



Update Family Details (Photo) (By Insured Person)

Update Family Details – Photo



This document is made to record the process to update the family details – Photo.



- Services ▾
- Information ▾
- Announcement ▾

New Update

Tender

Re E-Tender for "Empanelment of Local Laboratory

Trending on ESIC

Employees' State Insurance Corporation
Home Delivery of drugs to ESI beneficiaries
Hassle-Free Medicine Delivery for Senior Citizen's Well-Being
#MerajMerakartavya

Employees' State Insurance Corporation
Ministry of Labour & Employment, Government of India

ESI Scheme Benefits

ESIC
A Promise to Your Well-being

Quick Finder

- Employer Login
- Insured Person / Beneficiary**
- Insurance Medical Practitioner
- mEUD
- ESIC Staff / Pensioner
- Lawyer

Click on Insured Person/Beneficiary

Insured Person Login Page



कर्मचारी
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Insured Person/Beneficiary Portal



The Employees' State Insurance Act, 1948,
An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.

Language/भाषा: English

Insured Person / Beneficiary Login

Insured Person ESI Staff

User ID*

1116526480

Password*

.....

Captcha*

26f0b00

Refresh

26f0b00

Enter the Credentials and Captcha

[Sign Up](#)

[Forgot Password](#)

[IP Portal](#) [Secure Login](#) [Help File](#)

Click on Login

LOGIN



Change Password

Insured Person Details

Language/भाषा: English

Details			
Insured Person Name	Moola Sai Deekshith Reddy	Insurance Number	1116526480
UHID Number	DL01.0008306549	Date of Birth	10/07/1997
Dispensary Name	Live test IMP	Disability Type	-- N.A --
Dispensary For Family	-- N.A --	Registration Date	08/01/2024
First Date Of Appointment	08/01/2025	Current Date of Appointment	08/01/2025
Mobile Number	*****9696	Account Number	*****7654
Email :	-- N.A --	UAN :	-- N.A --
Aadhaar Status :	-- N.A --	ABHA No :	91-4750-4085-5748
ABHA Address :	91475040855748@abdm		

Insured Person

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)
- [Dhanwantri - Your e-Health Records](#)
- [Beneficiary Feedback Form](#)
- [Update Preferred Language of SMS](#)
- [View Med 11 Certificate](#)
- [Download Forms](#)
- [View/Print e-Pehchan Card](#)
- [Update Particulars](#)
- [Aadhaar Seeding for IP and Dependents](#)

Click on Update Particulars

Value Added Services

- [ABVKY Claim creation](#)
- [Cash Benefit Claim Request Submission](#)
- [Notifications - Status of Requests](#)
- [User Manuals](#)

Select Family Details



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Update Particulars * Required Fields

Insured Person Number : 1116526480 Insured Person Name : Moola Sai Deekshith Reddy

Employer Code: 11001664850001018 65001010100001001

Update Particulars


Personal Details Dispensary Details Address Details Nominee Details **Family Details** Bank Details

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Click on Family Details
Radio Button

Click on Edit Button



 **ESIC**
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit								Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:** Size 50-100 KB, Format JPG, JPEG	
<input type="text" value="---Please Select---"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="---Please Select---"/>	<input type="text" value="---Please Select---"/>	<input type="text" value="Active"/>	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload Photo"/>

Type of Proof:

Document Number1:

No file chosen

Proof of Evidence1:
Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof:

Document Number2:

No file chosen

Proof of Evidence2:
Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.*

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Click on Edit Button

Employee Details

IP : 49

Click on Choose File then Select and Upload Photo



ESIC
Employees' State Insurance Corporation

Employee Details

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person

Insured Person's Number : 1116526480

*Required Fields

*Required Fields

Active Family Details

Edit								Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:- Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	<input type="text" value="image.jpg"/> <input type="button" value="Choose file"/> <input type="button" value="Upload Photo"/>

Click on Choose File, then Select and Upload Photo

Type of Proof:	---Please Select---
Document Number1:	<input type="text"/>
Proof of Evidence1:	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
Type of Proof:	---Please Select---
Document Number2:	<input type="text"/>
Proof of Evidence2 :	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
<input type="button" value="Update"/>	

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Note:-

- In Upload Photo: user will upload the passport size photo.
- And Photo size should be between 50 KB to 100 KB in JPG, JPEG Format only.
- It is mandatory to upload, when user edit the family details .

Version 1.0 Revised On : 08-01-2026

Photo Uploaded



ESIC
Employees' State Insurance Corporation

Employee Details

Insured Person Details

Login User : 1116526480

Add Family Particulars Of Insured Person

Insured Person's Number : 1116526480

Active Family Details							
Edit							Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	NA

Add/Update Family Particulars

Name	Date of Birth	Relationship with the Employee	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:- <small>Size 50-100 KB, Format JPG, JPEG</small>
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload Photo"/> 4242f89a-4fb7-488e-8748-e0ffbab4d30834135ce5-a358-4858-b869-3e6711e26623JPEG_92.jpeg Remove

Type of Proof:	---Please Select---
Document Number1:	<input type="text"/>
Proof of Evidence1:	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
Type of Proof:	---Please Select---
Document Number2:	<input type="text"/>
Proof of Evidence2 :	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
<input type="button" value="Update"/>	

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Photo Uploaded

User can Remove and Re-upload the photo





ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit								Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:- Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	Choose file No file chosen Upload Photo 4242f89a-4fb7-488e-8748-e0ffb4b4d0834135ce5-a358-4858-b869-3e6711e26623JPEG_92.jpg Remove

Type of Proof: ---Please Select---

Document Number1:

Proof of Evidence1: Choose file No file chosen Upload
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Type of Proof: ---Please Select---

Document Number2:


Proof of Evidence2 : Choose file No file chosen Upload
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Update

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Submit Close

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Insured Person Details

Language/भाषा: English

Click.....

Template



Enter Type of Proof, Document Number, Upload Evidence then Click on Update Button

ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person *Required Fields
Insured Person's Number : 1116526480

Active Family Details

Edit	Name	Date of Birth	Relationship	Whether Residing with Him / Her?	If No, State	Place of Residence	Status	Photo
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State	Place of Residence	Status	Upload Photo:- Size 50-100 KB, Format JPG, JPEG
test son new updated	01/11/2025	Minor dependant son Male	<input type="radio"/> Yes <input checked="" type="radio"/> No	Andhra Pradesh	Anakapalli	Active	Choose file No file chosen Upload Photo 4242f89a-4fb7-488e-8748-e0ffbab4d30834135ce5-a358-4858-b869-3e6711e26623JPEG_92.jpeg Remove

Type of Proof: Others

Document Number1: TEST

Proof of Evidence1: Choose file No file chosen Upload imagea6fdcf3c-9d18-48c6-a3f7-3c964b8ca9cb.jpg [Remove](#)
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

Type of Proof: ---Please Select---

Document Number2:

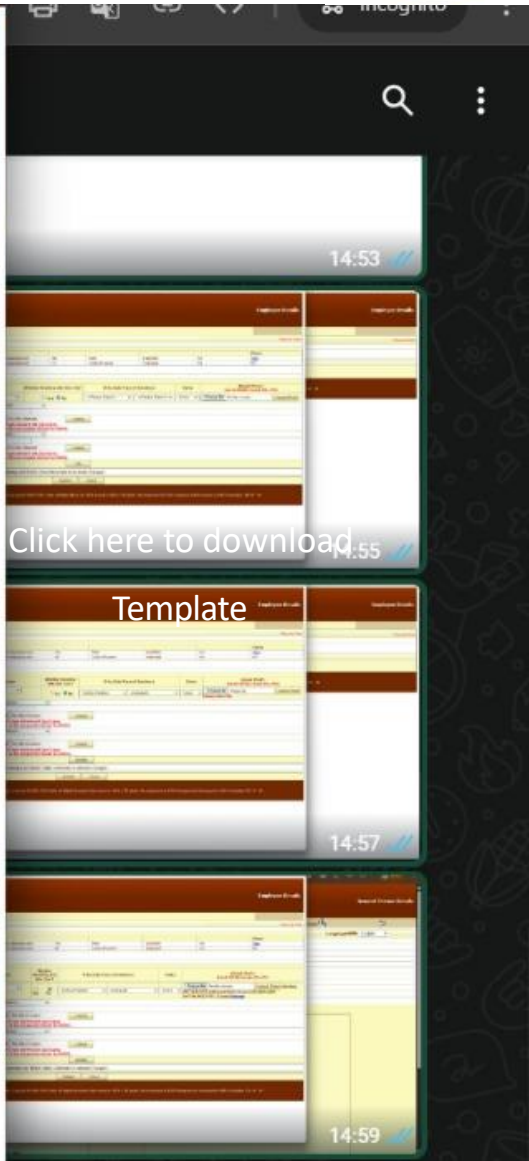
Proof of Evidence2: Choose file No file chosen
 Note: Document type allowed pdf, jpg & jpeg.
 Note: Max size of the documents should be 200KB.

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Enter Details

Click on Update Button




Note:-

- User need of Upload the soft copy of proof, which he selected in "Type of Proof"
- And Size should be upto 200 KB in JPG, JPEG and PDF Format only.

Click on Declaration and Submit



**ESIC**
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit								Photo	Document1	Document2
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View	NA	NA
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	View	View TEST	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo** Size 50-100 KB, Format JPG, JPEG	
		---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active	<input type="button" value="Choose file"/> <input type="text" value="No file chosen"/>	<input type="button" value="Upload Photo"/>

Type of Proof: ---Please Select--

Document Number1:

Proof of Evidence1:
Note:Document type allowed pdf, jpg & jpeg.
Note:Max size of the documents should be 200KB.

Type of Proof: ---Please Select--

Document Number2:

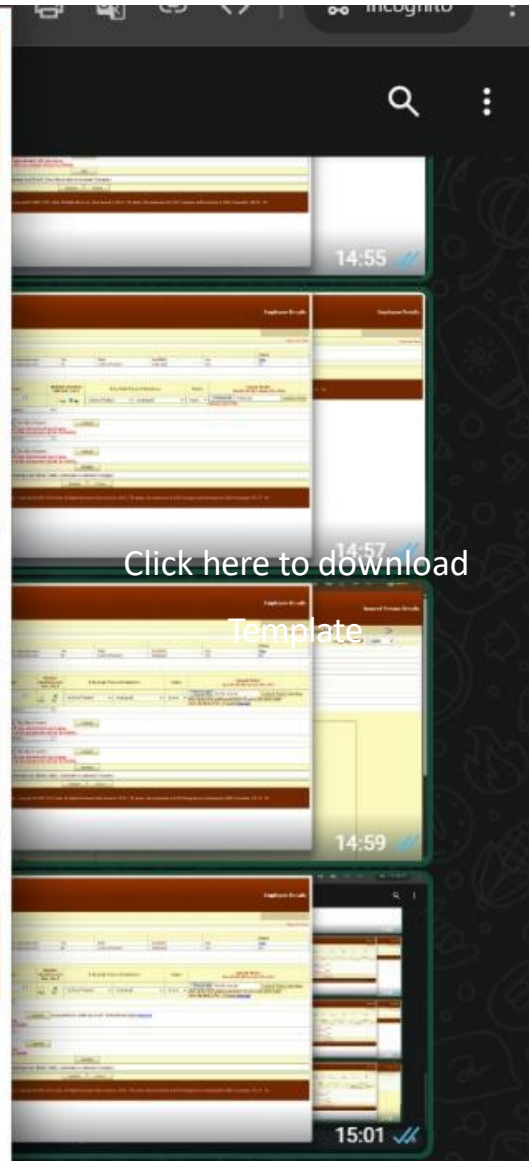
Proof of Evidence2 :
Note:Document type allowed pdf, jpg & jpeg.
Note:Max size of the documents should be 200KB.

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Click on Checkbox


Click on Submit



Click here to download
Template



Reference Number Generated Successfully



ESIC
Employees' State Insurance Corporation

Employee Details

Login User : 1116526480

Add Family Particulars Of Insured Person *Required Fields

Insured Person's Number : 1116526480

Active Family Details

Edit								Photo	Document1	Document2
Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	View	NA	NA
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	NA	NA	NA

Add/Update Family Particulars

Name*	Date of Birth*	Relationship with the Employee*	Whether Residing with Him / Her?	If No, State Place of Residence		Status	Upload Photo:- Size 50-100 KB, Format JPG, JPEG
		---Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	---Please Select---	---Please Select---	Active	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload Photo"/>

Type of Proof: ---Please Select---

Document Number1:

Proof of Evidence1: No file chosen

Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

Type of Proof: ---Please Select---

Document Number2:

Proof of Evidence2 : No file chosen

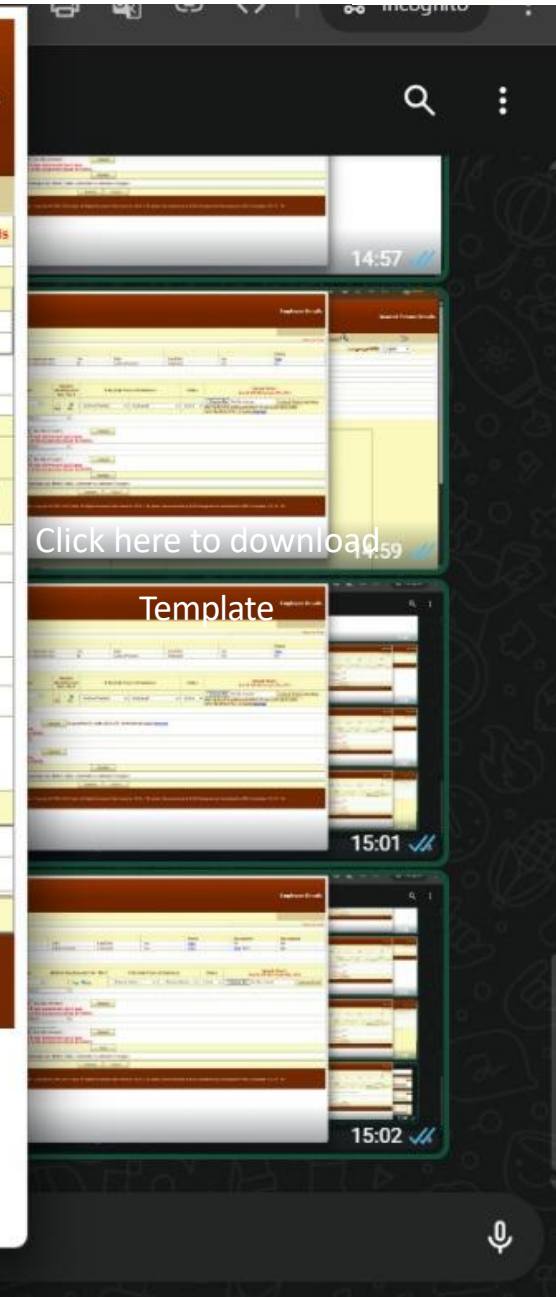
Note: Document type allowed pdf, jpg & jpeg.
Note: Max size of the documents should be 200KB.

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The reference number **11261605391** has been generated successfully and pending for approval.

Click on Close Button

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Verification By Employer

Version 1.0 Revised On : 08-01-2026

- Services ▾
- Information ▾
- Announcement ▾

New Update

Tender

Re E-Tender for "Empanelment of Local Laboratory

Trending on ESIC



Employees' State Insurance Corporation
Home Delivery of drugs to ESI beneficiaries
Hassle-Free Medicine Delivery for Senior Citizen's Well-Being
#MerajMerakartavya



S.S.I.C. HOSPITAL
कराबी नि

Employees' State Insurance Corporation
Ministry of Labour & Employment, Government of India

ESI Scheme Benefits

Medical Benefit **Sickness Benefit** **Maternity Benefit** **Disablement Benefit** **Dependant's Benefit** **Other Benefit**

Funeral Expenses
Confinement Expenses

ESIC
A Promise to Your Well-being

Quick Finder Select Offices / Hospitals ▾ Select State ▾ Search

- Employer Login
- Insured Person / Beneficiary
- Insurance Medical Practitioner
- mEUD
- ESIC Staff / Pensioner
- Lawyer

Click on Employer Login



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
(Ministry of Labour and Employment, Government of India)



श्रम एवं रोजगार मंत्रालय
Ministry of Labour & Employment
भारत सरकार (Government of India)

[Hindi](#)

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the contrary, the same may be made on help-shramsuvridha@gov.in

We Are Migrating To One Unit One Identifier

Government of India plans to do away with all employer codes being issued by separate labour enforcement agencies such as ESIC, EPFO, O/O CIC(C) and DGMS etc by replacing them with new Labour Identification Number (LIN). Your unit has already been allotted a LIN and the same can be obtained online using <http://tinyurl.com/whatismylin> Please verify the information associated with your LIN before the current employer codes are rendered useless. The procedure to verify the information is given in <http://tinyurl.com/shramsuvridhahowto> For any support please contact help-shramsuvridha@gov.in

Enter the credentials and Captcha

Click on Login

Employer Login

Username/LIN

Password

Captcha *

[Sign Up](#) [Forgot password?](#)

LOGIN

[Username](#) [Check Password Policy](#)

Common Registration Link For ESIC / EPFO
Unified ECR link for ESIC/EPFO



Employer Login: 11001664850001018 (LIN No. 1-6796-8887-2)

Last Logged In Thursday, January 8, 2026 at 9:28 AM

Validation of e-mail ID and Mobile number is mandatory in April and October month from 01-04-2025 | The provision for updation/validation of employee suspended. A consultation note is being circulated for seeking comments.

EMPLOYER

- [Update Employer Details](#)
- [Create Subunit Registration](#)
- [Accident Report \(Form 12\)](#)
- [Accident Report Print / PDF Form](#)
- [Employer's Details Validation](#)
- [Wage Contributory Record](#)
- [Reply For Abstention Verification](#)
- [View Subunit Details](#)
- [Update NIC Code](#)
- [Change Password](#)
- [Employer Help files](#)

EMPLOYEE (INSURED PERSON)

- [Enroll Employee with previously allotted ESI Number](#)
- [Register/Enroll New Employee](#)
- [Update Particulars of Insured Person](#)
- [Update Mobile Number of Insured Person](#)
- [Bulk Upload of Mobile Number](#)
- [Bulk Upload of Account Number](#)
- [Bulk Aadhaar Seeding](#)
- [Upload Bank Account related Document of Insured Person](#)
- [e-Pehchan Card](#)
- [List of Employees](#)
- [Health Passbook](#)
- [View Med11 Certificate](#)
- [Notification](#)
- [Employee UAN Seeding](#)
- [Edit Employee Workflow](#)

Click on Edit Employee Workflow

MONTHLY CONTRIBUTION

- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Modify Challan](#)
- [ViewContributionHistory](#)
- [Omitted Wages Challan](#)
- [Contractor/Principal Employer Master](#)
- [IP Mapping with Contractor/Principal Employer](#)
- [Bulk IP Mapping with Contractor/Principal Employer](#)
- [View Contribution History\(Contractor/Principal Employer Wise\)](#)
- [Self Certification](#)
- [View RC](#)
- [Recovery/Defaulter Challan](#)
- [Updation of Unrealized Challan Details](#)
- [OnlineChallan Doubleverification](#)
- [Interest For Delay Payment!](#)
- [File Consolidated Monthly Contributions](#)
- [Consolidated Monthly Contribution Challan](#)

Click here to do Seed Aadhaar in Bulk

Employer Tasklist



[Employee Task Details](#) > List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1116649661	21/11/2025	Pending
2	1116526480	06/01/2026	Pending

Click on IP No. under Task Assigned

Go to Family Details



User Login: 11001664850001018

Thursday, January 8, 2026 9:32:49 AM

Employee > Employee IP Approval

Employees Edit IP Approval		* Required Fields	
Insurance Number: 1116526480			
Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025
Existing Particulars		New Particulars	
<input type="checkbox"/> Personal Details : Reference ID			
Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	View Photo	Photo:	View Photo
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	
<input type="checkbox"/> Address Details : Reference ID			
Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	
<input type="checkbox"/> Dispensary Details : Reference ID			
		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD	

Notes:
 - User can view the Photo by clicking on View Photo
 - User need to validate the photo with attached document as Proof



Validate Photo then Click on Declaration Box and Forward

Address Details : Reference ID

Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

Dispensary Details : Reference ID

For IP: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	
For Family: <input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	Live test IMP	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD	

Nominee Details : Reference ID

Name :	sam	Name :	
Relationship with I.P :	Dependant father	Relationship with I.P :	
Address of Nominee :	345678,demo,,Delhi,,New Delhi,,	Address of Nominee :	
Is Nominee a Family Member :	Yes	Is Nominee a Family Member :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

Family Details : Reference ID **11261605391**

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	View	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	View	View TEST	NA	Modified Record

Employer Remarks:*

I have carefully examined the uploaded documents.

Enter Remarks

View Photo & Document

Click on Checkbox and Forward

Notes:

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof

Submitted Successfully to Branch Office



Insurance

User Login: 11001664850001018

Thursday, January 8, 2026 9:35:32 AM

Submission Success

IP details change request successfully Submitted to BO.



Verification By LDC/UDC

Version 1.0 Revised On : 08-01-2026



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

ESIC IT Service Desk Helpline



"For any IT related Issues Please contact IT Servi

Web Portal- ithelpdesk

Land Line Helpline no. 011-27552239 (For ESIC Users)

Call to VoIP Helpline : 7001

Enter the User Credentials

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Click on Log In

Property Management Department

ContractManager
Primaveraweb
DSRPRO

Notes: User can able to reset the Password using Forget Password link

Application → Insurance



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation Welcome, TEST KUMAR

English (United States) हिंदी (भारत)



- Home
- Applications
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- Reports
- Analytics
- Change Password
- LOGOUT

ESIC News

» Role of ESIC

Announcements

- » Annexure - IX .doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
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Read More >>

- Business Intelligence
- Document Management System
- Health Information System
- Insurance**
- Pehchan Reports

Click on Insurance

Circulars

» Circulars from HQRS. Office

Related Links

- » <http://esic.nic.in>
- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

» [know more](#)

Industry News

» ESIC's PG institute from next year

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Select User Location & Role



Location and Role Selection

User Location : BO-Ajmeri Gate(New Delhi) ▼

User Role : LDC/UDC at Branch Office ▼

Submit

Select the User Location and Role from dropdown

Click on Submit


Registration → Edit Employee Details Workflow



The screenshot displays the ESIC Insurance portal interface. At the top left is the ESIC logo and the text "ESIC Employees' State Insurance Corporation". On the right, the word "Insurance" is displayed. Below the header, the user login information "User Login: ANKIT GUPTA" and a balance "0" are shown. A navigation bar contains tabs for "My Work", "Registration", "Benefits", "Revenue", "Recovery", and "Others". The "Registration" tab is active, showing a dropdown menu with the following options: "Edit Employee Details", "e-Pehchan Card", "Raise a Request for Loss Of ID", "Download Requested Card Status", "Search IP by Account /Mobile/UAN Number", "Edit Employee Details Workflow" (highlighted in red), "Aadhaar Seeding for IP and Dependents", "Track Edit IP Pending Request", and "Employer wise Aadhaar Report". A blue callout box points to the "Edit Employee Details Workflow" option with the text "Click on Edit Employee Details Workflow". Below the menu, there are two main sections: "REGISTRATION" with a description "This section has the Navigations through all the Different Phases of Employee Registration" and "BENEFITS" with a description "This section has the Navigations through all Medical and Cash Benefits".

Click on Insured Person No.



 **ESIC**
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two Thursday, January,08, 2026 09:38:52
0

- [My Work](#)
- [Registration ▼](#)
- [Benefits ▼](#)
- [Revenue ▼](#)
- [Recovery](#)
- [Others ▼](#)

[Employee Task Details](#)> List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Search IP :

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1116639577	07/01/2026	Pending
2	1116524587	07/01/2026	Pending
3	1116526480	06/01/2026	Pending

Click on IP No.



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee > Employee IP Approval

Employees Edit IP Approval

* Required Fields

Please select appropriate check box for approving the change

Insurance Number: 1116526480

Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

Existing Particulars

New Particulars

[Click here to download](#)

Personal Details : Reference ID

Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mahipal Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	View Photo	Photo:	View Photo
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type :		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	

Address Details : Reference ID

Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

Dispensary Details : Reference ID

For IP:			
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Notes:
 - User can view the Photo by clicking on View Photo
 - User need to validate the photo with attached document as Proof



Click on View Photo and Validate with Proof Document then Click on Declaration Box and Forward to BM

Dispensary Details : Reference ID

For IP: Dispensary IMP mEUD Live test IMP Dispensary IMP mEUD

For Family: Dispensary IMP mEUD Live test IMP Dispensary IMP mEUD

Nominee Details : Reference ID

Name : sam Name :
 Relationship with I.P : Dependant father Relationship with I.P :
 Address of Nominee : 345678,demo,,Delhi,New Delhi,, Address of Nominee :
 Is Nominee a Family Member : Yes Is Nominee a Family Member :
 Proof Type : Proof Type :
 Document 1 :
 Document 2 :

Family Details : Reference ID 11261605391

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	View	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	View	View TEST	NA	Modified Record

Employer Remarks: *

LDC/UDC Remarks: *

BM Remarks:

I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.

Enter Remarks

Forward to BM Cancel

Click on Checkbox and Forward to BM



Approval By BM

Version 1.0 Revised On : 08-01-2026



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

within 7 days" "2. Contact Administration Branch for any change in Cadre/ Designation."

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information while maintaining confidentiality and integrity of data.

Login Instructions



Please use your user credentials to Sign In.
Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

ESIC IT Service Desk Helpline



"For any IT related Issues Please contact IT Servi

Web Portal- ithelpdesk
Land Line Helpline no. 011-27552239 (For ESIC Users)
Call to VoIP Helpline : 7001

Enter the User Credentials

Please Login with your credentials

User Name:

Password:

[Forgot Password](#)

Click on Log In

Property Management Department

ContractManager
Primaveraweb
DSRPRO

Application → Insurance



क र बी नि
ESIC
 कर्मचारी राज्य बीमा निगम
 Employees' State Insurance Corporation 🧑 Welcome, TEST KUMAR

🇺🇸 English (United States) 🇮🇳 हिंदी (भारत)



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- Insurance
- Pehchan Reports

Click on Insurance

Circulars

» Circulars from HQRS. Office

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- » <http://india.gov.in>
- » <http://mohfw.nic.in>
- » <http://whoindia.org>
- » <http://esicdelhi.org.in>

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» ESIC's PG institute from next year

Reference Documents

- » Dhanwantri
- » Pragati-ERP
- » Pragati-Insurance
- » ESIC Manuals
- » Information Security
- » Digital Signature Installer

Select User Location & Role



Location and Role Selection

User Location :

User Role :

Submit

Select User Location and Role from dropdown

Click on Submit

Registration → Edit Employee Details Workflow



The screenshot displays the ESIC Insurance portal interface. At the top left is the ESIC logo and the text "ESIC Employees' State Insurance Corporation". At the top right is the word "Insurance". Below this is a navigation bar with tabs for "My Work", "Registration", "Benefits", "Revenue", "Recovery", and "Others". The "Registration" tab is selected, and its dropdown menu is open, listing several options: "e-Pehchan Card", "Health Passbook", "Update Mobile Number of the Insured Person", "Search IP by Account /Mobile/UAN Number", "Edit Employee Details WorkFlow", "Track Edit IP Pending Request", and "Employer wise Aadhaar Report". The "Edit Employee Details WorkFlow" option is highlighted in red. A blue callout box points to this option with the text "Click on Edit Employee Details Workflow".

REGISTRATION
This section has the Navigations through Different Phases of Employee / Employer

- e-Pehchan Card
- Health Passbook
- Update Mobile Number of the Insured Person
- Search IP by Account /Mobile/UAN Number
- Edit Employee Details WorkFlow**
- Track Edit IP Pending Request
- Employer wise Aadhaar Report

BENEFITS
This section has the Navigations through all Medical and Cash Benefits

Click here to download Template

Click on Insured Person No.



Insurance

User Login: Wipro L Two

Thursday, January 08, 2026 09:54:12
0



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee Task Details> List of Tasks Pending for employee details

Employee Details Tasks Pending For Approval

Search IP :

[Click here to download](#)

Tasks Assigned	Tasks Assigned	Assigned Date	Status
1	1116526480	06/01/2026	Pending

Click on IP No.

Click on View Photo and Validate with Proof Document



User Login: Wipro L Two

Thursday, January 08, 2026 09:54:47



My Work

Registration

Benefits

Revenue

Recovery

Others

Employee > Employee IP Approval

Employees Edit IP Approval

* Required Fields

Please select appropriate check box for approving the change

Insurance Number: 1116526480

Insured Person Name:	MOOLA SAI DEEKSHITH REDDY	UHID Number :	DL01.0008306549
Date of Birth :	10/07/1997	Date of Registration:	08/01/2024
Employer Code No.:	11001664850001018	Employer Name:	LIVE TEST EMPLOYER
Select Type:	IP Details	First Date of Appointment:	08/01/2025

Existing Particulars

New Particulars

Personal Details : Reference ID

Is IP Disabled:	No	Is IP Disabled:	
Type of Disability:	NA	Type of Disability:	
Certificate:		Certificate:	
Name / Name as per Aadhaar Records:	MOOLA SAI DEEKSHITH REDDY	Name / Name as per Aadhaar Records:	
Name of Guardian:	Moola Mampati Reddy	Name of Guardian:	
Date of Birth:	10/07/1997	Date of Birth:	
Photo:	View Photo	Photo:	View Photo
Marital Status:	Un Married	Marital Status:	
Gender:	M	Gender:	
UAN Number:		UAN Number:	
Proof Type:		Proof Type 1:	
		Proof Type 2 :	
		Document 1:	
		Document 2:	

Address Details : Reference ID

Present Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Present Address :	
Permanent Address :	45678,demo,,897970,,9907979696,Delhi,,East Delhi	Permanent Address :	
Proof Type :		Proof Type :	
		Document 1:	
		Document 2:	

Dispensary Details : Reference ID

For IP:		Dispensary :	
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Click on Checkbox

Notes:

- User can view the Photo by clicking on View Photo
- User need to validate the photo with attached document as Proof



Click on View Photo and Validate with Proof Document then Click on Declaration Box and Approve

Dispensary Details : Reference ID

For IP: Dispensary IMP mEUD Live test IMP Dispensary IMP mEUD

For Family: Dispensary IMP mEUD Live test IMP Dispensary IMP mEUD

Nominee Details : Reference ID

Name : sam Name :
 Relationship with I.P : Dependant father Relationship with I.P :
 Address of Nominee : 345678,demo,,Delhi,New Delhi,, Address of Nominee :
 Is Nominee a Family Member : Yes Is Nominee a Family Member :
 Proof Type : Proof Type :
 Document 1: Document 1:
 Document 2: Document 2:

Family Details : Reference ID **11261605391**

Existing:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Record Type
test son new updated	08/09/2025	Minor dependant son	M	Yes	Delhi	East Delhi	Active	View	Old Record
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	NA	Modified Record

New:

Name	Date of Birth	Relationship with IP	Gender	Residing With IP	State	District	Active Status	Photo	Document1	Document2	Record Type
test son new updated	01/11/2025	Minor dependant son	M	No	Andhra Pradesh	Anakapalli	Active	View	View TEST	NA	Modified Record

Employer Remarks : * test

LDC/UDC Remarks: TEST

BM Remarks : * test

I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.

Note:
 1: The competent authority in ESIC office shall use discretion on the basis of merit of the case either to approve line-item wise or in bulk by selecting checkboxes as appropriate.
 2: Any subsequent changes in the Personal details and Family details of Insured Person will be forwarded to RO/SRO for approval. Other details will be approved at Branch Office level.

Enter Remarks

Click on Checkbox and Approve



Thank You