



HEADQUARTERS
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN:C.I.G. ROAD, NEW DELHI- 110002
<http://esic.nic.in>

No. Z-16/RTI/balakrishna lalam/2017/E-I(51644)

Dated: 27.02.2018

To,

✓
The CPIO,
ESI Corporation
Panchdeep Bhawan, CIG Marg
New Delhi - 110002.

Subject:- Application received from Sh. Balakrishna Lalam under the RTI Act, 2005. – reg.
Ref:- Registration No. ESICO/R/2017/51644 dated 28.12.2017

Sir,

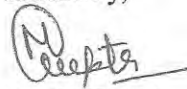
Please refer RTI Registration No. ESICO/R/2017/51644 dated 28.12.2017 on the above mentioned subject.


The information, as desired by the applicant is as under:-

Sl. / Item No.	Applicant request	Reply
1	Please provide information whether ESI Corporation following DoP&T Model Calendar Schedule for DPC.	Yes
2	Please provide copy of DPC calendar schedule for employees of ESIC.	Pertains to Estt. Branch - I

The same may be provided to the applicant at the earliest.

Yours faithfully,


(MANISH GUPTA)
Deputy Director

~~For Sh. Balakrishna Lalam (Original)~~


Estt. Br.-I
No/Dy. No. 49
Date/Date 05/02/18



मुख्यालय
कर्मचारी राज्य बीमा निगम
पंचदीप भवन, सी.आई.जी. मार्ग: नई दिल्ली -2

पत्र संख्या: जैड-16/11/14/2014-चि0-4-आरटीआई

दिनांक 13.3.2018

सेवा में,

उप निदेशक (प्रशा.),
कर्मचारी राज्य बीमा निगम,
फरीदाबाद

विषय: क.रा.बी.अस्पताल, फरीदाबाद के पत्र संख्या : 134 जैड-16/14/2017/आर.टी.आई./प्रशा./1672/2146 दिनांक 16.02.18 में वरिष्ठ रेजिडेन्ट एसोसिएशन द्वारा मांगी गई सूचना निम्न प्रकार से है :-

क्र०सं०	मांगी गई जानकारी	प्रस्तावित उत्तर
1.	संदर्भ के साथ बताया जाए कि ई.एस.आई. मेडिकल कॉलेज एवं अस्पताल में वरिष्ठ रेजिडेन्ट डाक्टर गर्भपात छुट्टी के लिए हकदार है ?	प्रत्युत्तर में यह सूचित किया जाता है कि सीनियर रेजिडेन्ट डॉक्टर समयबद्ध नियुक्ति तीन वर्ष अस्थाई सरकारी कर्मचारी है और वे सीसीएस (लीव) रूल्स -1972 के अनुसार अस्थाई कर्मचारी के बराबर सभी छुट्टी लेने के हकदार हैं ।
2.	यदि हां, तो कितने दिनों के लिए ?	प्रत्युत्तर में यह सूचित किया जाता है कि सीनियर रेजिडेन्ट डॉक्टर समयबद्ध नियुक्ति तीन वर्ष अस्थाई सरकारी कर्मचारी है और वे सीसीएस (लीव) रूल्स -1972 के अनुसार अस्थाई कर्मचारी के बराबर सभी छुट्टी लेने के हकदार हैं ।
3.	ई.एस.आई. मेडिकल कॉलेज एवं अस्पताल में नियमित वरिष्ठ रेजिडेन्ट डाक्टर (3वर्षीय) की हकदारी (Entitlement) बारे संदर्भ के साथ बताया जाए ।	प्रत्युत्तर में यह सूचित किया जाता है कि सीनियर रेजिडेन्ट डॉक्टर समयबद्ध नियुक्ति तीन वर्ष अस्थाई सरकारी कर्मचारी है और वे सीसीएस (लीव) रूल्स -1972 के अनुसार अस्थाई कर्मचारी के बराबर सभी छुट्टी लेने के हकदार हैं ।

भवदीया,

(रीना हीरा)

सहायक निदेशक-चि0

प्रतिलिपि: आर.टी.आई. शाखा, मुख्यालय को सूचनार्थ ।

20/02/18
13/3/18

सहायक निदेशक-चि0

e/c

Issued
14/3/18

Establishment Branch-I

Sub:- RTI received from Sh. Balkrishna Lalam, applicant seeking information under RTI Act, 2005.

With reference to the above cited subject, forwarding therewith a copy of RTI application No.ESICO/R/2017/51644 dated 28.12.2017 of Sh. Balakrishna Lalam seeking information under RTI Act, 2005.

In this connection, the reply in respect of information is given as under:-

Sl. No.	Information sought for	Reply
2	Please provide copy of DPC Calendar Schedule for Employees of ESIC	A copy of DPC Calendar for the vacancy period 2018 dated 05.03.2018 for non-medical Gr. 'C' Post is enclosed.

It is requested to provide the aforesaid information to the applicant accordingly. The information in respect of point No. 1 has already been provided by DPC Cell, Hqrs.

Encl:- As above

केन्द्रीय लोक सेवा आयोग
Office of the CPIO
पावती सं./Receipt No..... 2344
दिनांक/Date..... 14/03/18
हस्ताक्षर/Signature.....


(RAHUL BHARDWAJ)
DEPUTY DIRECTOR

C.P.I.O., Hqrs.

U.O. Note No. Z-17/12/1/RTI/SSO-E.I

Dated :-13.03..2018



**HEADQUARTERS
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN, CIG MARG, NEW DELHI-110002**

No. Z-17/12/1/2007-E.I

Dated :- 05.03.2018

To

1. All the Regional Directors,
2. Director-E.V/ Director E.II, Hqrs. Office,
3. Director (Medical) Delhi/ Noida,
4. All Medical Superintendents, of ESI Hospitals & ESIM, Hospitals,
5. All the Joint Directors/ DD (Fin.), Regional Offices/ Hqrs./ ESIC Hospitals

Sub:- Calendar for holding the meeting of DPCs for non-medical Gr. "C" Post.

1. 02nd DPC for the vacancy year 2017-18.
2. DPC for the vacancy period 2018 (April, 2018 to December, 2018).

Sir,

The Competent Authority has permitted Regional Directors/ D(M)D/ Director: E-V/ Director.E-II, Hqrs. to hold the meeting of Supplementary DPC (02nd DPC) for the **vacancy year 2017-18** and meeting of Departmental Promotion Committee for the **vacancy period 2018 (April, 18 to December, 18)** for promotion in the cadre of Assistant, UDCs, LDCs and other Gr. 'C' cadres as per schedule given below and procedure laid down in DOPT O.M. 22011/9/98-Estt(D) dated 08.09.98 and O.M. No. 22011/4/2013-Estt(D) dated 08.05.2017.

Vacancy year/ Period	Date of Holding of 02 nd DPC/ DPC	Date of Issue of order
2017-18 (02 nd DPC)	03 rd week of March, 2018	26.03.2018
2018 (April, 18 to December, 18)		02.04.2018 (01 st working day of April) in respect of vacancies arising as on 01.04.2018.

All instructions/ formalities regarding grant of promotion, reservation etc as stipulated in the relevant DOPT Office Memorandum including O.M. dated 30.09.2016 and guidelines issued by the Hqrs. Office time to time must be followed in toto.

The Regional Director/ D(M)D/ Director.-E.V., Hqrs. being the Chairman to the DPC must plan his leave in such manner ensuring his presence to hold DPC as per the Calendar.

The action taken report in the matter may be submitted to Hqrs.

Hindi version will follow

Yours faithfully,

**(RAHUL BHARDWAJ)
DEPUTY DIRECTOR**



RTI REPLY / SPEED POST

**EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN: CIG MARG: NEW DELHI – 02
(ISO 9001: 2008 Certified)**

No. ESICO/R/2018/55330/ (HQ)/RTI

Dated: 15.03.2018

To,

Ms. Babita Rajpoot,
A2 2 3 Dwrikapur ,
Circle Pratap Nagar,
Near NRI Circle – Jaipur,
Rajasthan – 302033

Sub: Information under RTI Act, 2005 on application received from Ms. Babita Rajpoot.

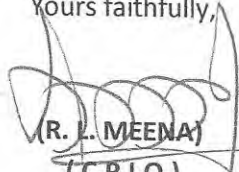
Sir,

I am to refer to your online application dated 23.02.2018 on the above subject and to furnish the information, which is as under:

Point No.	Requisite Information	Reply
1	How much received total application under RTI Act 2005 from 01- Jan- 2015 to 31- Dec- 2017	7663
2	What is information given by your side under RTI application one to one from 01- Jan -2015 to 31- Dec- 2017	The information sought is voluminous available in 7663 files. You can visit in this office for file inspection on any working day with prior intimation to CPIO and collect desired information by paying the fees of Rs.2/- per page.

You may prefer an appeal under Section 19 (1) of the RTI Act, 2005 before **Sh. S. K. Garg, Insurance Commissioner & Appellate Authority** in case you are not satisfied with the reply/information being provided to you within 30 days from the receipt of this letter.

Yours faithfully,


(R. J. MEENA)
(C.P.I.O.)

Mail Id- ri.meena@esic.in



HEAD QUARTERS OFFICE
EMPLOYEES STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN: C.I.G. ROAD: NEW DELHI
(ISO 9001-2000 CERTIFIED)
WEB SITE- www.esic.nic.in

No. L-11/12/3/2017/RTI-ME Cell/116

Dt. 12.03.2018

To

The CPIO,
ESIC- Hqrs office.
New Delhi.

Sub:- **Information under R.T.I. Act 2005 - reg.**

Sir,

Kindly refer to RTI application received online vide registration No. ESICO/R/2018/00104 dated 01.02.2018 from Dr. Akhil Mahajan on the captioned subject; it is informed as under:-

Point No.	Sought Information	Reply
2	Kindly provide the provisions under the ESI Act for opening of Medical Colleges of ESIC at Faridabad. Kindly provide a copy of that.	Copy of the ESIC Act, under section 59(B) is enclosed.
3	Kindly also provide a copy available in your office where DG, ESIC, Kotla Road, New Delhi has put on record that Medical College is not the core function of ESIC.	Copy of the ESIC 162 rd meeting held on 31.7.2014 is enclosed.

Point No. 1 pertains to PMD Hqrs. Hence, PMD may be asked to provide the information accordingly.

This is issued with the approval of Medical Commissioner (ME).

Yours faithfully,

केन्द्रीय लोक सूचना अधिकारी
Office of the CPIO
पावती सं./Receipt No. 2352
दिनांक/Date 15/03/18
हस्ताक्षर/Signature

(DHARAMENDRA KUMAR)
ASSTT. DIRECTOR (ME)
FOR JOINT DIRECTOR (ME)

Commercial's

कर्मचारी राज्य बीमा अधिनियम, 1948

The Employees' State Insurance Act, 1948

[कर्मचारी राज्य बीमा (संशोधन) अधिनियम,
2010 के द्वारा संशोधित, 1-6-2010 से प्रभावी]

[As amended by the Employees'
State Insurance (Amendment) Act, 2010, w.e.f. 1-6-2010]

Alongwith

- कर्मचारी राज्य बीमा (केन्द्रीय) नियम, 1950 (कर्मचारी राज्य बीमा (केन्द्रीय) (संशोधन) नियम, 2012 (सा. का. नि. 73 (अ), दिनांक 8-2-2012, प्रभावी दिनांक 1-3-2012 द्वारा संशोधित)
The Employees' State Insurance (Central) Rules, 1950
(As amended by the Employees' State Insurance (Central) (Amdt.) Rules, 2012,
GSR No. 73 (E), dt. 8-2-2012, w.e.f. 1-3-2012)
- कर्मचारी राज्य बीमा (सामान्य) विनियम, 1950 (कर्मचारी राज्य बीमा (साधारण) (संशोधन) विनियम, 2011, दिनांक 30-3-2011, प्रभावी दिनांक 1-5-2011 के द्वारा संशोधित)
The Employees' State Insurance (General) Regulations, 1950
(As amended by the Employees' State Insurance (General) (Amdt.)
Regulations, 2011, dt. 30-3-2011, w.e.f. 1-5-2011)
- अन्य लाभार्थियों एवं उनके परिवार के सदस्यों के लिए
चिकित्सा सुविधा योजना, 2010
The Other Beneficiaries and Members of their
Families Medical Facilities Scheme, 2010
- महत्त्वपूर्ण निर्णयों का डाइजेस्ट
Digest on Landmark Decisions

तृतीय
संस्करण
2012



प्राक्कथन:

बी. के. साहू

बीमा आयुक्त, क.रा.बी. निगम, नई दिल्ली

लेखक:

जे. के. डागर

श्रेणीय निदेशक, क.रा.बी. निगम,
इतीहासिक क्षेत्र, रायपुर

कॉमर्शियल लायब्ररीजर्स (इण्डिया) प्रा. लि., दिल्ली

और (जहाँ
लिये किसी भी
नों के सम्बन्ध में

नके कुटुम्बों के लिए
और परिचर्या का उपबन्ध
अस्पतालों को कमीशन
या प्राइवेट निकाय के

ion
ment, establish and
l surgical services as
l medical benefit is

rity, private body or
for insured persons
ies, in any area and

thority, local body
e hospitals through
to insured persons
ir families.

भों की व्यवस्था:

राज्य सरकार की
रेवारों को उपलब्ध
जैसा राज्य सरकार
हिलताभ के खर्चों
के बीच समझौता

रता है, तो इस
न राज्य सरकार

सेवाओं की
कर्मचारियों के
र सकेगा।

59A. Provision of medical benefit by the Corporation in lieu of State Government

(1) Notwithstanding anything contained in any other provision of this Act, the Corporation may, in consultation with the State Government, undertake the responsibility for providing medical benefit to insured persons and where such medical benefit is extended to their families, to the families of such insured persons in the State subject to the condition that the State Government shall share the cost of such medical benefit in such proportion as may be agreed upon between the State Government and the Corporation.

(2) In the event of the Corporation exercising its power under sub-section (1), the provisions relating to medical benefit under this Act shall apply, so far as may be, as if a reference therein to the State Government were a reference to the Corporation.

59B. Medical and para-medical education

The Corporation may establish medical colleges, nursing colleges and training institutes for its para-medical staff and other employees with a view to improve the quality of services provided under the Employees' State Insurance Scheme.

सामान्य (GENERAL)

60. हितलाभ अनुदेशित या कुर्की योग्य नहीं है: (1) इस अधिनियम के अंतर्गत किसी भी हितलाभ के भुगतान को प्राप्त करने का अधिकार हस्तान्तरण या अनुदेशित करने योग्य नहीं होगा। (2) इस अधिनियम के अंतर्गत नकद दिये जाने वाले हितलाभ की किसी भी न्यायालय की डिक्री या आदेश के अनुपालन में कुर्की या बिक्री नहीं की जा सकेगी।

60. Benefit not assignable or attachable

(1) The right to receive any payment of any benefit under this Act shall not be transferable or assignable.
(2) No cash benefit payable under this Act shall be liable to attachment or sale in execution of any decree or order of any Court.

61. दूसरे कानूनों के अन्तर्गत हितलाभों पर प्रतिबंध: इस अधिनियम के द्वारा उपलब्ध कराये गये हितलाभों को प्राप्त करने का, जब कोई व्यक्ति हकदार है, तो वह किसी अन्य कानून के अन्तर्गत उपलब्ध समान हितलाभ प्राप्त करने का अधिकारी नहीं होगा।

61. Bar of benefits under other enactments

When a person is entitled to any of the benefits provided by this Act, he shall not be entitled to receive any similar benefit admissible under the provisions of any other enactment.

62. व्यक्ति नकद हितलाभ का एकमुस्त नकदीकरण नहीं करायेगा: विनियमों के प्रावधानों के सिवाय, इस अधिनियम के अन्तर्गत उपलब्ध {अशक्तता हितलाभ} किसी भी व्यक्ति द्वारा एकमुश्त रकम के लिये नकदीकरण नहीं करवाया जा सकेगा।

62. Persons not to commute cash benefits

Save as may be provided in the regulations no person shall be entitled to commute for a lump sum any disablement benefit admissible under this Act.

1. 1989 के 29वें अधिनियम के द्वारा प्रतिस्थापित (20-10-1989 से प्रभावी)।



EMPLOYEES' STATE INSURANCE CORPORATION
'PANCHDEEP BHAWAN', C.I.G. ROAD, NEW DELHI – 110 002.

www.esic.nic.in (23238273)

No. V-11(15)-1/2014-Corp.Cell

Dated: 13.08.2014

Subject:- Minutes of 162nd meeting of ESI Corporation held on 31st July, 2014.

Minutes of the 162nd meeting of ESI Corporation held on 31.07.2014 at 12:00 Noon duly approved by the Chairman, ESI Corporation, are sent herewith.

Encl:- As above.


(S.K. SINHA)
DIRECTOR

To, **Chairman/Vice-Chairman & Members of the ESI Corporation.**

Copy to:-

1. Shri Anil Kumar Khachi, Joint Secretary, Ministry of Labour & Employment, Govt. of India.
2. Joint Secretary & Financial Advisor, Ministry of Labour & Employment, Govt. of India.
3. Director (SS-I), Ministry of Labour & Employment, Govt. of India.
4. SS-I Section, Ministry of Labour & Employment, Govt. of India.
5. All Divisional Heads/All Officers/All Branches at Hqrs. Office.

Item No. ESIC - 3	CONSIDERATION AND APPROVAL OF RECOMMENDATIONS OF SUB-COMMITTEE ON MEDICAL SERVICES AND MEDICAL EDUCATION (MSME).
Item No. ESIC - 4	POLICY WITH REGARD TO RUNNING OF MEDICAL COLLEGES IN ESIC

Item Nos. 3 & 4 were taken up together for discussion.

The Secretary (L&E) and Chairperson of the Sub-committee on Medical services & Medical Education (MSME) acknowledged significant contribution made by the Members of the Sub-Committee and expressed her sincere gratitude for the same.

The Director General, with the help of Financial Commissioner and Medical Commissioner made a presentation on the report. He highlighted major recommendations concerning improvement of medical services for IPs. He also covered various aspects concerning medical education. He mentioned in particular that the C&AG had in its draft Performance Audit Report on the functioning of the Corporation for the period 2008-09 to 2012-13 commented adversely on several aspects on the medical education projects such as:

- o ESIC norms for setting up of Hospitals were not followed in some cases in respect of hospitals associated with the medical college concerned.
- o It was not clear if the objectives of setting up of medical education institutions under Section 59(B) of the ESI Act would be fulfilled.
- o Some PG institutions were not able to secure compliance with the terms of the Bond executed with the students.

Thereafter, various Members offered their comments on the Report.

- **Shri Vijay Kalantri** expressed his apprehensions as to whether State Labour Secretaries would be attending the meeting of State Executive Committee regularly. He also suggested that the meeting of the Committee should be held in each quarter.
- **Shri R.K. Tripathi** while welcoming the idea of having the State Executive Committee, pointed out that Regional Boards are already in place as per provisions of ESI Act in the States and hence, the advisability of having a new Committee may also be looked into. He also stressed that the selection of members on the proposed committee may be made transparent.
- **Shri Michael Dias** stated that though meetings of Hospital Development Committees are held regularly, the decisions taken therein are not implemented in a time bound manner. He suggested that a mechanism may be put in place for time bound implementation of decisions taken in HDC meetings. He also requested that a White Paper on working of Dhanvantri Module may be presented.
- **Shri Dilip Bhattacharya** was of the view that attaching 2000 IPs to one IMP may be on the higher side.
- **Shri Badish Jindal** spoke about the non-availability of medicines in hospitals and dispensaries. He also pointed out that the expenditure on super-speciality treatment in States of Karnataka, Andhra Pradesh and Delhi is very high vis-à-vis the IP population in these States.
- **Shri C.P. Singh** expressed his reservations about engaging a third party for scrutiny and processing of tie-up/SST bills of patients referred from ESI Institutions. He also suggested that the criteria for engaging IMPs may be flexible and provisions for relaxation may be made therein. Further, he suggested to have a feasibility study conducted in running of medical colleges.

Shri K.R. Bharadwaj was of the view that it is not necessary to open new medical colleges and undertakings with regard to fees may be taken from the students at the time of admission in ESIC Educational Institutes. He also requested for improving medical care in Silliguri area.

- **Shri G.P. Srivastava** stated that the fee structure needs a re-look. He also laid emphasis on controlling super-speciality treatment expenditure and accountability clause in tendering process.
- **Principal Secretary, Govt. of Odisha** suggested that instead of bond, a scheme of loan may be put in place for the students seeking admission in Medical education courses. After completion of MBBS course if the student serves ESIC, the loan may be written off. He also stated that there should be no discrimination in opening of medical colleges among the States. Further, he expressed his dissatisfaction over the working of Dhanvantri Module.
- **Principal Secretary, Govt. of Gujarat** raised the following issues:-
 - the expenditure by ESIC on Occupational Diseases is quite low and not in line with norms set by High Court judgement.
 - medical care to the family members of migrant labour should be ensured.
 - norms for setting up of hospitals may be relaxed in such implemented areas where there is no adequate medical facilities.
 - workers in unorganized sector may also be brought under the ambit of ESI scheme.
- **Vaidya Shri Devendra Triguna** stated that AYUSH should be promoted as ayurvedic facilities are not adequately available to ESIC beneficiaries.
- **Shri Mahendra Singh Jhanjharia** requested for opening of ESI Medical college and dispensary in Jhunjhunu.

The Chairman, ESIC made following observations on issues concerning Medical Education projects :

- The focus of all our activities should be the IP.
- Medical education is not the core function of the ESIC.
- Medical education projects are high cost projects. The financial commitment involved in the ongoing medical education projects would be about Rs.10000-12000 crore. The resources of this magnitude could be much better utilised for providing better medical services to the Insured Persons.
- MCI permission would be available only after MCI norms have been satisfied, including those concerning availability of Faculty. It is difficult to get faculty in all the specialities in many places.
- Most of the medical education projects are similar; but, there is no uniformity in their sizes.
- A medical college requires setting up of a 500 bedded hospital. In many medical college projects, ESIC norms for setting up of 500 bedded hospitals are not satisfied.
- The basis of site selection for medical education projects is not clear.
- As enough applications are received for vacancies of dental Doctors and Nurses, the rationale of setting up of dental and Nursing colleges is not clear.
- It is not clear if the objectives of setting up of medical education institutions under Section 59B of the ESI Act would be fulfilled.
- The C&AG has raised many of the above issues in their draft Performance Audit Report on the functioning of ESIC for the period 2008-09 to 2012-13.

- ESIC is currently charging a very low fees of Rs.24,000/- per annum for MBBS/PG course, whereas, the actual expenditure in running MBBS course is very high (Rs.55 lakhs over four and a half year).

The Chairman suggested that the ESIC should limit itself to 13 ongoing medical college projects and drop the remaining projects. Also, this issue may be discussed at the next meeting of the Corporation for deciding future course of action.

The matter was discussed in detail and, thereafter, the Corporation approved recommendations of the Sub Committee on Medical Services and Medical Education (MSME) as contained in the Memoranda with the following changes/observations:

- The Office of the Central Labour Commissioner conducts periodical verification of membership of trade unions affiliated to Central Trade Union Organizations. The representatives of the two Central Trade Union Organizations having the highest membership in the State, would be included in the State Executive Committee, with due approval of the Chairman, Regional Board.
- The State Executive Committee may meet at least once in every quarter.
- A Group of two persons – one Corporation Member and one ESIC official – shall inspect 2 to 3 ESIC hospitals, so that plan of action for improving services at these hospitals could be undertaken. All non-official Members of the Corporation were requested to indicate their availability for the purpose. They may also visit ESIS hospitals. These visits should be completed by 31 August, 2014. The Visit Reports could be discussed in the next meeting.
- Chapter 13 of the MSME Report titled "Synergy of ESI health system with the health system of the State Government/NRHM" had two broad issues. It was decided that the proposals concerning medical education projects and associated

hospitals should be deferred and taken up at the next Meeting along with other major issues on medical education projects, if not specifically decided at the current meeting. The issues similar to Agenda Item No. 5 on "Wider access to the labour workforce in the larger health care system and optimum utilization of ESIC Hospitals" were taken up together on that Item.

- All out efforts should be made to fill up the vacancies within the next six months.
- It was noted that in every State there is an authority (typically in the name of Fee Fixation Committee) which decides the fee structure of Government and Private Engineering/Medical Colleges keeping in view the infrastructure, investment, expenditure, etc. The Corporation took the in-principle decision that the fees to be charged from students studying in ESIC medical colleges should be as per decision of the Fee Fixation Committee concerned.
- The MBBS students seeking admission may, for the present and on provisional basis, pay the same fees as was existing for the academic year 2013-14, subject to the condition that they will have to pay fees as may be decided by the Fee Fixation Committee of the State concerned. An affidavit to this effect may be taken from the students seeking admission in 2014-15 academic year.
- The definition of IPs for admission to MBBS course may remain same as it was during the academic year 2013-14.
- It was noted that admission to PG courses for 2014-15 have been completed. The fee for the PG programme from the academic year 2015-16 would be as per principles decided above.
- The PG students who have passed in 2014 may be given posting under ESIC Residency Scheme based on the need of the ESIC and outside major cities namely NCR, Mumbai, Chennai, Kolkata, Bangalore, and Hyderabad against the vacancies

of SR in ESIC Hospitals, failing which against GDMO posts. The SR vacancies in ESIC Hospitals in NCR, Mumbai, Chennai, Kolkata, Bangalore and Hyderabad may be filled up as per Central Residency Scheme.

- As the BDS programme at ESIC Dental College, Rohini is in its 5th year, admissions may continue as per current practice. However, the fee to be charged would be as per principles decided above.
- The Members felt that more time was needed for discussing the recommendations concerning revision of norms for setting up of new ESI hospitals. Accordingly, the Item was deferred.
- It was noted that there was a separate Agenda Item (NO. 10) on the "Policy for purchase of medicines and quality testing". Accordingly, the recommendation of the Sub-Committee on this issue were taken up at the time of consideration of Agenda Item No. 10.
- Regarding delegation of powers, it was desired that powers should also be delegated to Deans of the Medical Institutions and Joint Directors in the field. However, the delegation of financial powers would follow a clear identification of their roles and responsibilities and development of guidelines for the exercise of such delegated powers.
- It was noted that there is a separate Agenda Item (No.9) on "Policy for occupational diseases and specialized centers." Accordingly, the recommendations of the Sub-Committee on this Item were discussed alongwith Agenda Item No.9.
- The age limit for health check up of ESI beneficiaries during the pilot phase for workers working in areas where the occurrence of occupational diseases is very high should be 40 years.

The ceiling on release of funds from ESIC to the State Governments was approved to be raised from Rs.1500/- per IP per year to Rs.2000/- per IP per year. However, no State Government would get less funds on this count from the ESIC than what they got in 2013-14, for the next five years starting from 2014-15. The increased ceiling will be effective from 1st April, 2014. The ceiling will include expenditure on primary and secondary medical care. Specific instances of some inclusions and all the exclusions, in this regard, are mentioned below:-

Inclusions:

- All expenditure incurred by SSMC on behalf of the State Government, such as rent on hiring of dispensaries on behalf of the State Government; expenditure on patients referred to tie-up hospitals where no ESI Hospital is available within 25 Kms; payment made to part time specialists engaged against vacant posts of specialists in ESIS Hospitals. Audit of expenditure/bills paid by SMC on behalf of State shall be responsibility of the respective State and reimbursement/settlement shall be subject to audit certificate by State AG. Arrangement of record keeping should be such that it facilitates audit by State AG. The States would make arrangements for making such payments themselves, at the earliest.
- Expenditure on other patients referred to tie-up hospitals for secondary care;
- Expenditure on patients referred by ESIS dispensaries and hospitals to tie-up hospitals for SST.

Exclusions:

- Capital expenditure such as new construction, ARM/Special repairs, equipments etc. The accounting for such expenditure would be governed by the extant instructions.

- Specific incentives provided in the MSME Report.
- Expenditure on ESIC institutions and SST/secondary cases referred by ESIC Hospitals/MDDCs.
- The State Executive Committee shall be responsible for empanelment, de-empanelment, blacklisting etc. of tie-up hospitals for secondary care. No referrals or pre-approvals for patients being referred to tie-up hospitals for secondary care would be routed through SMC for any reasons whatsoever.
- All hospitals to be approved by the ESIC in future shall be run by the State Government concerned, with the proviso that each State shall have at least one ESIC Hospital.

- The "administrative cost" and "other costs, such as drugs, dressings, bills of tie-up hospitals" will have sub-ceiling of Rs. 1000 and Rs. 1000 respectively out of overall ceiling of Rs. 2000.
- The ceiling will be further increased by Rs.150/- per IP per year, each year for the next 5 years starting from 1st April,2015.
- The Corporation decided that the Sub-Committee on MSME will oversee implementation of the decisions taken on its Report.
- The Chairman, ESIC was authorized to approve creation of senior level posts for setting up of Strategic Management Group at ESIC Hqrs.
- Discussions should be held with Central/State Governments on modalities, such as transfer of 13 ongoing medical colleges, and also some other medical education projects to the Central/State Government, so that these colleges could be run



HEAD QUARTERS OFFICE
EMPLOYEES STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN: C.I.G. ROAD: NEW DELHI
(ISO 9001-2000 CERTIFIED)
WEB SITE- www.esic.nic.in

No. L-11/12/3/2018/RTI-ME Cell /124
To

Dt. 14.03.2018

The CPIO,
ESIC- Hqrs office.
New Delhi.

Sub:- Information under R.T.I. Act 2005 - reg.

Sir,
Kindly refer to RTI application received online vide registration No. ESICO/R/2018/00150 dated 19.02.2018 from Sh. Ankit Panwar on the captioned subject; it is informed as under:-

Point No.	Sought Information	Reply
1	With respect to the above mentioned memorandum will the students of 2010-2015 and 2011- 2016batch of ESIC Dental College and Hospital Rohini be considered for the job under Bond which they entered into at the time of admission?	No
2	Are the batches of 2010-2015 and 2011-2016 of ESIC dental College and Hospital Rohini, relieved from the bond which they entered into with ESIC at the time of admission for providing 5 years of service to the corporation if required by it or in the default pay a sum corporation if required by it or in the default pay a sum of Rs. 7.5 lakhs along with 15% interest?	Yes
3	If yes (they are relieved) please provide the relieving letter/notice.	Reliving letters are enclosed for both years
4.	Which are the other batches of ESIC dental college and hospital Rohini that are relieved from the above mentioned bond.	No other batch have been relieved other than above two batches
5.	Will all the batches of ESIC Dental college and hospital Rohini that are passed out till date and also the batch which is in final year at present be considered for job under or in-furtherance of the above mentioned memorandum.	Regarding present batch matter is still consideration.
6.	Are all the students of ESIC Dental and MBBS college all over India, relieved from the bond which they enter into at the time of admission with ESIC for providing service if required by the corporation or in default pay a sum of money as soon as they pass out from the college?	Matter is still under consideration.
7.	If no on what grounds why are some batches of some colleges relieved and some not?	As above point no. 6.
8.	Will all the pass out batches of ESIC Dental College all over India be considered equally for job in respect of the above mentioned memorandum. Irrespective of the fact whether they are relieved from the bond or not.	Information sought is not available in material form, hence can not be provided.
9.	If no, on what grounds are the pass out students, preferred for the job in respect of the above said memorandum.	As per point No. 8 above.

This is issued with the approval of Medical Commissioner (ME).

Yours faithfully,

Encl:- As above.

(A.N. PRASAD)
JT. DIRECTOR (ME)

केन्द्रीय लोक सूचना अधिकारी
Office of the CPIO
पावती सं./Receipt No..... 2366
दिनांक/Date..... 16/03/18
हस्ताक्षर/Signature.....



HEADQUARTERS' OFFICE
EMPLOYEES' STATE INSURANCE
CORPORATION
PANCHDEEP BHAVAN: C.I.G. ROAD:
NEW DELHI-110002 (ISO 9001-2000 Certified)
Website - www.esic.nic.in

DMC(ME)01
Fax : 011-23234537
Tele/Fax : 011-23234685
E-Mail: dmc-dl@esic.nic.in
VOIP No: 10011079

No: L-11/12/3/2015/Student Bond/MEC - 08

Dated: 04.01.2016

To
The Dean
ESIC Dental College,
Rohini Secor-15, New Delhi-110085

SUB: Release of 1st batch of Dental (BDS) graduates from condition of Bond-reg.

Sir

I am directed to refer to the captioned subject and to inform that the Competent Authority has been pleased to accord approval for the release of 1st batch of Dental (BDS) graduates who have completed their internship in 2015, from condition of compulsory service under Bond.

This is issued with the approval of Director General.

Yours Sincerely

Vivek Handa
04/1/16

(Dr. Vivek Handa)
Dy. Medical Commissioner (ME-II)

o/c