



उप-क्षेत्रीय कार्यालय, SUB REGIONAL OFFICE

कर्मचारी राज्य बीमा निगम, E.S.I. CORPORATION

पी-16, कर्मचारी राज्य बीमा संकूल, IInd Floor, ESIC Hospital Building, P-16,
नारेगाव रोड, एम.आय.डी.सी. चिकलठाणा, Naregaon Road, MIDC Chikalathana,
औरंगाबाद - Aurangabad - (M.S.) ☎ : 0240 - 248 3144, 248 5949

Email id : esicsroaurangabad@yahoo.co.in

No. : 25/G-32/ABD/IT/09/ 25-2371-67

Date : 12/11/09

To,

M/s Progressive Slotting Angles.

Plot No 6, Gct No 4B Nr Sector E,

Ranjangan, M. Se. Waly Aurangabad

SUBJECT : ESIC's IT enablement Project Panchdeep - intimation regarding change of Employer's Code No. and collection of fresh Declaration forms.

Sir,

Consequent upon the approval of IT roll out plan by the Employees' State Insurance Corporation and instructions issued by the ESIC, Hqrs Office, it has been decided to change your existing code no. to :-

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You are, therefore, requested to note the change of Code No. and quote new 17 digit Code No. in all correspondence, remittances and submission of returns etc. in future.

Further under Module-Pehchan, relating to preparation of two identity cards, one for IP and another to family members, it is further decided by ESIC, Head Quarters Office to collect fresh Declaration forms of all the existing Insured person / Insured women for capturing the data in electronic form. For this purpose our officials shall be visiting your premises with blank D.Fs. to obtain fresh Declaration forms for each IP / IW so as to facilitate entry of demographic data into computer in the prescribed format and also to prepare identity cards.

You are requested to fill up all columns neatly either in English or Hindi in the fresh Declaration forms provided by us and ensure to obtain IP / IW's signature / thumb impression duly signed and stamped by the authorised officer at appropriate place. Filled in / completed Declaration forms should be returned to the Branch Office / Our official within 7 days. It is further informed that after collection of fresh D.Fs; we will be setting up camps for taking photo of insured persons and their family members. The date and venue of such camps shall be intimated in due course and you are requested to start educating your employees about ensuring photo session.

Your kind cooperation in this regard shall be highly appreciated.

Encl. :- _____ D.Fs.

Yours faithfully,

(Signature)
A.E.B.

For JOINT DIRECTOR

9990

*Pl. fill in Black Ink &
in Capital letters*

*Recd dt. 12.11.09
A.S.*