

Regional Office EMPLOYEES' STATE INSURANCE CORPORATION ESI Corporation, Panchdeep Bhawan, Bhawani Singh Marg, Jaipur

C-11 Regd. with a.d.

Dated: 24/09/2016

M/s.JAGANNATH UNIVERSITY

VILLAGE RAMPURA TEHSIL CHAKSU JAIPUR RAJASTHAN

.303901

Sub: Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

- 1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
- 2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
- 3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
- 4. On the basis of the particulars in respect of your factory/establishment—submitted by you/ on the basis of the report of the inspection—conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment—falls within the purview of Section 1(5) of the Act with effect from 01/08/2016. In case, however, subsequent facts reveal that your establishment—was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
- 5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
- 6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is alloted as a result of Survey by a Social Security Officer of ESI Corporation).
- 7. For the sake of convenience your factory/establishment has been allotted code No 15000516160001304 which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at ESIC Branch Office 36/105, Pratap Nagar Housing Board,Near Pratap Plaza,Sanganer, Tonk Road,Jaipur-302020 has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

AT TAIPURAL TAIPURA TAIPURA

Certified True Copy

Register

Nath University, Jaipur

- 8. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries
- 9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.
- 10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.
- 11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme
- 12. Please Indicate your Code No. on all correspondences to avoid delay
- 13. This is a computer generated letter and does not require any signature.

Yours faithfully,

Assit/Dy. Director

End.: As state above

Copy for Information and necessary action to:

Name of the principal employer:

TANMAY PATTANAYAK

No. of employees

47

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY

THE WAY A THE PARTY OF THE PART

lagan N. Strar

Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

·	1	neills in the conlingencies of Sickness, A	The state of the s	1
S1.No	Benefits	Entitlement	Duration	Rate of Benefit
1	Medical Benefit	One should be an insured person	From day one of entering Into insurable employment to till date in insurable employment and during the corresponding benefit period.	Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility
2(a)	Sickness Benefit	78 days in relevant Contribution Period	Up to 91 days in two consecutive Benefit Period	70% of average Daily wages
2(b)	Enhanced Sickness Benefit	78 days in one Contribution Period	7 days/ 14 days for mate/female insured person respectively for undergoing sterilization operation	100% of average Dally wages
3	Extended Sickness Benefit	156 days in 4 consecutive Contribution Period	124 to 309 days may be extended to 730 days in case of specified long term diseases	80% of average Daily wages
4(a)	Temporary Disablement Benefit	From day one of entering Insurable employment	As long as temporary disablement lasts	90% of average Daily wages
4(b)	Permanent Disablement Benefit	From day one of entering Insurable employment	For whole life	Depending upon loss of earning capacity of Insured
<u></u>	Dependents Benefit	From day one of entering Insurable employment	Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58	90% of average Daily wages. Shareable in fixed proportion.
6	Malemity Benefit	70 days in immediately preceding 1 or 2 consecutive Contribution Periods	26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother.	100% of average Daily wages
,)	Rajiv Gandhi Shramik Kalyana Yojana	Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury>40%	For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance.	I. Unemployment allowance at the rates of i. 50% of last avg. daily wages - 0 to 12 Months. II. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance.
8	Funeral Expenses	From day one of entering Insurable employment	For defraying expenses on funeral of an Insured Person	Actual expenses subject to a maximum of Rs. 10000/-
9	Confinement expenses	No condition other then insurable employment.	Up to two confinements	Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions.
10	Medical Care to retired Insured Persons	Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased insured Persons/spouses receiving Dependent Benefit.	On yearly basis.	Medical facility withIn ESIC on payment of Rs. 120/- for self

• For detailed Information on benefits you are requested to visit website www.oslc.nic.in or call toll free number 1800112526

vebsite wyw.cslc.nlc.in o

Certified True Copy

Jagan National Structure Sity, Jaipu



EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

Insured Person:

Hanuman Meena

Insurance No.:

1508409762

Date of Registration: 28/09/2016

In case Aadhaar Number is not entered, this is valid upto

None

None

None

None

None

date: 27/10/2016 only

Employee Name:	Hanuman Meena	Type of Disability :	None				
Name of Father / Husband:	ramosh chand meena	Date of Birth :	10/07/1968				
Marital Status :	Married	Gender:	Mate				
Present Address :	UDAYGIRI APP 12 1 58 S,INDRA GANDHI NAGAR JAGATPURA Dist:Jaipur,Rajasthan	Permanent Address :	UDAYGIRI APP 12 1 58 S,INDRA GANDHI NAGAR JAGATPURA,Dist:Jaipur,Rajasthan				
adhaar Number :	983190340674	Aadhaar Status :	Verified				
Dispensary / IMP for IP :	Laxminagar, Jaipur, RJ (ESIS Disp.)	Dispensary / IMP for Family:	Lexminager, Jaipur, RJ (ESIS Disp.)				
C	urrent Employer Details	FI	rst Employer Details				
			 				

Employer's Code No. :

Sub Unit's Code No. :

First Insurance No. :

Name of Employer:

Address of Employer:

YOUR REGISTRATION DETAILS

VILLAGE RAMPURA TEHSIL CHAKSU JAIPUR RAJASTHAN,DISTJAIPUIRAJASINARJUJ9UT

15000516160001304

JAGANNATH UNIVERSITY

Моле

01/01/2017

Family Details:

Employer's Code No. :

Sub Unit's Code No. :

Date of Appointment:

Name of Employer:

Address of Employer:

Namo	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
MANJU MEENA	Spouse	05/05/1977	Yes	Rajasthan	Jaipur	475125382128	Unverified
DEEPALI MEENA	Dependant unmarried daughter	23/10/1999	Yes	Rojasthan	Jaipur	664264680605	Unverified
DIMPAL MEENA	Dependant unmarried daughter	08/07/2005	Yes	Rajasihan	Jalpur	310314499884	Unverified
RIYA MEENA	Depondant unmarried daughter	26/03/2008	Yes	Rajasthan	Jalpur	869827420657	Unverified
AKERTI MEENA	Dependant unmarried daughter	11/02/2010	Yes	Rojasthan	Jaipur	452967290056	Unverified

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee	Aadhaar	Aadhaar Status
MANJU MEENA	Spouso	100	same,RojasthanDist:Jaipur30201 7	475125382128	Unverified

Certified True Copy

Jagan Nath Unit at hity, Janpur

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number: 8003392481	

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

Certified True Copy

Regar Nath Juny Sity, Jaipur



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insured Person:

Jairam Dhainka

Insurance No.:

1508409894 Date of Registration: 28/09/2016

In case Aadhaar Number is not entered, this is valid upto

date: 27/10/2016 only

YOUR	REGIST	RATION	DETAILS
		Time of Di	-ability :

1001	K REGISTRATION DETAILS	
Jairam Ohainką	Type of Disability :	None
lusband: Ram chandra dhainka	Date of Birth :	31/08/1976
Married	Gender:	Male
PRATAP NAGAR , HOUSING BOARD, Dist Jaipur, Rajasthan, 3039	Permanent Address :	PRATAP NAGAR , HOUSING BOARD,Dist:Jalpur,Rejosthan,303901
910346930040	Aadhaar Status ;	Verified
or IP: Ajmer Road, Jaipur, RJ (ESIS Disp.	Disponsary / IMP for Family:	None
Current Employer Datalis		First Employer Details
No.: 15000516160001304	Employer's Code No. :	None
o.: None	Sub Unit's Code No. :	None
int: 01/08/2016	First insurance No. :	None
: JAGANNATH UNIVERSITY	Name of Employer:	None
yer: JAIPUR	Address of Employer :	None
	Jalram Dhainka Ram chandra dhainka Married PRATAP NAGAR , HOUSING BOARD, Dist Jaipur, Rajasthan, 3039 910346930040 pr IP: Ajmer Road, Jaipur, RJ (ESIS Disp Current Employer Details io.: 15000516160001304 p.: None nt: 01/08/2016 JAGANNATH UNIVERSITY VILLAGE RAMPURA TEHSIL CHA JAIPUR	Jairam Dhainka Type of Disability: usband: Ram chandra dhainka Date of Birth: Married Gender: PRATAP NAGAR , HOUSING BOARD, Dist Jaipur, Rajasthan, 303901 Permanent Address: 910346930040 Aadhaar Status: or IP: Ajmer Road, Jaipur, RJ (ESIS Disp.) Disponsary / IMP for Family: Current Employer Details io.: 15000516160001304 Employer's Code No.: nt: 01/08/2016 First Insurance No.: JAGANNATH UNIVERSITY Name of Employer: VILLAGE RAMPURA TEHSIL CHAKSU Address of Employer:

RAJASTHAN, Dist Jaipur Rajastii an 303901

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
laxmi Devi	Dependant mother	01/01/1934	Yes	Rejesthan	Jalpur	372942208029	Unverified
Rekha Devi	Spouse	01/01/1978	Yes	Rojasthan	Jaipur	907590481185	Unverified
Niraj Dhanka	Dependant Infirm son	15/09/2007	Yes	Rajasthan	Jaipur	NA	NA
Kajal Dhanka	Dependant unmarried daughter	02/03/2006	Yes	Rajasthan	Jaipur	701226070069	Unverified
Dipak Dhanka	Dependant Infirm son	12/02/2009	Yes	Rojesthan	Jaipur	914256785347	Unverified

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominge	Andhaar	Aadhaar Status
Rekha Devi	Spouse	100	same,RajasthanDist:Jaipur30390 1	907590481185	Unverified
	۸,	Interior of the Party of the Pa			

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number : 9950510217	

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer



Certified True Copy

Jagan Natil Librory Jaipur



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insured Person:

Shivraj Gurjar

Insurance No.:

1508410297 Date of Registration: 28/09/2016

In case Aadhaar Number is not entered, this is valid upto

date: 27/10/2016 only

-		STRATION DETAILS	
Employee Name:	Shivraj Gurjar	Type of Disability :	None
Name of Father / Husband;	Kishan Lel gurjar	Date of Birth :	12/02/1983
Marital Status :	Married	Gandar :	Mala
Present Address ;	PRATAP NAGAR . HOUSING BOARD,DistJalpur,Rajasthan	Permanent Address :	PRATAP NAGAR , HOUSING BOARD,Dist:Jalpur,Rajasthan
adhaar Number :	514172524083	Aadhaar Stalus :	Unverified
Dispensery / IMP for IP :	Ajmer Road, Jaipur, RJ (ESIS Disp.)	Dispensary / IMP for Family:	Almer Road, Jalpur, RJ (ESIS Disp.)
C	urrent Employer Details	FI	rst Employer Details
Employer's Code No. :	15000516160001304	Employer's Code No. :	Nona
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/08/2016	First Insurance No. :	None
Name of Employer:	JAGANNATH UNIVERSITY	Name of Employer :	None
Address of Employer:	VILLAGE RAMPURA TEHSIL CHAKSU JAIPUR	Address of Employer:	None

RAJASTHAN, Dist: Jaipur Rajasthan 30390 T

Family Details:

-amily Details:							
Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
Kishan Lai gurjar	Dopendant father	15/05/1957	Yes	Rajosthan	Jalpur	452572680318	Unverlied
Bholi Devi	Dependant mother	02/08/1954	Yes	Rojasthan	Jaipur	961284968760	Unverified
Lachchhi Devi	Spouse	03/02/1982	Yes	Rejasthan	Jaipur	568122249931	Unverlied
Ramsingh Gurjar	Minor dependent son	07/05/2004	Yes	Rejasthan	Jalpur	605203281045	Unverified
Mansingh Gurjar	Minor dependant son	20/06/2005	Yes	Rojasthan	Jaipur	492124457756	Unverified

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee	Aadhaar	Aadhaar Status
Lachchhi Devi	Spouse	100	Same,RejasthanDist:Jaipur3039 01	568122249931	Unverified
	,				

Certified True Copy

Regivitiar Jagan Nath Livi ersity, Jaipur

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
	•
Mobile Number : 8565636261	

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer



Certified True Copy

(radistrat

Jagan Valta E niversity, Jaipu)



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insured Person:

Devi Singh

Insurance No.:

1508409787 Date of Registration: 28/09/2016

In case Aadhaar Number is not entered, this is valid upto

date: 27/10/2016 only

VALID	REGISTR	ATION	DETAILS
IUUR	REGISTR	MILLIM	DE IMILO

	TOUR REGI	STRATION DETAILS			
Employee Name:	Devi Singh	Type of Disability :	None		
Name of Father / Husband:	Nahar singh	Date of Birth :	01/07/1976		
Marital Status :	Married	Gender:	Male		
Prosent Addross ;	VAISHALI NAGAR JAIPUR,Dist:Jaipur,Rajasthan,302012	Pormanent Address :	VAISHALI NAGAR JAIPUR, Dist: Jeipur, Rejasthan, 302012		
adhaar Number :	673986496688	Azdhaar Status :	Unverified		
Dispensary / IMP for IP ;	Ajmer Rond, Jalpur, RJ (ESIS Disp.)	Dispensary f IMP for Family:	Ajmer Road, Jaipur, RJ (ESIS Disp.)		
Current Employer Details		First Employer Details			
Emplayer's Code No. :	15000516160001304	Employer's Code No. :	None		
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None		
Date of Appointment :	01/03/2011	First Insurance No. :	None		
Name of Employer:	JAGANNATH UNIVERSITY	Name of Employer :	None		
Address of Employer :	VILLAGE RAMPURA TEHSIL CHAKSU JAIPUR	Address of Employer:	None		

Family Details:

	Namo	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Andhoor Status
	PINKI KANWAR	Spouse	01/01/1984	Yes	Rajasthan	Jaipur	625591658014	Unverified
	SONAM RAJAWAT	Dependant unmarried daughter	16/10/2006	Yes	Rajasthan	Jaipur	563541143903	Unverified
1	KRITIKA RAJAWAT	Dependent unmarried daughter	16/02/2008	Yes	Rajasthan	Jaipur	251170359344	Unverified
Ī	YUVRAJ SINGH	Minor dependant son	10/08/2011	Yes	Rajasthan	Jaipur	970412202666	Unverified

Nominee Details:

Itominee Details.					
Name of Nomince	Relationship with IP	Porcontage	Address of Nominee	Aadhaar	Aadhear Status
PINKI KANWAR	Spouso .	100	same,RajasthanDist:Jaipur30202 0	625591658014	Unverified



none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number: 9828000000	

Documents Uploaded:

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- ${\bf 2.} \ {\bf Employer} \ to \ pleaso \ affix \ employee \ and \ his \ family \ photo \ here \ and \ attest \ with \ official \ stamp \ across \ .$

Signature / Stamp of ESIC Officer / Employer



Certified True Copy

Ranistron

Jagan Winn Brillversity, Jaipur