



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

#MeraMeraKartavya

For more information visit www.esic.gov.in or call toll-free 1800 11 7500



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

ESI Scheme Benefits

Medical Benefit, Sickness Benefit, Maternity Benefit, Disability Benefit, Defendant's Benefit, Other Benefit (Funeral Expenses, Confinement Expenses)

ESIC Scheme

ESIC

A Promise to Your Well-being

[f](#) [X](#) [i](#) [in](#) [Y](#) [S](#)

Quick Finder

Select Offices / Hospitals

Select State

Search

Employer Login

Insured Person / Beneficiary

Insurance Medical Practitioner

mEUD

ESIC Staff / Pensioner

Lawyer

Click on Insured Person/Beneficiary

Insured Person Login Page



कर्मचारी
राज्य बीमा निगम
Employees' State Insurance Corporation

Insured Person/Beneficiary Portal



वर्म एवं रोजगार मंत्रालय
Ministry of Labour & Employment
GOVERNMENT OF INDIA

Language/भाषा: English ▾

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.

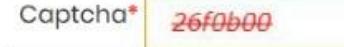
Enter the Credentials
and Captcha

Insured Person / Beneficiary Login

Insured Person ESI Staff

User ID*
1116526480

Password*
..... 

Captcha*  Refresh 
26f0b00

 26f0b00

Sign Up [Forgot Password](#)

[IP Portal Secure Login Help File](#)

Click on Login 


[Change Password](#)

Language/भाषा: English

Insured Person Details

Details

Insured Person Name	Moola Sai Deekshit 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](#)

Value Added Services

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

Click on Update
Particulars

Select Family Details



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
--Please Select--	<input type="radio"/> Yes <input checked="" type="radio"/> No	--Please Select--	--Please Select--	Active Choose file No file chosen Upload Photo
Type of Document	--Please Select--			

Proof of Evidence1:

Type of Proof: [Choose file](#) No file chosen [Upload](#)

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

Document Number2:

Type of Proof: [Choose file](#) No file chosen [Upload](#)

Proof of Evidence2 :

Type of Proof: [Choose file](#) No file chosen [Upload](#)

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

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

[Add](#) [Submit](#) [Close](#)

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Employee Details

* Required Fields

0. IP : 49

Click on Choose File then Select and Upload Photo



Click on Choose File, then Select and Upload Photo

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 .

Photo Uploaded





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	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Photo
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	View 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 checked="" type="radio"/> Yes <input 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:

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:

Document Number2:

Proof of Evidence2 : No file chosen
 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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Photo Uploaded

Insured Person Details

word 6

Language/भाषा: English ▾

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	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	Photo
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	<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-e0ffbab4d0834135ce5-a351-4858-b869-3e6711e26623JPEG_92.jpg <input type="button" value="Remove"/>	

Type of Proof:

Document Number1:

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

Type of Proof:

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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Insured Person Details

SWORD

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	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	Photo
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	Yes 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 Imagea61dcf3c-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

Update

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Submit Close

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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

Insured Person's Number : 1116526480 *Required Fields

Active Family Details

Edit	test son new updated	08/09/2025	Minor dependant son	Yes	Delhi	East Delhi	Yes	Photo	Document1	Document2
Edit	test son new updated	01/11/2025	Minor dependant son	No	Andhra Pradesh	Anakapalli	Yes	View	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
<input type="text"/>	<input type="text"/>	<input type="text"/> --Please Select---	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> --Please Select---	<input type="text"/> --Please Select---	<input type="text"/> Active <input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload Photo"/>
Type of Proof:	<input type="text"/> --Please Select---					
Document Number1:	<input type="text"/> <input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>					
Proof of Evidence1:	<input type="text"/> <input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.					
Type of Proof:	<input type="text"/> --Please Select---					
Document Number2:	<input type="text"/>					
Proof of Evidence2 :	<input type="text"/> <input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/> Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.					
<input type="button" value="Add"/>						
<input checked="" type="checkbox"/> I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.						
<input type="button" value="Submit"/> <input type="button" value="Close"/>						

Click on Checkbox

Click on Submit

Get WhatsApp for Windows



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	Name	Date of Birth	Relationship with the Employee	Whether Residing with Him / Her?	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	
<input type="text"/>	<input type="text"/>	<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---"/>	Active <input type="button" value="Choose file"/>	No file chosen <input type="button" value="Upload Photo"/>
Type of Proof: <input type="text" value="---Please Select---"/>							
Document Number1: <input type="text"/>							
Proof of Evidence1: <input type="text" value="Choose file"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small>							
Type of Proof: <input type="text" value="---Please Select---"/> Document Number2: <input type="text"/>							
Proof of Evidence2 : <input type="text" value="Choose file"/> No file chosen <input type="button" value="Upload"/> <small>Note: Document type allowed pdf, jpg & jpeg. Note: Max size of the documents should be 200KB.</small>							
<input type="button" value="Add"/>							
<input type="checkbox"/> I Herby Declare that the Statement Given Above is Correct to the Best of My Knowledge and Belief. I Also Undertake to Intimate Changes.							
The reference number 11261605391 has been generated successfully and pending for approval. <input type="button" value="Close"/>							
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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

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For more information visit www.esic.gov.in or call toll-free 1800 11 7500



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

ESI Scheme Benefits

- Medical Benefit
- Sickness Benefit
- Maternity Benefit
- Disability Benefit
- Dependant's Benefit
- Other Benefit
 - Funeral Expenses
 - Confinement Expenses

ESIC Scheme

ESIC

A Promise to Your Well-being

Social Media Icons: Facebook, X, Instagram, YouTube, LinkedIn

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-shramsuvidha@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/shramsuvidhahowto> For any support please contact help-shramsuvidha@gov.in

Enter the credentials and Captcha

Click on Login

Employer Login

Username/LIN

Password

Captcha *

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

LOGIN

[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 employeily 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](#) 

MONTHLY CONTRIBUTION

- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Modify Challan](#)
- [View Contribution History](#)
- [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](#)
- [Online Challan Double Verification](#)
- [Interest For Delay Payment](#)
- [Click here to do Seed Aadhaar](#)
- [File Consolidated Monthly Contributions](#)
- [Consolidated Monthly Bulk Challan](#)

Click on Edit Employee Workflow

Employer Tasklist



ESIC
Employees' State Insurance Corporation

User Login: 11001664850001018

Thursday, January 8, 2026 9:31:28 AM

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



ESIC
Employees' State Insurance Corporation

Insurance

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

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 :	

Dispensary Details : Reference ID

<input checked="" 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

Version 1.0 Revised On : 08-01-2026

Validate Photo then Click on Declaration Box and Forward



<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												
For IP:	<input type="radio"/> Dispensary <input checked="" type="radio"/> IMP <input type="radio"/> mEUD			Live test IMP			<input type="radio"/> Dispensary <input 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 type="radio"/> IMP <input type="radio"/> mEUD					
<input type="checkbox"/> 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:								
<input checked="" type="checkbox"/> 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:*												
<input type="text" value="test"/> <div style="border: 1px solid #ccc; padding: 5px; width: 150px; margin-left: 10px;">Enter Remarks</div>												

Notes:

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

Click on Checkbox and Forward

View Photo & Document

Submitted Successfully to Branch Office



ESIC
Employees' State Insurance Corporation

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

Login through myesic.esic.gov.in or gateway.esic.gov.in



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+)

Click on Log In

ESIC IT Service Desk Helpline



Web Portal- [ithelpdesk](#)

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

Call to VoIP Helpline : 7001

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

Enter the User
Credentials

Please Login with your credentials

User Name:

tesankk

Password:

Log In

Forgot Password

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)

Pragati

Home Applications ERP Applications Reports Analytics Change Password LOGOUT

Business Intelligence

ESIC News

- » Role of ESIC
- » Health Information System
- » Insurance
- » Pehchan Reports

Announcements

- » Annexure - IX.doc
- » Annexures - X-XI.pdf
- » Annexures.pdf
- » JOB CARD OF ADMINISTRATIVE OFFICERS
- » Circular.pdf

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>

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



ESIC
Employees' State Insurance Corporation

Insurance

User Login: ANKIT GUPTA 0

My Work Registration Benefits Revenue Recovery Others

REGISTRATION
This section has the Navigation through all Different Phases of Employee

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
Aadhaar Seeding for IP and Dependents
Track Edit IP Pending Request
Employer wise Aadhaar Report

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



Click on Edit Employee Details Workflow

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 :	Search	Template	
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.

Go to Family Details



ESIC
Employees' State Insurance Corporation

Insurance

User Login:

Wipro L Two

Thursday, January 08, 2026 09:54:47
0



My Work

Registration ▾

Benefits ▾

Revenue ▾

Recovery

Others ▾

Employee > Employee IP Approval

* Required Fields

Employees Edit IP Approval

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:		View Details
---------	--	------------------------------

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



<input type="checkbox"/> Dispensary Details : Reference ID							
For IP: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			
For Family: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD			
<input type="checkbox"/> Nominee Details : Reference ID							
Name : sam				Name :			
Relationship with IP : Dependant father				Relationship with IP :			
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:			
<input type="checkbox"/> Family Details : Reference ID 11261605391							
Existing:							
Name		Date of Birth		Relationship with IP		Gender	
test son new updated		08/09/2025		Minor dependant son		M	
test son new updated		01/11/2025		Minor dependant son		M	
State							
				Residing With IP		Yes	
				State		Delhi	
				District		East Delhi	
				Active Status		Active	
				Photo		View Old Record	
				Document 1		Document 2	
Record Type							
test son new updated		01/11/2025		Minor dependant son		NA	
Modified Record							
New:							
Name		Date of Birth		Relationship with IP		Gender	
test son new updated		01/11/2025		Minor dependant son		M	
Residing With IP				State		District	
No				Andhra Pradesh		Anakapalli	
						Active Status	
						Active	
				Photo		View TEST	
				Document 1		Document 2	
Record Type							
test son new updated		01/11/2025		Minor dependant son		NA	
Modified Record							
Employer Remarks: *		test					
LDC/UDC Remarks: *		test					
BM Remarks:		<div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> Enter Remarks </div>					
<input checked="" type="checkbox"/> I have examined the uploaded document. ** No document is required to be uploaded by employer in case of Aadhaar based change request.							
<div style="text-align: center;"> Forward to BM Cancel </div>							

Click on Checkbox and Forward to BM



Approval By BM

Version 1.0 Revised On : 08-01-2026



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+)

Click on Log In

ESIC IT Service Desk Helpline



Web Portal- [ithelpdesk](#)

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

Call to VoIP Helpline : 7001

"For any IT related Issues Please contact IT Servi

Enter the User
Credentials

Please Login with your credentials

User Name:

tesankk

Password:

Log In

Forgot Password

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)



Home Applications ERP Applications Reports Analytics Change Password LOGOUT

Business Intelligence

ESIC News

- » Role of ESIC
- » Health Information System
- » Insurance
- » Pehchan Reports

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- » <http://esicdelhi.org.in>

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- » 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 : Branch Manager at Branch 01 ▾

Submit

Select User Location and Role from dropdown

Click on Submit



ESIC
Employees' State Insurance Corporation

User Login: ANKIT GUPTA 0

Home ? 🔎 🗑

My Work **Registration** ▾ **Benefits** ▾ **Revenue** ▾ **Recovery** **Others** ▾

REGISTRATION

This section has the Navigations through all Different Phases of Employee / Employee

- 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.



ESIC
Employees' State Insurance Corporation

Insurance

User Login: Wipro L Two

Thursday, January 06, 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

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

CLICK HERE TO DOWNLOAD

Search IP : 1116526480 Search

Click on IP No.

Click on View Photo and Validate with Proof Document



Insurance

User Login: Wipro L Two Thursday, January 08, 2026 09:54:47 0

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 Details	
---------	--	--------------------	--

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



<input type="checkbox"/> Dispensary Details : Reference ID For IP: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD								
For Family: <input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD		Live test IMP		<input type="radio"/> Dispensary <input type="radio"/> IMP <input type="radio"/> mEUD								
<input type="checkbox"/> Nominee Details : Reference ID												
Name : sam		Relationship with I.P : Dependant father		Name :								
Address of Nominee : 345678,demo,,Delhi,New Delhi,,				Relationship with I.P :								
Is Nominee a Family Member : Yes				Address of Nominee :								
Proof Type :				Is Nominee a Family Member :								
				Proof Type :								
				Document 1:								
				Document 2:								
<input type="checkbox"/> 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	Template	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										
<input checked="" type="checkbox"/> 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.												
<input type="button" value="Forward/Approve"/> <input type="button" value="Reject"/> <input type="button" value="Cancel"/>												

Click on Checkbox and Approve



Thank You