



# **Employer Registration**

## Help File

## **ONLINE REGISTRATION OF THE EMPLOYERS OVERVIEW:**

- ❖ Registration of employers under ESI Act is fully online, without requirement of submission of any physical application documents either before the registration or after it.
- ❖ The employer registration is totally online and on real time basis. No manual intervention / approval is required for registration.
- ❖ The employer is required to submit the information in the online screens (SCREEN SHOTS ENCLOSED) and on successful submission of the information; the code number is generated automatically and displayed to the employer. A copy of the Registration letter(C-11) can be printed from the link provided. A copy of registration letter ( C-11) along with the user credentials ( user ID and password) are also sent automatically to the email of the employer.
- ❖ The Registration (C-11) is a computer-generated letter and is not required to be physically signed by issuing authority and can be used by the employer as a valid proof of registration.
- ❖ Once the code number is generated and C-11 is sent to the email address of the employer, the employer can log on to the website of the ESIC ( [www.esic.in](http://www.esic.in)) and can perform all the online activities.
- ❖ The mandatory fields in the online registration form are marked with Asterisk (\*).
- ❖ The mandatory / non-mandatory information required to be filled in the screens can be seen from the snapshot of the screens given in the help file which should be kept ready for avoiding the delay in filling up of the information.
- ❖ The total number of employees required for registration under ESI Act for factories is 10 for Pan India. For Establishment, the number of employees required for each station under ESI Act is 10/20. Please check the applicability of the establishment depending upon the number of employees from the table (enclosed).
- ❖ In the Drop Box for selection of the Branch Office, the employers are free to choose any Branch Offices nearest to their unit. In the Drop Box for selection of Inspection Division employers can choose any Inspection Division.
- ❖ In case of manpower suppliers, security agencies / contractors and Govt. contractors, after the generation of Code Number the registering employers are required to pay the advance contribution for six months, which is worked out as follows:

**The number of employees ( getting upto Rs.21000 per month)x minimum wagesx6x6.5%**

❖ The advance contribution is to be paid online and the registration letter along with user ID and password is sent to their email on receiving confirmation from State Bank which may take one day in case of account with SBI and 2 days in case of account with other banks.

❖ In case, employer face any problem, in registering their units online, they can send an email giving the details of the problem encountered to the it help desk of ESIC and at the email address [itcare@esic.in](mailto:itcare@esic.in).

❖ In case any official of the ESIC requires any physical documentation after registration, please write to the following mail id:-[ac-revenue.hq@esic.in](mailto:ac-revenue.hq@esic.in)/[websupport.mol@nic.in](mailto:websupport.mol@nic.in)

❖ **Minimum Number of Employee required for registration of Establishment.**

Minimum Number of Employees required for registration of Establishment					
S.No	State_Name	Minimum Employees to be registered	S.No	State_Name	Minimum Employees to be registered
1	Himachal Pradesh	20	19	Delhi	10
2	Jammu & Kashmir	20	20	Karnataka	10
3	Jharkhand	10	21	West Bengal	10
4	Kerala	10	22	Andhra Pradesh	10
5	Madhya Pradesh	20	23	Arunachal Pradesh	20
6	Maharashtra	20	24	Assam	20
7	Manipur	20	25	Bihar	10
8	Meghalaya	20	26	Chattishgarh	10
9	Mizoram	20	27	Goa	20
10	Nagaland	20	28	Gujrat	10
11	Orissa	10	29	Haryana	10
12	Pondicherry	10	30	Uttarakhand	10
13	Punjab	10	31	Chandigarh	20
14	Rajasthan	10	32	Daman and Diu	20
15	Sikkim	20	33	Dadra and Nagar Haveli	20
16	Tamilnadu	20	34	Andaman and Nicobar	20
17	Tripura	10	35	Lakshadweep	20
18	Uttar Pradesh	20	36	Outside India	20

# Login to www.esic.in



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



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

- HOME
- ABOUT US
- WRITE TO US
- ACTS
- ESI SCHEMES
- RECRUITMENT
- PUBLIC GRIEVANCE
- TENDERS

**es covered under ESI Act. Employees facing any inconvenience in getting e-pehchan card may contact the nearest ESIC Office Ps'may apply up to 30th May, 2018, for issue of 'Ward of IP Certificate' through the window/link provided on the main web-page NO PHYSICAL DOCUMENTS ARE REQUIRED FOR ONLINE REGISTRATION OF EMPLOYERS UNDER ESI ACT**



[Click Here To Login](#)

[Instructions to Deploy Security Certificate](#)

## About ESIC

Employees' state Insurance Corporation of India, is a multidimensional social system tailored to provide socio-economic protection to worker population and immediate dependent or family covered under the scheme. Besides full medical care for self and dependents, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of case benefits in times of physical distress due to sickness, temporary or permanent disablement etc. resulting in loss of earning capacity, the confinement in respect..... [know more](#)

For any IT related issues please Email to [ITCare@esic.in](mailto:ITCare@esic.in)

If you have any queries, please send to the below mentioned E-mail id [esic-hqrs@esic.in](mailto:esic-hqrs@esic.in)

[Geo Tagged ESIC locations on Bhuvan Portal](#)

## Advocate

### ESIC Links

- [Recruitment of IT Manager and IT Assistant under reserved category](#)
- [Lawyer Login](#)
- [Property Management Department](#)
- [IP Portal](#)
- [IMP Portal](#)
- [IMP Notification](#)
- [Shram Suvidha Portal](#)
- [Employer Search](#)
- [Pay e-challan](#)
- [Unable to make Online Payment?](#)
- [User Manual for Pay e-challan](#)
- [Manual for Employer and Employee Registration through ESIC Portal](#)
- [List of 58 Banks](#)
- [Aadhaar Authentication User Manual](#)
- [Aadhaar User Manual API 2.0](#)

### Online Employer Registration

Previous 12 Months	Current Month
122637	6412

### Online Monthly Contribution

Previous 12 Months	Current Month
7120328	505862

### Publications

- [Samachar](#)
- [Legal provisions](#)

### Useful Information

- [Transfer / posting orders](#)
- [ESIC Pensioner's Medical Scheme](#)
- [Circulars related with Project Panc...](#)
- [Citizen's Charter](#)

### Related Links

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

[know more](#)

### News & Events

09 May 2017

- [1. Walkthrough - Employer Registrat...](#)
  - [2. Walkthrough - Employee Registrat...](#)
- 09.03.2017- Ease of doing business



You are the 53014423rd visitor to the website since 05-Jul-2012

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# Click on 'Sign up'



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

[English](#) / [हिंदी](#)

**"Employer are to issue e-pehchan cards to their employees cov  
"Notice for admissions to MBBS/BDS courses(2018-19)in ESIC (**

## User Login

UserName / LIN:

Password:

Captcha: \*

Click on  
Sign Up

[Sign Up](#)  [Forgot Password](#)

[Get Username](#)

[Common Registration Link For  
ESIC / EPFO](#)

[Unified ECR link for ESIC/EPFO](#)

[Check Password Policy](#)

[Manual for Employer and Employee](#)

[Registration through Portal](#)

[Digital Signature User Manual](#)

No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the opposite, the same may be made on [help-shramsuidha@gov.in](mailto:help-shramsuidha@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/shramsuidhahowto> For any support please contact [help-shramsuidha@gov.in](mailto:help-shramsuidha@gov.in)

**SignUp** \* Required Fields

Company Name \*:

Principal Employer Name \*:

State \*:

Regions \*:

Email(Username)

Phone No.:

Please confirm your establishment/factory under Exclusive Labour Contractor/Man Power Suppliers, Security Agencies, Contractors Supplying Labour categories. If not please register through [Common Registration Link For ESIC / EPFO](#)

[Login](#)

Click on the check box

Enter Company Name, Principal Employer, State, Regions, E-mail

## SignUp

\* Required Fields

Company Name *:	<input type="text" value="T.E.S.T Company"/>
Principal Employer Name *:	<input type="text" value="Test"/>
State *:	<input type="text" value="Delhi"/>
Regions *:	<input type="text" value="RO - Rajendra Place"/>
Email(Username) *:	<input type="text" value="niloff90@gmail.com"/>
Phone No.:	<input type="text"/>

Please confirm your establishment/factory under Exclusive Labour Contractor/Man Power Suppliers, Security Agencies, Contractors Supplying Labour categories. If not please register through [Common Registration Link For ESIC / EPFO](#)

Submit

Reset

[Login](#)

Click on  
Submit

An email is sent to the user after successful Sign-up along with login credentials

The screenshot shows the Gmail interface with a green background. At the top left is the Google logo. Below it is the Gmail navigation bar with a search bar and icons for back, forward, info, delete, folders, and more. The left sidebar shows the 'COMPOSE' button and a list of folders: 'Inbox (29)', 'Starred', 'Sent Mail', 'Drafts', and 'More'. Below the folders is a profile card for 'Nil' with a plus sign. At the bottom of the sidebar is a chat icon and the text 'No recent chats'. The main content area shows an email titled 'Your Login Credentials for ESIC-reg.' from 'esic-insurance@esic.in'. The email body contains: 'Hi,', 'Thanks For Registering with ESIC Your Login Credentials are:', 'UserName: [niloff90@gmail.com](mailto:niloff90@gmail.com)', 'Password: kVjclZm', and 'Regards, Esic-Insurance Team'. Below the email is a 'Click here to Reply or Forward' link. At the bottom of the page, it shows '0 GB (0%) of 15 GB used' and a 'Manage' link, along with 'Terms - Privacy' links.





# Registration of Main Unit

Again Login to [www.esic.in](http://www.esic.in) with the login cardinals sent through mail



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

[English](#) / [हिंदी](#)


"Employer are to issue e-pehchan cards to their employees co

led on the main web-page / under 'Admissions'."

#### User Login

User Name / LIN:

Password:

Captcha: \*  

Enter all the cardinals

[Sign Up](#)  [Forgot Password](#)

Click on Login

[Get Username](#)

[Common Registration Link For ESIC / EPFO](#)

[Unified ECR link for ESIC/EPFO](#)

[Check Password Policy](#)

[Manual for Employer and Employee](#)

[Registration through Portal](#)

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No physical processing of paper is undertaken by ESIC for registration of Employer. If there is any complaint to the opposite, the same may be made on [help.shramsuidha@gov.in](mailto:help.shramsuidha@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

Click on 'New Employer Registration'

Last Logged In Saturday, May 19, 2018 at 3:56 PM

EMPLOYER

- [New Employer Registration](#)

# Select Type of unit & click on submit

User Login: niloff90@gmail.com

Saturday, May 19, 2018 3:57:48 PM

Registration > Employer Registration

Employer Registration

\* Required Fields

Type of Unit \*

-----Select-----

-----Select-----

Factory

Shop/Establishment

Submit

Enter:

-Name of Unit

- Complete Postal Address of factory/Estt., State, District, Pin code -Email address

- Police Station

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration

Unit Details Employer Details Fact/Estt Details Employee Details

Employer Registration - Form 01 \* Required Fields

1. Name of the unit:  Factory  Establishment T.E.S.T. Company

2. Complete Postal Address of the Factory / Establishment

Address :-

Test	Pin Code:-	110001	
	Phone No.:-		
	Mobile No.:-	91 - 7980082990	
State:-	Delhi	Fax No.:-	
District:-	New Delhi	Email:-	niloff90@gmail.com

3. Police Station:- Test

4. Name of

<input checked="" type="radio"/> Town <input type="radio"/> Revenue Village		<input checked="" type="radio"/> Taluk <input type="radio"/> Tehsil	
<input checked="" type="radio"/> Hubbast No		Municipality:	
<input type="radio"/> Revenue Demarcation			

5.(a) Whether the Building / Premises of Fact / Estt. is Owned or Hired:- Owned

5.(b) If Hired or There is a Change in the Name of Unit / Ownership, Please Indicate Below:

5.(b)(i) ESI Code No. If Covered Earlier:  Yes  No

5.(b)(ii) Date from Which Earlier Fact/Estt. Closed Down:

5.(c) Terms and Conditions Under Which Property Acquired/Taken on Lease (Enclose Copy of Agreement/Relevant Deed):

Browse... No file selected. Upload

Select:

-Whether the building/Premises of Fact/Estt is Owned/Hired

Click Next to Proceed, Reset to re-enter the details, Cancel to Exit & Save to save the data

5.(a) Whether the Building / Premises of Fact / Estt. is Owned or Hired:	Owned
5.(b) If Hired or There is a Change in the Name of Unit / Ownership, Please Indicate Below*	
5.(b)(i) ESI Code No. If Covered Earlier:	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.(b)(ii) Date from Which Earlier Fact/Estt. Closed Down:	<input type="text"/>
5.(c) Terms and Conditions Under Which Property Acquired/Taken on Lease (Enclose Copy of Agreement/Relevant Deed):	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>

Click on Next

Enter-

-Nature of Business and category

-PAN Details etc

Employer Registration - Form 01 \* Required Fields

6. All Operational Bank Accounts Need to be Listed Below

Select	Account No	Name of Bank	Name of the Branch	MICR Code of the Bank/Branch	IFSC Code of the Bank/Branch
<input type="checkbox"/>					

7.(a)  Income Tax PAN No.  GIR No

7(b).Income Tax  Ward  Circle  Area

8. Is Multinational\*  Yes  No

8.(a) Exact Nature of Work / Business Carried On:\* Commercial Establishments

8.(b) Category:\* ---Please Select---

8(c). Whether the process or activity being carried out in your factory has been declared as "hazardous process as per sec. 2 (c) or sec. 2 (b) of the Factories Act, 1948, read with Schedule I of the said Act?" ---Please Select---

9. Date of Commencement of Factory / Estt:\*

10.(a) Whether Registered Under Any Of Following Act?  
 Factories Act  Shop & Estt Act  Other  None

10.(b) Select the Licence and Enter the Details Below\* ---Please Select---

License No:\* Date:\* Licensing Authority:\*

10.(c) Please Give Which Ever Applicable

Tax No.	Date	Issuing Authority
Commercial		
State Sales:		
Central Sales:		
Any Other:		

10.(d) Maximum No. of Persons That Can be Employed on Any One Day, as per License:

Type of Employer

Employer Registration - Form 01 \* Required Fields

6. All Operational Bank Accounts Need to be Listed Below

Select	Account No	Name of Bank	Name of the Branch	MICR Code of the Bank/Branch	IFSC Code of the Bank/Branch
<input type="checkbox"/>					

7.(a)  Income Tax PAN No.  GIR No

7(b).Income Tax  Ward  Circle  Area

8. Is Multinational\*  Yes  No

8.(a) Exact Nature of Work / Business Carried On:\* Commercial Establishments

8.(b) Category:\* Contractors Supplying Labour

8(c). Whether the process or activity being carried out in your factory has been declared as "hazardous process as per sec. 2 (c) or sec. 2 (b) of the Factories Act, 1948, read with Schedule I of the said Act?"  Yes  No

9. Date of Commencement of Factory / Estt:\*

10.(a) Whether Registered Under Any Of Following Act?  
 Factories Act  Shop & Estt Act  Other  None

10.(b) Select the Licence and Enter the Details Below\* ---Please Select---

License No:\* Date:\* Licensing Authority:\*

10.(c) Please Give Which Ever Applicable

Tax No.	Date	Issuing Authority
Commercial		
State Sales:		
Central Sales:		
Any Other:		

10.(d) Maximum No. of Persons That Can be Employed on Any One Day, as per License:

Type of License

Employer Registration - Form 01

\* Required Fields

6. All Operational Bank Accounts Need to be Listed Below

Select	Account No	Name of Bank	Name of the Branch	MICR Code of the Bank/Branch	IFSC Code of the Bank/Branch
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.(a)  Income Tax PAN No.  GIR No

Please enter GIR/PAN No.

7(b). Income Tax  Ward  Circle  Area

8. Is Multinational?  Yes  No

8.(a) Exact Nature of Work / Business Carried On:

8.(b) Category:

8(c). Whether the process or activity being carried out in your factory has been declared as "hazardous process as per sec. 2 (c) or sec. 2 (b) of the Factories Act, 1948, read with Schedule I of the said Act?  Yes  No

9. Date of Commencement of Factory / Estt:

10.(a) Whether Registered Under Any Of Following Act?  
 Factories Act  Shop & Estt Act  Other  None

10.(b) Select the Licence and Enter the Details Below:

10.(c) Please Give Which Ever Applicable

Tax No.	Date	Issuing Authority
Commercial: <input type="text"/>	<input type="text"/>	<input type="text"/>
State Sales: <input type="text"/>	<input type="text"/>	<input type="text"/>
Central Sales: <input type="text"/>	<input type="text"/>	<input type="text"/>
Any Other: <input type="text"/>	<input type="text"/>	<input type="text"/>


10.(d) Maximum No. of Persons That Can be Employed on Any One Day, as per License:

Click on Next

**Enter:**  
 -Date of Commencement of factory - License details (if any)



Select:  
 -Constitution of ownership  
 - Details of owners


**ESIC**  
 Employees' State Insurance Corporation

Insurance

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration

[Unit Details](#)
[Employer Details](#)
[Fact/Estt Details](#)
[Employee Details](#)

Employer Registration - Form 01 \* Required Fields

11.(a) If Power is Used for Manufacturing Process as per Section-2(k) of the Factory Act,Enter the Date Since When: 01/01/2009

11.(b) In Case of Factory Whether Licensed Issued Under Section 2(m)(i) or 2(m)(ii) of the Factories Act.1948:  2(m)(i)  2(m)(ii)  No

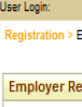
11.(c) Power Connection No.:  Sanctioned Power Load:  Issuing Authority:

12.(a) Constitution of Ownership: Private Ltd Company

12.(b) Give Name/Father's Name/Age and Present & Permanent residential address of:-

12.(c) Name, Fathers Name, Age, Present and Permanent Address of the Manager Declared Under the Factories Act:

13. Address, No of Employees and Person Responsible for Day to Day Functioning of Head Office/Registered Office/Branch Office/Sales Office/Administrative Office/Others:


**ESIC**  
 Employees' State Insurance Corporation

Insurance

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration

[Unit Details](#)
[Employer Details](#)
[Fact/Estt Details](#)
[Employee Details](#)

Employer Registration - Form 01 \* Required Fields

11.(a) If Power is Used for Manufacturing Process as per Section-2(k) of the Factory Act,Enter the Date Since When: 01/01/2009

11.(b) In Case of Factory Whether Licensed Issued Under Section 2(m)(i) or 2(m)(ii) of the Factories Act.1948:  2(m)(i)  2(m)(ii)  No

11.(c) Power Connection No.:  Sanctioned Power Load:  Issuing Authority:

12.(a) Constitution of Ownership: Private Ltd Company

12.(b) Give Name/Father's Name/Age and Present & Permanent residential address of:- [Click Here to Enter Details](#)

12.(c) Name, Fathers Name, Age, Present and Permanent Address of the Manager Declared Under the Factories Act: [Click Here to Enter Details](#)

13. Address, No of Employees and Person Responsible for Day to Day Functioning of Head Office/Registered Office/Branch Office/Sales Office/Administrative Office/Others: [Click Here to Enter Details](#)

Click on the link

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:29:33 PM

Name, Age, Present & Permanent Address

Select to Delete	Principal Employer	Select	Name*	Age*	Designation*	Father's Name*	Present
<input type="checkbox"/>	<input checked="" type="radio"/>	Managing Director	Test	66	Managing Director	Test	test

Enter all the details

Click on add more to add more designation  
 Click on the checkbox and click on remove to remove the entire row

Click on Save

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:32:10 PM

Name, Age, Present & Permanent Address

Details are saved successfully

Select to Delete	Principal Employer	Select	Name*	Age*	Designation*	Father's Name*	Present
<input type="checkbox"/>	<input checked="" type="radio"/>	Managing Director	Test	66	Managing Director	Test	test

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration

Unit Details Employer Details **Fact/Estt Details** Employee Details

Employer Registration - Form 01 \* Required Fields

11.(a) If Power is Used for Manufacturing Process as per Section-2(k) of the Factory Act,Enter the Date Since When:	01/01/2009	
11.(b) In Case of Factory Whether Licensed Issued Under Section 2(m)(i) or 2(m)(ii) of the Factories Act.1948:	<input type="radio"/> 2(m)(i) <input type="radio"/> 2(m)(ii) <input checked="" type="radio"/> No	
11.(c) Power Connection No.:	Sanctioned Power Load:	Issuing Authority:
12.(a) Constitution of Ownership:	Private Ltd Company	
12.(b) Give Name/Father's Name/Age and Present & Permanent residential address of:	<a href="#">Click Here to Enter Details</a>	
12.(c) Name, Fathers Name, Age, Present and Permanent Address of the Manager Declared Under the Factories Act:	<a href="#">Click Here to Enter Details</a>	
13. Address, No of Employees and Person Responsible for Day to Day Functioning of Head Office/Registered Office/Branch Office/Sales Office/Administrative Office/Others:	<a href="#">Click Here to Enter Details</a>	

Click on Next

Click on Sr. no 16-  
-to enter details on the number of employees working

User Login: niloff90@gmail.com

Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration

Unit Details Employer Details Fact/Estt Details Employee Details

Employer Registration - Form 01

\* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service): *		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20**or More Coverable Employees under ESI Act were employed for wages:*		<input type="text"/>	
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19.Employee Declaration Form:*		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :*	<input type="text" value="--Please Select--"/>	20.(b) Inspection Division :*	<input type="text" value="--Please Select--"/>

[Click here to view List of Areas, ROs, SRCs, BOs, IDs](#)

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place. \*

[CLICK HERE FOR DIGITAL SIGNATURE REGISTRATION](#)

Previous Save Reset Cancel Submit

**Enter-**  
**-Total Number of employees**  
**-Number of Employees earning less than Rs 21000**

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:44:18 PM

Total Number of employees employed for wages directly and through immediate employer/contractor Request \* Required Fields

As on date	Total No of Employees				No of employees drawing wages Rs 21000/- or less			
	Male	Female	Transgender	Total	Male	Female	Transgender	Total
Employed directly by the principal employer	10	18	0	28	5	9	0	14
Through immediate employer/contractor	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>18</b>	<b>0</b>	<b>28</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>14</b>

Click on Save

**Enter:**  
**-Date when first 10/20 employees were employed**  
**-Click on 'Employee Declaration Form'**

User Login: niloff90@gmail.com Saturday, May 19, 2018 4:00:28 PM

Registration > Employer Registration Unit Details Employer Details Fact/Estt Details Employee Details

Employer Registration - Form 01 \* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service):	<input type="text"/>	<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20*or More Coverable Employees under ESI Act were employed for wages:-	<input type="text"/>	<a href="#">Click Here to Enter Details</a>	
18. Total Wages Paid in the Preceding Month:	<input type="text"/>	<a href="#">Click Here to Enter Details</a>	
19. Employee Declaration Form:-	<input type="text"/>	<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :-	--Please Select--	20.(b) Inspection Division :-	--Please Select--

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.

[CLICK HERE FOR DIGITAL SIGNATURE REGISTRATION](#)

Click on link

## Select:

- Yes, if IP already registered & enter IP number & Date of Joining
- No, if IP is not registered

User Login: amit.arya@renaissance-it.com

Monday, March 27, 2017 3:21:51 PM

### Track Registered Employees

Is I.P Already Registered:

Yes  No

Continue

Close

No of Employee Details Submitted:0, No of Employee Details Saved and Pending For Submission: 0

**Enter:**  
 -Name of IP & Name of IP's Father  
 -Address  
 -Date of Birth, Gender & Marital Status

User Login: nilof90@gmail.com Saturday, May 19, 2018 4:52:09 PM

Employer > Employee Registration

**Employees Registration Form-1** \* Required Fields

**Insured Person's Particulars**

1.(a) Is IP Disabled:  Yes  No

1.(b) Type of Disability:

1.(c) Select Certificate:  No file selected.

2. Name / Name as per Aadhaar Records:

3. Name of:  Father  Husband

4. Date of Birth:

5.  Enrolment Id  Aadhaar

6. Marital Status:

7. Gender:  M  F  TG

**8. Present Address**

Address:

Pin Code:

Phone No.:

Mobile No.:

Email:

State:

District:

Copy Present Address to Permanent Address

**9. Permanent Address**

Address:

Pin Code:

Phone No.:

Mobile No.:

Email:

State:

**Enter:**  
 -Permanent address  
 -Date of joining, Nominee details & Family details  
 -Check the declaration & Submit

**9. Permanent Address**

Address:

Pin Code:

Phone No.:

Mobile No.:

Email:

State:

District:

**10. Dispensary Or IMP:**

State:

District:

Dispensary  IMP

Address:

**11. Current Employer's Particulars**

Employer's Code No.:

Date of Appointment:

Name of the Employer:

Address of the Employer

Address:

State:

District:

Pin Code:

Email:

Phone No.:

Mobile No.:

**12.(b) In case of any Previous employment please fill up the details below:**

Employer's Code No.:

Previous Insurance No.:

Name of the Employer:

Address of the Employer

Address:

State:

District:

Pin Code:

Email:

Phone No.:

Mobile No.:

12.(a) Have Previous Employer:  Yes  No

13. Details of Nominee: [Enter Details Here](#)

14. Family Particulars of Insured Person: [Enter Details Here](#)

15. Details of Bank Accounts of Insured Person: [Enter Details Here](#)

Fill-up  
Dispensary  
or IMP

Click on  
the link

Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules,1950 for Payment of Cash Benefit in the Event of Death

\* Required Fields

Name / Name as per Aadhaar Records :	<input type="text" value="Test wife"/>	Relationship with I.P. :	<input type="text" value="Spouse"/>
Address of Nominee			
Address :	<input type="text" value="test"/>	State :	<input type="text" value="Delhi"/>
	<input type="text"/>	District :	<input type="text" value="New Delhi"/>
	<input type="text"/>	Pincode :	<input type="text"/>
Phone No. :	<input type="text"/> - <input type="text"/>	Mobile No. :	<input type="text" value="91"/> - <input type="text"/>
Is Nominee a Family Member :	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Enrolment Id <input type="radio"/> Aadhaar	<input type="text"/> <input type="text"/>

Enter all the details & Click on save

**Enter:**  
**-Permanent address**  
**-Date of joining, Nominee details & Family**  
**details -Check the declaration & Submit**

<b>11. Current Employer's Particulars</b>		<b>12.(b) In case of any Previous employment please fill up the details below:</b>	
Employer's Code No.:	<input type="text"/>	Employer's Code No.:	<input type="text"/>
Date of Appointment:	<input type="text" value="01/01/2016"/>	Previous Insurance No.:	<input type="text"/>
Name of the Employer:	<input type="text"/>	Name of the Employer:	<input type="text"/>
<b>Address of the Employer</b>		<b>Address of the Employer</b>	
Address :-	<input type="text"/>	Address :-	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
State:-	<input type="text" value="--Please Select--"/>	State:-	<input type="text" value="--Please Select--"/>
District:	<input type="text" value="--Please Select--"/>	District:	<input type="text" value="--Please Select--"/>
Pin Code:	<input type="text"/>	Pin Code:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Phone No.:	<input type="text"/> - <input type="text"/>	Phone No.:	<input type="text"/> - <input type="text"/>
Mobile No.:	<input type="text" value="91"/> - <input type="text"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text"/>
12.(a) Have Previous Employer:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
13. Details of Nominee :-		<a href="#">Enter Details Here</a>	
14. Family Particulars of Insured Person:		<a href="#">Enter Details Here</a>	
15. Details of Bank Accounts of Insured Person:		<a href="#">Enter Details Here</a>	
<input checked="" type="checkbox"/> I Hereby Declare that the Statement of my Knowledge and Belief. I Also Undertake to Intimate Changes.			

Click on  
Checkbox

Click on  
Submit

**After successfully entering details of minimum 10 (for factory)/20 (for Establishment) IPs click on close-**

User Login: amit.arya@renaissance-it.com Monday, March 27, 2017 3:21:51 PM

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**Track Registered Employees**

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Is I.P Already Registered:  Yes  No

---

No of Employee Details Submitted:0, No of Employee Details Saved and Pending For Submission: 0



Employer Registration - Form 01 \* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service): -		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20**or More Coverable Employees under ESI Act were employed for wages:-	<input type="text" value="01/01/2010"/>		
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19. Employee Declaration Form:-		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :-	<input type="text" value="--Please Select--"/>	20.(b) Inspection Division :-	<input type="text" value="--Please Select--"/>

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.

**FOR DIGITAL SIGNATURE REGISTRATION**

Select Branch Office

Employer Registration - Form 01 \* Required Fields

14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service): -		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20**or More Coverable Employees under ESI Act were employed for wages:-	<input type="text" value="01/01/2010"/>		
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19. Employee Declaration Form:-		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :-	<input type="text" value="BO - Ajmeri Gate"/>	20.(b) Inspection Division :-	<input type="text" value="ID - Inspection Area No 10"/>

[Click here to view List of Areas, ROs, SROs, BOs, IDs](#)

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.

**CLICK HERE FOR DIGITAL SIGNATURE REGISTRATION**

Select Inspection Division

Employer Registration - Form 01		* Required Fields	
14.(a) Whether any Work / Business Carried Out Through:	<input type="radio"/> Contractor/Immediate Employer <input checked="" type="radio"/> None	14.(b) Nature of Work / Business:	<input type="text"/>
15.(a) EPF Code No.:	<input type="text"/>	15.(b) Issuing Authority :	<input type="text"/>
16. No. of Employees Employed for Wages Directly and Through Immediate Employers on the Date of Application (Whether permanent or temporary manual / clerical / supervisor, connected with the administration or purchase of raw materials or distribution or sale of product/service) :-		<a href="#">Click Here to Enter Details</a>	
17. Give First Date Since when 10/20**or More Coverable Employees under ESI Act were employed for wages:-		<input type="text" value="01/01/2010"/>	
18. Total Wages Paid in the Preceding Month:		<a href="#">Click Here to Enter Details</a>	
19. Employee Declaration Form:-		<a href="#">Click Here to Enter Details</a>	
20.(a) Branch Office :-	<input type="text" value="BO - Ajmeri Gate"/> <input type="button" value="v"/>	20.(b) Inspection Division :-	<input type="text" value="ID - Inspection Area Nd"/> <input type="button" value="v"/>
<a href="#">Click here to view List of Areas, ROs, SROs, BOs, IDs</a>			
<input checked="" type="checkbox"/> I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.*			
Note : You should pay an advance contribution of Rs: 6672.12 (minimum wages * number of employees * 6 months *6.5%) to complete your registration procedure.			
<input type="checkbox"/> <a href="#">CLICK HERE FOR DIGITAL SIGNATURE REGISTRATION</a>			
<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/> <input type="button" value="Submit"/>			

Click on the checkbox

Click on Submit

Registration > Employer Registration > Success

Payment Of Advance Contribution

Please Pay Advance Contribution For 6 Months Through The Link Below To Complete Your Registration Procedure.

You have been registered in ESIC After realization of payment Coverage Letter ( form C11) and password will be sent to your registered e-mail

[Pay Initial Contribution](#)

Ok

Click on the link



Employer > Contribution Paid at Registration

Advance Contribution Payment

\* Required Fields

Amount To Be Paid (In Rs.):

6672

Payment Mode:

Online  Offline

Submit

Click on Submit



Please note down the ChallanNumber : 01118114984237 for future reference

Click on continue to make payment

Do not close or refresh the browser. please click on continue to proceed for the payment

Continue

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# Payment Gateway



## STATE BANK MULTI OPTION PAYMENT SYSTEM

Please Select Appropriate Card Type To Avoid Failures (C-Credit Card Options/D For Debit Card)

### Net Banking



SBI

Bank Charges:

[Click Here](#)



Other Banks

Bank Charges: 0.0

[Click Here](#)

### Card Payments

### Other Payments Modes

Cancel

Employer will receive the System generated Registration Letter (C-11 ) on registered email id once challan get realized from the bank, The C-11 is a computer generated letter and does not require any signature and can be used as a valid proof of registration of the unit under ESI Act.

**Thank You**