



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
उप क्षेत्रीय कार्यालय (कोयम्बतूर) | SUB REGIONAL OFFICE, COIMBATORE
1897, Trichy Road, Panchdeep Complex, Ramanathapuram,
Coimbatore 641 045
ISO 9001:2008 CERTIFIED ORGANISATION



Certificate No.35061/Z/0001/UK/En Dt.14.05.09

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INSTRUCTIONS FOR SUBMISSION OF DECLARATION FORMS IN ELECTRONIC FORM

The declaration forms of insured persons in electronic form, should be in a database format, preferably, MS Access. The database shall consist of two tables namely –

- 1) Insured Persons
- 2) Dependants

The insured persons table will contain the particulars of insured persons and shall consist the following fields:-

SI No	Name	Type	Size	Description of the column
1.	iprcode	Long Integer	4	Ip Region code – this will be 56 for this Sub Region *
2.	ipcode	Double	8	Insured Person's code number. *
3.	ipname	Text	50	Name of the Insured Person *
4.	ipdob	Date/Time	8	Date of Birth of Insured Person
5.	ipgender	Text	1	Gender of Insured Person
6.	ipmaritalstat	Text	1	Marital Status – M / U / W
7.	ipfname	Text	50	Father Name / Husband Name
8.	preaddress1	Text	100	Present Address
9.	preaddress2	Text	100	Present Address
10.	preaddress3	Text	100	Present Address
11.	predistrict	Text	20	Present Address
12.	prestate	Text	20	Present Address
13.	prepincode	Long Integer	4	Present Address
14.	peraddress1	Text	100	Permanent Address
15.	peraddress2	Text	100	Permanent Address
16.	peraddress3	Text	100	Permanent Address

17.	perdistrict	Text	20	Permanent Address
18.	perstate	Text	20	Permanent Address
19.	perpincode	Long Integer	4	Permanent Address
20.	ipphone	Text	25	Phone No of Insured Person
21.	ipemail	Text	50	Email of Insured Person
22.	ip_ph_status	Yes/No	1	Please put Y if the IP is a physically challenged person
23.	branchname	Text	50	Branch Office Name – Please adhere to the spelling given in the list *
24.	dispensaryname	Text	50	Dispensary Name – Please adhere to the spelling given in the list *
25.	nomineename	Text	50	Nominee Name
26.	nomineeddob	Date/Time	8	Date of birth of nominee
27.	nomineefhname	Text	50	Father / Husband name of nominee
28.	nomineerelation	Text	10	Nominee's relation to IP
29.	nomineeaddress1	Text	100	Address of the nominee
30.	nomineeaddress2	Text	100	Address of the nominee
31.	nomineeaddress3	Text	100	Address of the nominee
32.	nomineedistrict	Text	20	Address of the nominee
33.	nomineestate	Text	20	Address of the nominee
34.	nomineepincode	Text	6	Address of the nominee
35.	idmarkip	Text	200	Identification marks of IP
36.	familystays	Yes/No	1	Put Y if the IP's family stays with him *
37.	remarks	Text	250	Remarks
38.	emprcode	Long Integer	4	Employer Region code – 56 for code numbers allotted by Coimbatore Sub Region *
39.	empyrcode	Long Integer	4	Employer Code *
40.	Empindcode	Long Integer	4	Employer's Industry Code *
41.	empsubcode	Long Integer	4	Employer Sub Code *
42.	dtappoint	Date/Time	8	Date of Appointment of IP *
43.	empname	Text	50	Employer Name
44.	empaddr1	Text	100	Employer Address
45.	empaddr2	Text	100	Employer Address
46.	empaddr3	Text	100	Employer Address
47.	empdistrict	Text	50	Employer Address
48.	empstate	Text	50	Employer Address
49.	emppincode	Text	6	Employer Address

50.	emp_email	Text	50	Employer's Email
51.	prev_emp_ins_no	Double	8	Previous Insurance Number
52.	prev_emp_code_no	Text	15	Previous Employer Code Number
53.	prev_emp_address	Text	100	Previous Employer Name and Address
54.	hrcontact_person	Text	50	ESI Incharge Name
55.	hrcontact_phone	Text	255	ESI Incharge Phone No
56.	hrcontact_email	Text	50	ESI In Charge Email

The dependants table will have the following fields:-

Sl No	Name	Type	Size	Description of the column
1.	iprcode	Long Integer	4	Ip Region code – this will be 56 for this Sub Region *
2.	ipcode	Long Integer	4	Insured Person's code number. *
3.	dependantname	Text	50	Dependant Name *
4.	dependantdob	Date/Time	8	Dependant Date of Birth *
5.	stayswith	Text	3	Whether the dependant stays with IP *
6.	relationship	Text	10	Relation to the IP
7.	handicapped	Yes/No	1	Whether Physically handicapped
8.	place_of_residence	Text	50	Place of Residence of the family members.

INSTRUCTIONS FOR FILLING THE COLUMNS

- Fields marked * are mandatory fields
- While entering the name of insured person / nominee name / hr person name / dependant name, please suffix the initial of the person in capital letter, so that uniformity is maintained in data
- **Complete latest pin codes shall be filled** i.e. Pin code should have all the six digits
- Branch Office and Dispensary names shall be filled in correctly – **THIS COLUMN MAY BE FILLED WITH UTMOST CAUTION TO MAINTAIN 100% ACCURACY, SO THAT THE INSURED PERSON WILL BE ABLE TO GET HASSLE FREE MEDICAL TREATMENT.** The spelling of Branch Office name and Dispensary name shall be as per the Annexure I enclosed. In case of unspecified Dispensary names, please query Branch Manager concerned, in case of any doubt.
- The motive of construction of this database is to provide universal service irrespective of Dispensary / Branch Office. Hence employers are requested to provide data in accurate and complete shape, to ensure success of the Project. Also, please note that provision of inaccurate / wrong / incomplete data will be rejected and thereby delaying the issue of smart card to the insured person.
- **The database shall be submitted in a CD with employer code no. and name superscribed clearly.**
- For further clarifications, if any, please contact the Branch Manager concerned or Shri.M.Karthikeyan, Assistant Director (EDP), at 09843162890 or mail to dir-kovai@esic.nic.in

ANNEXURE I

BRANCH OFFICE NAME

DISPENSARY NAME

SI No	Branch Office Name
1.	GANAPATHY
2.	KARUNGALPALAYAM
3.	KATTOOR
4.	KNP PURAM
5.	KURICHY
6.	METTUPALAYAM
7.	OK MANDAPAM
8.	ONDIPUDUR
9.	OOTY
10.	PALLADAM
11.	PEELAMEDU
12.	POLLACHI
13.	PN PALAYAM
14.	PRN PALAYAM
15.	RN PURAM
16.	SINGANALLUR
17.	SULUR
18.	THUDIYALUR
19.	TIRUPPUR
20.	UDUMALPET

SI No	Dispensary Name
1.	AVINASHI
2.	BHAVANI
3.	CHENNIMALAI
4.	CHINNIAMPALAYAM
5.	DHARAPURAM
6.	ERODE
7.	GANAPATHY
8.	IRUGUR
9.	KARAMADAI
10.	KATTOOR
11.	KUNIAMUTHUR
12.	MADATHUKULAM
13.	MADUKKARAI
14.	METTUPALAYAM
15.	NALLATTIPALAYAM
16.	NARANAPURAM
17.	OK MANDAPAM
18.	ONDIPUDUR
19.	OOTY
20.	PALLADAM
21.	PEELAMEDU
22.	PERUNDURAI
23.	PETHAPPAMPATTY
24.	PN PALAYAM
25.	PODANUR
26.	POLLACHI
27.	PRN PALAYAM
28.	RAJA STREET
29.	RN PURAM
30.	RS PURAM
31.	SINGANALLUR
32.	SINGANALLUR MOBILE
33.	SIRUMUGAI
34.	SOMANUR
35.	SOWRIPALAYAM
36.	SULUR
37.	THUDIYALUR
38.	TIRUPPUR I
39.	TIRUPPUR II
40.	UDUMALPET
41.	UDUMALPET MOBILE
42.	UPPILIPALAYAM
43.	VELLALORE