70	3058851
		Muzaffarpur	0	0	14	326384	14	561371
		Hajipur	0	0	3	53200	3	191076
		Bhagalpur	0	0	10	466996	10	506571
		Patnacity	0	0	6	162033	6	263187
		Munger	0	0	6	296498	6	287830
		Begusarai	0	0	5	222041	5	210978
		Darbhangha	0	0	1	152078	1	103368
		Digha	0	0	5	457295	5	487112
		Samastipur	0	0	3	202835	3	196392
		Kahalgaon	0	0	3	112310	3	111708
		Katihar	0	0	3	72002	3	94535
		Biharsharif	0	0	3	36032	3	86527
	RO Raipur(Chatt)	Durg	NIL	NIL	53	4446709	203	11021948
		Balod						
		Bilaspur	NIL	NIL	61	5843859	84	4324104
		JanjgirChampa						
		Mungeli	NIL	NIL	32	2945191	97	5974675
		Korba						
		Koriya						
		Surguja	NIL	NIL	32	2945191	97	5974675
	Surajpur							

	isgarh)	Balrampur						
		Raigarh	NIL	NIL	80	12117076	88	18115201
		Jashpur						
		Raipur	NIL	NIL	7	4170872	472	16466061
		Dhamtari						
		Gariyanand						
		Baloda Bazar	NIL	NIL	16	2485997	45	2788471
		Baster						
		Sukma						
		Bijapur						
		Kondagaon						
		Dantewada						
		Kanker						
		Narayanpur						
		Mahasamund						
		Rajandgaon						
		Bemetara						
	Kabirdham							
	RO RejendraPalace(Delhi)	RODELHI	0	0	363	341564	101	1356466
	SRORohini	ASHOKVIHAR	0	0	22	1668366	22	1405251
		BADLI	0	0	31	1631989	36	3120749
		NANGLOI	0	0	13	891299	21	1690630
		NARELA	0	0	8	594117	8	492639
	SROOkhla	South District	0	0	35	2020667	54	2324541
		SouthEastDistrict	0	0	75	3670917	110	5945659
		SouthWestDistrict	0	0	84	4281983	100	1213811
	SRONandnagri	SRO,NANDNAGRI	NIL	NIL	42	3546888	72	5817873
	ROPanji(Goa)	RO Goa	Nil	Nil	79	3542331	82	4781840
	RO Ahemdabad(Gujarat)	Ahmedabad	0	0	272	12557560	215	9750140
		Gandhinagar	0	0	29	1849850	18	1493393
		Mehsana	0	0	21	2294744	6	480715
		Jamnagar	0	0	4	247976	9	413924
		Bhavnagar	0	0	44	1483304	56	1130469
		Rajkot	0	0	65	1842531	78	1447547
		Surendranagar	0	0	7	486301	0	0
		Morbi	0	0	8	385667	7	420425

	SROVadodara	Bharuch	0	0	54	1955222	91	4413373
		Vadodara	0	0	301	10567756	408	22343660
		Panchmahal	0	0	30	400526	51	2308173
		Kheda(Nadiad)	0	0	5	308584	7	656930
	SROSurat	Surat	0	0	104	6884761	130	15125972
		Valsad	0	0	70	4054070	85	9647450
		Navsari	0	0	14	1003648	14	2045456
		FARIDABAD	0	0	34	2626680	54	2919773
	RO Faridabad(Haryana)	JHAJJAR	0	0	32	1165749	0	0
		SONIPAT	0	0	37	504586	0	0
		BHIWANI	0	0	13	246062	3	41222
		HISAR	0	0	37	679542	30	1111684
		ROHTAK	0	0	14	504334	0	0
	SROGurugram	Gurugram	5	207692	11 9	5356671	136	9213441
		Rewari	0	0	22	1005276	22	1051093
	SROKarnal	Yamunanagar	0	0	14	569449	25	1409470
		Panipat	3	160430	0	0	13	978579
		Karnal	0	0	3	138355	0	0
		Kaithal	0	0	0	0	0	0
		Panchkula	0	0	0	0	12	246766
		Ambala	0	0	4	43142	15	294404
		Kurukshetra	0	0	3	107738	0	0
	RO Baddi(Hi manchalPr adesh)	Solan	0	0	56	3063150	63	3697757
		Sirmour	0	0	41	1822710	41	1819610
		Una	0	0	23	1239702	29	1627534
		Mandi	0	0	19	652737	22	1111730
	RO, Jammu(J&K)	Jammu	0	0	12	533121	12	569886
		Samba	0	0	3	46807	2	130666
		Kathua	0	0	1	33224	1	39634
		Katra	0	0	3	39078	3	4589
		Srinagar	0	0	0	0	0	0
		Udhampur	0	0	0	0	0	0
		Saraikel aKharsa wan	NIL	NIL	34	1834855	48	2178685

	RO Ranchi(Jharkhand)	Bokaro	2	96800	32	1613440	40	1745065
		Deoghar	NIL	NIL	NIL	NIL	NIL	NIL
		Dhanbad	NIL	NIL	9	630761	11	675980
		Giridih	NIL	NIL	NIL	NIL	NIL	NIL
		EastSinghbhum	5	291226	28	2562959	44	2898935
		Koderma	NIL	NIL	8	322464	8	344195
		Ramgarh	NIL	NIL	3	369132	6	410990
		Ranchi	3	98237	74	3779461	77	3878490
		Hazaribagh	NIL	NIL	NIL	NIL	NIL	NIL
	RO Bangalore(Karnataka)	RO BENGALURU	0	0	313	15197541	96	13506330
		RAMNAGAR	0	0	11	363382	12	506384
		KOLAR	0	0	3	182033	3	172377
	SROHubli	BELGAUM	0	0	56	3522078	70	9602017
		CHITRADURGA	0	0	4	115126	26	1671101
		DAVANGERE	0	0	32	912095	50	4465506
		DHARWAD	0	0	47	1967348	75	7040512
		GADAG	0	0	5	591277	5	408476
		KOPPAL	0	0	0	0	0	0
		SHIMOGA	0	0	62	2045093	76	6391086
		KARWAR	0	0	10	353184	10	811298
		HAVERI	0	0	0	0	0	0
	SRO Bommasandra	BangaloreSouth	NIL	NIL	270	7726132	306	7420236
	SROPeenya	SROPeenya	NIL	NIL	444	5702120	374	5953863
	SROMysore	MYSORE	NIL	NIL	106	5944095	148	7937834
		HASSAN	NIL	NIL	18	1014240	22	1225262
		CHAMARAJA NAGAR	NIL	NIL	2	150743	2	150743
		KODAGU	NIL	NIL	7	290935	11	362126
		CHIKKAMAGALUR	NIL	NIL	NIL	NIL	NIL	NIL
	SROGulbarga	Kalaburgi	3	29385	32	1502805	32	1644037
		Bellary	0	0	9	414455	21	2026358
		Torangallu	0	0	0	0	56	1475396
		Raichur	0	0	0	0	0	0
		Yadagir	0	0	0	0	0	0
		Bagalkote	0	0	0	0	0	0
		Bidar	0	0	0	0	0	0
		Bijapur	0	0	24	948266	40	1897641
	SROKannada	DakshinaKannada	5	270893	50	1544701	29	1532040

		Udupi	NIL	NIL	NIL	NIL	9	960982
	RO Kerala	Thrissur	0	0	59	2167011	70	4030569
		Palakkad	0	0	37	1352800	41	2669478
	SROKollam	Alappuzha	1	427100	22	983578	23	2445659
		Kollam	15	1305961	57	2616925	72	6911899
		Pathanamthitta	0	223644	6	449092	6	975002
	SROErnakulam	Ernakulam	Nil	Nil	10 0	5637538	104	7933661
		Kottayam	Nil	Nil	27	918184	27	1209448
		Idukki	Nil	Nil	5	321298	5	363905
	SROKozhikode	Kozhikode	0	0	39	1338853	48	2819628
		Kannur	0	0	21	829967	24	1217650
		Wayanad	0	0	2	34788	2	77405f62 80
		Malappuram	0	0	13	271074	13	696342
		Kasaragode	0	0	0	0	0	0
	SRO Thiruvananthapuram	Thiruvananthapuram	0	0	58	2289577	68	5101545
	RO Indore(MadhyaPradesh)	Indore	Nil	Nil	25 3	6259261	99	4587431
		Ujjain	Nil	Nil	24	580097	5	865941
		Dewas	Nil	Nil	70	1733482	12	641578
		Ratlam	Nil	Nil	19	1014938	4	332670
		Mandsour	Nil	Nil	24	889225	30	1525759
		Neemuch	Nil	Nil	4	139558	4	165472
		Burhanpur	Nil	Nil	4	328528	4	230329
		Khandwa	Nil	Nil	Nil 1	Nil	Nil	Nil
		Mureana	Nil	Nil	6	422702	6	327440
		Gwalior	Nil	Nil	22	726936	20	1138500
		Dhar	Nil	Nil	95	2682407	115	2199160
		Khargone	Nil	Nil	11	936551	11	334011
	SROBhopal	Bhopal	Nil	Nil	12 7	3702614	29	2109561
		Raisen	Nil	Nil	50	1379612	3	520873
		Jabalpur	Nil	Nil	24	935615	4	253826
		Satna	Nil	Nil	9	500275	5	520039
		Shahdol	Nil	Nil	26	895356	0	128883
		Sagar	Nil	Nil	25	591317	4	281326
		Chhindwara	Nil	Nil	0	0	6	519422
		Singrauli	Nil	Nil	0	0	0	0
		Narmadapuram	Nil	Nil	0	0	0	0
		Rewa	Nil	Nil	0	0	0	0

	RO Mumbai(Maharashtra)	Mumbai	0	0	213	24554411	205	16239920
	SROThane	MumbaiSuburban	Nil	Nil	2	84092	28	400212
		Thane	Nil	Nil	490	11844568	372	11946118
		Raigad	Nil	Nil	166	4008156	82	2417330
	SROMarol	SROMAROL	0	0	246	10512617	298	20578204
	SROPune	Pune	-	-	625	31592391	770	69697326
		Solapur	-	-	69	1270018	80	4889829
		Kolhapur	-	-	77	4060634	91	6973467
		Sangli	-	-	40	1237037	49	3501931
		Satara	-	-	64	1245748	74	5961834
	SRONagpur	Akola	0	0	10	278440	12	7876926
		Amravati	0	0	10	278440	11	809881
		Nagpur	0	0	448	12474077	528	48580524
		Chandrapur	0	0	47	1308633	55	4194546
		Gondia	0	0	8	222752	9	1044615
		Wardha	0	0	24	668221	28	1975408
		Khamgaon	0	0	9	250596	10	331768
		Yavatmal	0	0	0	0	0	0
		Bhandara	0	0	0	0	0	0
		Washim	0	0	0	0	0	0
		Gadchiroli	0	0	0	0	0	0
	SRO Aurangabad	A'bad District(A'bad+Waluj)	0	0	19	860149	60	5130057
		Dhule	0	0	17	752095	49	2477001
		Nanded	0	0	9	273486	8	410976
		Jalgaon	0	0	13	864677	65	4396849
		Jalna	0	0	0	0	8	149984
	SRO Nasik	S.R.O. Nasik	NIL	NIL	118	8535964	294	13648458
	RO Bhubaneswar(Odisha)	Angul	0	0	450	3165602	992	7063092
		Balasore	0	0	100	1230613	233	1248470
		Bargarh	0	0	53	303952	137	529264
		Ganjam	0	0	44	664008	350	2400924
		Bolangir	0	0	38	148449	130	674322
		Keonjhar	0	0	17	82160	44	302842
		Cuttack	0	0	100	694710	376	1740182
		Jajpur	0	0	59	452969	340	2071960
		Sambalpur	0	0	43	726220	203	707853

		Rayagada	0	0	8	99228	115	671751
		Koraput	0	0	9	106383	59	258476
		Khurda	0	0	522	5266200	1321	7676070
		Jharsuguda	0	0	115	1696614	396	2029022
		Jagatsinghpur	0	0	22	123656	104	958351
		Puri	0	0	103	868012	180	925630
		Sundergarh	0	0	429	3954572	940	5296563
		Dhenkanal	0	0	37	246208	84	271601
	ROPuducherry	Karaikal	0	0	6	372333	6	618613
		Puducherry	0	0	90	5207215	90	10863882
	RO Chandigarh(P unjab)	BATHINDA	NIL	NIL	26	729051	0	202580
		BARNALA	NIL	NIL	9	53896	1	154381
		MOHALI	NIL	NIL	40	348247	2	186059
		PATIALA	NIL	NIL	15	549861	5	528978
		SANGRUR	NIL	NIL	9	207466	3	0
		ROOPNAGAR	NIL	NIL	8	244842	0	5152
		FATEHGARHSA HIB	NIL	NIL	4	65240	0	79 of02
		MOGA	NIL	NIL	0	8742	0	20306
		FAZILKA	NIL	NIL	5	49764	0	0
	SRO Chandigarh(P unjab)	CHANDIGARH	NIL	NIL	51	1692913	14	1150090
		FIROZPUR	NIL	NIL	NIL	NIL	NIL	NIL
	SROLudhiana	Ludhiana	-	-	68	3095331	90	4325720
	SROJalandhar	Amritsar	3	39,225	22	1046786	22	1171817
		Gurdaspur	2	358	5	346278	5	356678
		Hoshiarpur	1	830	9	418416	9	488958
		Jalandhar	6	2,21,341	36	1925099	36	2113801
		Kapurthala	6	2,15,061	15	695330	15	743440
	RO Jaipur(Rajast han)	Jaipur	Nil	Nil	23	7233012	67	5511341
		Alwar	Nil	Nil	30	781229	12	412018
		Bharatpur	Nil	Nil	0	0	4	52745
		Kota	Nil	Nil	20	577264	9	1271307
		Jhalawar	Nil	Nil	2	73530	1	87153
		Ajmer	Nil	Nil	13	549693	12	9946
		Jhunjhunu	Nil	Nil	14	219883	4	153087
		Churu	Nil	Nil	0	0	0	0
		Nagour	Nil	Nil	0	0	0	0
	SRO Jaipur(Rajast han)	UDAIPUR	0	0	19	886305	29	1853333
		CHITTORGARH	0	0	8	255921	14	993445

	SROUdaipur	RAJSAMAND	0	0	5	288490	5	324850
		BHILWARA	0	0	14	739354	32	2499229
		BANSWARA	0	0	3	106929	6	340030
	SROJodhpur	Sirohi	0	0	4	257382	4	279955
		Bikaner	3	52812	15	659262	15	655266
		Jodhpur	17	358478	61	2902661	61	2838737
		Pali	0	0	16	344387	16	400202
		Hanumangarh	0	0	1	35567	1	48113
		SriGanganagar	4	110123	6	344839	6	392310
	RO Chennai(Tamilnadu)	ROCHENNAI	26	1330533	844	44708923	889	58014742
	SROMaddurai	Madurai	0	0	89	3502562	99	2873991
		Dindigul	0	0	25	1,197,459	43	2,566,810
		Pudukottai	0	0	1	135280	1	85133
		Ramanathapuram	0	0	0	0	0	0
		Sivaganga	0	0	9	499300	13	8077044286
		Theni.	0	0	12	299715	16	783158
		Virudhunagar	0	0	101	3261658	108	4781284
	SRO Coimbatore	COIMBATORE	NIL	NIL	233	2317780	1217	12923291
		TIRUPUR	NIL	NIL	75	739721	388	3499492
		ERODE	NIL	NIL	19	180187	172	1787907
		NILGIRIS	NIL	NIL	NIL	NIL	18	291461
	SROTirunelveli	Tirunelveli	Nil	Nil	41	1565006	46	2782437
		Tuticorin	Nil	Nil	41	1287438	53	2387485
		Kanyakumari	Nil	Nil	25	769381	30	1513203
		Tenkasi	Nil	Nil	11	197376	11	526907
	SROSelam	Salem	2	45161	76	3356911	87	3699756
		Namakkal	2	99102	15	619061.4	15	834882
		Thanjavur	Nil	Nil	5	255869	16	817346
		Thiruvarur	Nil	Nil	Nil	Nil	6	358898
		Krishnagiri	5	96933	48	2342543	47	2440523
		Ariyalur	3	130249	6	405949	10	535376
		Karur	0	0	17	615058	23	1268568
		Trichy	0	0	24	1262606	27	1643655
		Dharmapuri	1	19635	3	160962	3	174908
		BHADRADRIKOTHAGUDEM	0	0	6	333733	19	1758569
		HANAMKONDA	0	0	6	339482	17	1539864
		HYDERABAD	0	0	220	11947111	279	18494928

		JAYASHA NKARBHU PALPALLY	0	0	0	0	3	25472
		KAMAREDDY	0	0	0	0	2	214187
		KARIMNAGAR	0	0	4	114928	19	1289311
		KHAMMAM	0	0	2	47743	3	188890
		KOMRAMBH EEMASIFAB AD	0	0	7	289760	7	329252
	RO Hyderabad(Te langana)	MAHABUBABA D	0	0	6	153645	9	471092
		MAHABUBNAG AR	0	0	6	173512	16	994315
		MANCHERIAL	0	0	8	321134	10	817440
		MEDAK	0	0	19	980915	18	844764
		MEDCH ALMALK AJGIRI	0	0	54	3481891	96	7334117
		NAGARKURNO OL	0	0	4	131586	4	161712
		NALGONDA	0	0	4	55100	6	417245
		NIRMAL	0	0	12	625274	12	577816
		NIZAMABAD	0	0	16	730753	20	976374
		PEDDAPALLI	0	0	13	1009629	29	4437676
		RANGAREDDY	0	0	26	4551139	52	4727366
		SANGAREDDY	0	0	25	1548612	49	83365820
		SIRPURKA GAZNAGA R	0	0	0	0	3	202275
		SURYAPET	0	0	5	173667	7	260751
		WARANGAL	0	0	13	366787	21	895471
		WARAN GALURB AN	0	0	0	0	3	123745
		YADADRI BHUVANA GIRI	0	0	5	200599	8	403851
	RO Kanpur(Uttar Pradesh)	KanpurNagar	11	259964	51	2226210	58	2946528
		Firozabad	0	0	3	219023	12	752597
		Unnao	0	0	13	584074	15	781081
		Agra	0	0	22	1858464	32	2234194
		Aligarh	0	0	3	336293	26	1071594
		Kanpur Dehat	0	0	0	0	0	0
		Mathura	0	0	16	657271	16	636089
		Jhansi	0	0	20	2665210	21	939352
		Prayagraj	0	0	21	1093256	33	1105930
	SRONoida	BULANDSHAH AR	0	0	27	863618	27	965407
		GAUTAMB UDHNAGA R	0	0	91	6413840	97	6162744
		GHAZIABAD	0	0	45	2100965	45	2100965
		HAPUR	0	0	25	1784329	25	1031523

		MEERUT	0	0	47	2700321	47	2445413
		MODINAGAR	0	0	3	63905	3	124864
		SAHARANPUR	0	0	13	606988	13	584059
		SAHIBABAD	0	0	29	1666139	29	1776998
	SROVaranasi	Varanasi	0	0	34	1268454	34	1310054
		Mau	0	0	5	66621	13	562105
		Sonbhadra	0	0	8	308425	8	320932
	SROLucknow	Lucknow	9	253917	89	4383451	89	4506924
		Sitapur	0	0	3	138776	3	152570
		Gonda	0	0	3	202464	3	216080
		Faizabad	0	0	2	113022	2	137970
		LakhimpurKheri	0	0	2	118174	2	133955
		Unnao	0	0	4	231196	4	271925
		Hardoi	0	0	2	68453	2	0
		Deoria	0	0	2	49344	2	18812
		Ballia	0	0	4	117797	4	18812
		Mahrajganj	0	0	3	84328	3	92710
		Sultanpur	0	0	3	170751	3	189435
		Sant Kabir Nagar	0	0	3	109620	3	127020
		Barabanki	0	0	1	59141	1	48840
		Moradabad	0	0	4	168761	4	175860
		Gorakhpur	0	0	18	710398	18	652677
		Bareilly	1	1124	11	577006	11	825909f 6295
		Raibareli	0	0	11	675765	11	720145
	RO Dehradun(Utt rakhand)	U S Nagar	0	0	54	2681157	65	3817956
		Nainital	0	0	24	944631	24	1350049
		Dehradun	0	0	68	3092583	61	4401358
		Haridwar	0	0	19	1133278	70	5118221
	RO Kolkatta(We stBengal)	South 24PGS	0	0	12 6	2615585	22	1523384
		Howrah	0	0	62	1681563	16	1036980
		Hooghly	0	0	21	1064600	10	507600
		North 24 PGS	0	0	21	296422	7	325425
		Kolkata	0	0	56	4985863	17	965230
		PurbaMedinipur	0	0	27	1359357	8	236954
		PaschimMedinipu r	0	0	5	181528	6	236945
		Malda	0	0	8	237646	0	0
		Darjeeling	0	0	12	206156	3	127630
		Gantok	0	0	12	497044	5	140156
		Jalpaiguri	0	0	0	0	0	0
	SRO Barrackpore	Nadia	0	0	0	0		203637
		North 24Parganas	0	0	103	6533209	123	7745400

	SRODurgapur	Bankura	0	0	9	478800	9	598615
		Birbhum	0	0	2	249743	2	283977
		Murshidabad	0	0	0	0	0	0
		PurbaBardhaman	0	0	4	148737	4	171151
		PaschimBardhaman	5	38248	38	1555816	65	5181112
		Purulia	0	0	0	0	0	0
Total			149	5948060	15855	601436076.	22199	904268656
						4		

Details of in-house lab services in dispensaries (State/UT-wise)

Sl. No	State / Union Territory	Total Disp.	Availability of in-house lab facility Yes/No
1.	Andaman & Nicobar Island	0	-
2.	Andhra Pradesh	94	Yes in few
3.	Arunachal Pradesh	0	-
4.	Assam	26	No.
5.	Bihar	17	No
6.	Chandigarh (UT)	2	Yes in 1
7.	Chhattisgarh	42	Yes in 1
8.	Delhi (UT)	32	Yes in 12
9.	Goa	15	Yes in 13
10.	Gujarat	102	No
11.	Haryana	82	Yes in 4
12.	Himachal Pradesh	17	No
13.	Jammu & Kashmir	8	No
14.	Jharkhand	21	No
15.	Karnataka	113	Yes in 1
16.	Kerala	145	Yes in few
17.	Madhya Pradesh	42	No
18.	Maharashtra	68	No
19.	Manipur	0	-
20.	Meghalaya	2	No
21.	Mizoram	1	No
22.	Nagaland	3	No
23.	Odisha	41	Yes in 4
24.	Puducherry (UT)	15	No
25.	Punjab	69	Yes in 19
26.	Rajasthan	74	Yes in 43
27.	Sikkim	2	No
28.	Tamil Nadu	225	100
29.	Telangana	70	Yes in all
30.	Tripura	5	Yes in 1
31.	Uttar Pradesh	98	No
32.	Uttarakhand	30	No
33.	West Bengal	41	No
	Total	1502	

STANDING COMMITTEE ON LABOUR

(2019-20)

Minutes of the Ninth Sitting of the Committee

The Committee sat on Friday, the 11th November, 2019 from 1100 hrs. to 1500 hrs. in Committee Room No. '139', Parliament House Annexe-, New Delhi.

PRESENT

Shri Bhartruhari Mahtab - CHAIRPERSON

MEMBERS

LOK SABHA

1. Shri Raju Bista
2. Shri Satish Kumar Gautam
3. Dr. Umesh G. Jadhav
4. Shri Dharmendra Kumar Kashyap
5. Shri Nayab Singh Saini

RAJYA SABHA

6. Shri Husain Dalwai
7. Dr. Banda Prakash
8. Ms. Dola Sen
9. Shri M. Shanmugan

SECRETARIAT

1. Shri T.G. Chandrasekhar - Joint Secretary
2. Shri P.C. Choulda - Director
3. Shri D.R. Mohanty - Additional Director
4. Shri Kulvinder Singh - Deputy Secretary

Witnesses
Representatives of the Ministry of Labour & Employment

Sl. No.	Name	Designation
1.	Shri Raj Kumar	Director General (ESIC)
2.	Ms. Vibha Bhalla	Joint Secretary
3.	Ms. Sandhya Shukla	Finance Commissioner (ESIC)
4.	Ms. Garima Bhagat	Chief Vigilance Officer (ESIC)
5.	Shri A.K. Sinha	Insurance Commissioner
6.	Shri R.K. Kataria	Medical Commissioner

2. At the outset, the Chairperson welcomed the Members of the Committee and the representatives of the Ministry of Labour & Employment to the sitting of the Committee, convened for briefing on 'The Employees' State Insurance Corporation - Applicability of ESI Scheme, Benefits Provided under the Scheme, with special emphasis on their Improvement, Financing and Administrative Responsibility, including management of Corpus Fund'. Drawing the attention of the representatives to Direction 58 of the 'Directions by the Speaker' regarding confidentiality of the proceedings during deposition before the Parliamentary Committees, the Chairperson asked the Secretary, Labour & Employment to brief the Committee on various aspects of applicability of ESI Schemes benefits provided under the scheme financing and administrative responsibilities etc.

3. The Secretary, accordingly, gave a PowerPoint Presentation *inter-alia* highlighting the coverage of ESI Scheme, Administrative and Medical infrastructure, salient features of benefits being provided to the IPs

under the ESI Act, challenges being faced by ESIC and measures initiated for improvement of services provided to the IPs.

4. The Members then raised certain specific queries which inter-alia included improvement of services provided in ESIC hospitals and dispensaries, shortage of doctors, staff and equipment in ESI hospitals/dispensaries, expeditious opening of neuro-centres, inclusion of agricultural workers in ESI scheme, extension of coverage of areas under ESI scheme etc.

5. The representatives of the Ministry responded to the above queries. As some points required detailed and statistical reply, the Chairperson asked the Secretary, Ministry of Labour & Employment to furnish written replies thereon within ten to fifteen days. The Secretary assured to comply.

6. The Chairperson, thanked the Secretary and other representatives of the Ministry for furnishing available information on the subject matter and responding to the queries of the Members.

(The witnesses then withdrew)

[A copy of the verbatim proceedings was kept on record]

The Committee then adjourned.

STANDING COMMITTEE ON LABOUR

(2020-21)

Minutes of the Fifth Sitting of the Committee

The Committee sat on Wednesday, the 24th November, 2020 from 1500 hrs. to 1700 hrs. in Committee Room 'B', Parliament House Annexe, New Delhi.

PRESENT

Shri Bhartruhari Mahtab - CHAIRPERSON

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri Varun Gandhi
4. Dr. Umesh G. Jadhav
5. Dr. Dharmendra Kumar Kashyap
6. Shri Nayab Singh Saini
7. Shri Bhola Singh

RAJYA SABHA

8. Shri Rajaram
9. Shri Neeraj Dangi
10. Shri Dushyant Gautam

SECRETARIAT

1. Shri T.G. Chandrasekhar - Joint Secretary
2. Shri D.R. Mohanty - Additional Director
3. Ms. Miranda Ingudam - Deputy Secretary
4. Shri Kulvinder Singh - Deputy Secretary

Witnesses
Representatives of the Ministry of Labour & Employment& ESIC

- | | | |
|----|---------------------|------------------------------|
| 1. | Shri Apurva Chandra | Secretary |
| 2. | Ms. Anuradha Prasad | Additional Secretary |
| 3. | Ms. Vibha Bhalla | Joint Secretary |
| 4. | Smt. Sandhya Sukhla | Finance Commissioner, ESIC |
| 5. | Dr. R.K. Kataria | Medical Commissioner, ESIC |
| 6. | Shri M.K. Sharma | Insurance Commissioner, ESIC |

2. At the outset, the Chairperson welcomed the Members of the Committee and representatives of the Ministry of Labour & Employment and Employees' State Insurance Corporation (ESIC) to the Sitting convened to have a briefing on the Subject 'The Employees State Insurance Corporation- Applicability and benefits under ESI Scheme, Functioning of ESI Hospitals and Management of Corpus Fund'. Drawing the attention of the representatives to Direction 58 of the 'Directions by the Speaker' regarding confidentiality of the proceedings during deposition before Parliamentary Committee, the Chairperson asked the Secretary, Labour & Employment to give an overview on the subject matter.

3. The Secretary, accordingly after seeking permission from the Chairperson, nominated Additional Secretary/Director General ESIC to give a power point presentation. The DG, ESIC *inter-alia* highlighted the salient features and benefits available under ESI ACT, 1948, coverage of ESI Scheme, Administrative and Medical Infrastructure, Medical Services being provided by ESIC, Status and Number of Secondary Care Services in ESI Hospitals, Details of Medical and Educational Institutions and Measures for Improvement of Medical services undertaken by ESIC etc.

4. The Additional Secretary/DG ESIC also briefed the Members about the activities undertaken by the ESIC during Covid-19 pandemic, Financial Highlights for the Year 2019-20, expenditure for last three Fiscals, ESIC Investment Policy, investment status as on 31.10.2020 and vision of ESIC after Implementation of Code on Social Security .

5. The Members then raised certain queries regarding delegation of Financial Powers to Medical Superintendent, opacity in procedures followed in ESIC Hospitals being managed by State Governments, shortage of doctors, nurses and paramedical staff in Hospitals, rationalisation of Medical Services in proportion to the Number of Insured Persons and opening of state of art Operation Theaters, Hematology Labs and Biosafety labs in all ESIC hospitals. The Secretary and other officials of the Ministry of Labour & Employment attended to the queries of the Members.

6. As some points required detailed and statistical replies, the Chairperson asked the Secretary, Ministry of Labour & Employment to furnish written replies thereon within 10 to 15 days. The Secretary assured to comply.

7. The Chairperson thanked the Secretary and other representatives of the Ministry and ESIC for furnishing available information on the subject matter and responding to the queries of the Members.

(The witnesses then withdrew)

[A copy of the audio-recorded verbatim proceedings was kept on record]

The Committee then adjourned.

Appendix-III

**STANDING COMMITTEE ON LABOUR, TEXTILES AND
SKILL DEVELOPMENT (2022-23)**

Minutes of the Seventh Sitting of the Committee

The Committee sat on Friday, the 2nd December, 2022 from 1100 hrs. to 1330 hrs. in Committee Room 'D', Parliament House Annexe, New Delhi.

PRESENT

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri Kunwar Pushpendra Singh Chandel
4. Shri Pallab Lochan Das
5. Shri Satish Kumar Gautam
6. Dr. Umesh G. Jadhav
7. Shri Khalilur Rahaman
8. Shri Naba (Hira) Kumar Sarania
9. Shri Bhola Singh
10. Shri Nayab Singh

RAJYA SABHA

11. Shri Naresh Bansal
12. Prof. Manoj Kumar Jha
13. Ms. Dola Sen
14. Shri Vijay Pal Singh Tomar
15. Shri Binoy Viswam

SECRETARIAT

1. Shri T.G. Chandrasekhar - Additional Secretary
2. Shri Sanjay Sethi - Additional Director

Witnesses

REPRESENTATIVES OF THE MINISTRY OF LABOUR & EMPLOYMENT AND ESIC

Sl. No.	Name	Designation
1.	Ms. Arti Ahuja	Secretary
2.	Shri Alok Chandra	Senior Labour & Employment Advisor
3.	Dr. Rajendra Kumar	Director General, ESIC
4.	Ms. T.L. Yaden	Finance Commissioner, ESIC
5.	Dr. R.K. Kataria	Medical Commissioner, ESIC
6.	Dr. Anshu Chhabra	Medical Commissioner, ESIC
7.	Dr. R.S. Jangpangi	Medical Commissioner, ESIC
8.	Shri L. Jamir	Insurance Commissioner, ESIC
9.	Shri C.V. Joseph	Insurance Commissioner, ESIC
10.	Shri R. Gunasekaran	Insurance Commissioner, ESIC
11.	Shri Deepak Joshi	Insurance Commissioner, ESIC

2. At the outset, the Chairperson welcomed the Members of the Committee and the representatives of the Ministry of Labour & Employment and ESIC to the sitting of the Committee convened to take their further oral evidence on the Subject "The Employees' State

Insurance Corporation - Applicability and benefits under ESI Scheme, functioning of ESI Hospitals and Management of Corpus Fund”. Drawing the attention of the witnesses to Direction 58 of the 'Directions by the Speaker' regarding confidentiality of the proceedings of the Committee, the Chairperson asked them to update the Committee on the new developments and initiative taken by ESIC in recent months regarding coverage of ESIC; major changes contemplated in the functioning of the ESIC as a follow up of subsuming the ESI Act, 1948 along with 8 other Central Labour Acts in the Code on Social Security, 2020; action plan devised or proposed by ESIC to meet the requirement of extended coverage; comparability between PF and ESIC schemes with regard to wage ceiling and the number of employees; impact of Covid-19 on settlement of claims during the pandemic, etc.

3. The Secretary, Ministry of Labour & Employment briefed the Committee about various benefits extended by ESIC and, thereafter, Director General, ESIC, made a Power Point Presentation *inter-alia* highlighting the provisions contained in the Employees' State Insurance Act, 1948, its coverage and the benefits available under the Scheme *viz.* medical benefits, unemployment allowance, funeral expenses, 'ESIC Covid-19 Relief Scheme', etc.; functioning of ESI Hospitals and medical services available; existence of Occupational Health Centers and initiatives taken in this regard; tele-consultation through e-Sanjeevani platform; convergence between Pradhan Mantri Jan Arogya Yojana (PMJAY) and ESIC; revenue, expenditure and investment position; Investment policy, pattern and profile, etc.

4. The Members then raised various queries which *inter-alia* included measures taken for extending the ESIC Scheme to Lakshadweep; reasons

for decrease in Insured Persons in the last two years despite increase in the number of employers; present status of draft Code on Social Security (Central) Rules, 2020 notified on 13.11.2020 for stakeholder consultation; action plan devised/proposed to meet requirements of extended coverage for unorganized workers, gig workers, platform workers and other beneficiaries, as per Code on Social Security, 2020; proposal to increase the upper limit Rs. 21,000 per month for coverage under ESIC and also to have uniform benchmarking between PF and ESI Scheme; steps taken/ being taken to bring awareness amongst the employers/ employees/ Insured Persons on seeding of Aadhar; conducting surveys for assessing the health and working conditions of Insured Persons, as per provisions contained in the Code on Social Security, 2020; policy for sharing of expenditure between ESIC and various State Governments; criteria followed for appointment of Consultant, Custodian, External Concurrent Auditor (ECA) and Portfolio Managers; number of States given their consent to form ESI State Societies; steps taken to ensure that all investments made by ESIC are risk-proof; affect of the vacancies in Hospitals/Dispensaries run by ESIC and State Governments on the functioning of Hospitals/Dispensaries and measures taken to address them; status of availability of Specialist Doctors and modern/ ultra modern equipment in the Hospitals; steps taken by the Ministry/ESIC to promote and strengthen AYUSH (Ayurveda, Yoga, Unani, Sidha & Homoeopathy) facilities/services, etc. The representatives of the Ministry of Labour and Employment and ESIC responded to the queries raised by the Members.

5. As some points required detailed and statistical data, the Chairperson asked the representatives to furnish written replies thereon within two or three weeks. They assured to comply.

6. The Chairperson thanked the representatives of the Ministry of Labour and Employment and ESIC for appearing before the Committee and responding to the queries of the Members.

(The witness then withdrew)

[A copy of the verbatim proceedings was kept on record]

The Committee then adjourned.

**STANDING COMMITTEE ON LABOUR, TEXTILES AND
SKILL DEVELOPMENT (2022-23)**

Minutes of the Sixteenth Sitting of the Committee

The Committee sat on Tuesday, the 28th March, 2023 from 1500 hrs. to 1640 hrs. in Committee Room No. 3, EPHA, New Delhi.

PRESENT

Shri Bhartruhari Mahtab - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri Kunwar Pushpendra Singh Chandel
4. Shri Dharmendra Kumar Kashyap
5. Adv. Dean Kuriakose
6. Shri Pakauri Lal
7. Shri Khalilur Rahaman
8. Shri Bhola Singh
9. Shri Ganesh Singh
10. Shri Nayab Singh

RAJYA SABHA

11. Shri Naresh Bansal
12. Shri Neeraj Dangi
13. Shri Elamaram Kareem
14. Ms. Dola Sen
15. Shri M. Shanmugam
16. Shri Vijay Pal Singh Tomar

SECRETARIAT

1. Shri T.G. Chandrasekhar - Additional Secretary
2. Dr. Vatsala Joshi - Director
3. Shri Sanjay Sethi - Additional Director
4. Shri Sreekanth S. - Deputy Secretary
5. Shri K. G. Sidhartha - Deputy Secretary

Witnesses

REPRESENTATIVES OF THE MINISTRY OF LABOUR & EMPLOYMENT
AND ESIC

Sl. No.	Name	Designation
1.	Ms. Arti Ahuja	Secretary
2.	Shri Alok Chandra	Senior Labour & Employment Advisor
3.	Dr. Rajendra Kumar	Director General, ESIC
4.	Ms. T.L. Yaden	Finance Commissioner, ESIC
5.	Shri Deepak Joshi	Insurance Commissioner, ESIC
6.	Shri C.V. Joseph	Insurance Commissioner, ESIC
7.	Dr. Deepika Govil	Medical Commissioner, ESIC
8.	Dr. Kamlesh Harish	Medical Commissioner, ESIC
9.	Lt. Col. Shiv Shankar Mandal	Chief Engineer

2. At the outset, the Chairperson welcomed the Members of the Committee and the representatives of the Ministry of Labour & Employment and ESIC to the sitting of the Committee convened to take their further oral evidence on the Subject “The Employees' State Insurance Corporation - Applicability and benefits under ESI Scheme, functioning of ESI Hospitals and Management of Corpus Fund”. Drawing the attention of the witnesses to Direction 58 of the 'Directions by the Speaker' regarding confidentiality of the proceedings of the Committee, the Chairperson asked them to update the Committee on the new developments and initiatives taken by ESIC in regard to expanding the coverage of ESIC; present status towards implementing the rules framed under the Labour Codes pertaining to ESIC in particular; concerns or reservations expressed by the State Governments, which have not given

consent for forming ESI State Societies; steps taken for effecting recovery of arrears from the defaulters; status of setting up new ESI Hospitals, Dispensary-cum-Branch Offices and ESIS Dispensaries sanctioned in the previous year; measures taken to fill the vacancies of Doctors and para-medical staff in Hospitals/ Dispensaries run by ESIC and State Governments; status of the services of persons working on ad-hoc or contractual basis; administrative control of ESIC on the ESI Hospitals run by State Governments; steps being taken to ensure that all investments made by ESIC are risk-proof; preparedness of ESI Hospitals to handle pandemic type of situations, etc.

3. The Secretary, Ministry of Labour & Employment briefed the Committee about various benefits extended by ESIC as well as filling up of vacancies and, thereafter, Director General, ESIC, made a Power Point Presentation *inter-alia* highlighting the salient features of benefits available under the Scheme; functioning of ESI Hospitals and Dispensaries & services provided by them; operationalisation of two new Occupational Disease Centers at Alwar and Bihta; tele-consultation by 51 ESIC hospitals & 1950 doctors through e-Sanjeevani platform; training of Doctors and administrators in the field of occupational health; launch of Special Services Fortnight during 24.02.2023 to 10.03.2023; and revenue, expenditure & investment position, etc.

4. The Members then raised various queries which *inter-alia* included extending the ESI Scheme to Lakshadweep; number of employees whose wages exceeded Rs. 21,000 during the last five years; the time period for filling up vacancies at Headquarters, Regional Offices, etc. of ESIC; information regarding composition, role and functions of State ESI Societies; timeline prescribed for completion and operationalisation of

39 hospitals sanctioned in 2019; reasons for not providing data regarding sanctioned strength, actual strength and the number of vacancies of Doctors, Nurses, para medical staff etc., in respect of 1502 Dispensaries; difference between public and government hospitals; details of hospitals (ESIC and ESIS) having laboratory for undertaking research activities; reasons for consistent decrease in IPs since 2019-20; measures being taken to ensure that IPs and their family members get treatment close to their residence or workplace; difficulties being faced in regularization of Ayurvedic Doctors appointed on contract basis during COVID-19 pandemic; reasons for underutilization of funds by States as compared to their entitlement; details of 808 Health Check up Camps organized Special Services Fortnight and the number of persons benefitted, etc. The representatives of the Ministry of Labour and Employment and ESIC responded to the queries raised by the Members.

5. As some points required detailed and statistical data, the Chairperson asked the representatives to furnish written replies thereon within two or three weeks. They assured to comply.

6. The Chairperson thanked the representatives of the Ministry of Labour and Employment and ESIC for appearing before the Committee and responding to the queries of the Members.

(The witness then withdrew)

[A copy of the audio-recorded proceedings was kept on record]

The Committee then adjourned.