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ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

How To File Monthly Contribution

How to create Challan

Steps to Login into ESIC portal

1. Collect the User-Id and Password from ESIC Officials. After receiving the User-Id and Password, please open ESIC portal using Internet Connection. ESIC Portal – www.esic.in.
2. In UserName Textbox please enter the username. In Password Textbox, please enter the password.
3. Click on Login button



User Login

Username:

Password:

[Sign Up](#)

About ESIC

Employees' state Insurance Scheme of India, is a multidimensional social system tailored to provide socio-economic protection to worker population and their dependents covered under the scheme. Besides full medical care for self and dependents, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of case benefits in times of physical distress due to sickness, temporary or permanent disablement etc. resulting in loss of earning capacity, the confinement in respect of insured women,

[know more](#)

For any IT related issues please Email to

ITCare@esic.in

If you have any queries, please send to the below mentioned E-mail id

esic-hqrs@esic.in

Note: The web site is best viewed in Mozilla Firefox 3.5.11 or IE 7.0 browsers

On Successful Login,

1. The application displays the hyperlinks under each of the modules as shown in following figure. On clicking each link it redirects to specific section
2. Monthly Contribution and Challan generation is a two step process
 - a. Purify/Update Data – Make sure the employee/IP details are correct in the computer system. For this you need to add new employees and/or add existing IPs if any one is missing as well as remove any incorrect IPs
 - b. File Monthly Contribution and Generate Challan
3. Before Registering new IP or Filing Contribution/Generate Challan, make sure employer details (Name , Address, etc.) are correct. Click on **Update Employer Details** link to verify and correct mistakes

Figure-2

The screenshot shows the ESIC Insurance portal dashboard. At the top, there is a brown header bar with the ESIC logo on the left, the text "ESIC Employees' State Insurance Corporation" in the center, and the word "Insurance" on the right. Below the header, a yellow bar displays the user login information: "User Login: 47009999960001010" on the left, "Last Logged In Wednesday, January 19, 2011 at 15:10:20" in the center, and "Wed 19 Jan 2011, 7:57:52 PM" on the right. The main content area is divided into three vertical panels. The left panel, titled "EMPLOYER", contains a list of links: "Update Employer Details" (circled in red), "Accident Report (Form 12)", "Employer's Report on Occupational Diseases (Form 12A)", "Report from Employer for RGSKY (UA4 - I)", "Report from Employer for RGSKY (UA4 - II)", "Reply For Abstention Verification", and "Change Password". The middle panel, titled "EMPLOYEE", contains a list of links: "Insert IP Details", "Register New IP", "Update IP Details", "Print Counter Foil", and "List of Employees". The right panel, titled "MONTHLY CONTRIBUTION", contains a list of links: "Left Employee", "File Monthly Contributions", "Generate Challan", "Help for Monthly contribution and Challan" (with a red arrow pointing to it), "Modify Challan", "ViewContributionHistory", and "Miscellaneous Challans".

Verify Employer Details


1. To correct any mistakes, follow the steps provided
 1. Employer may 'Select' from the drop-down provided. Select the necessary and Click on **EDIT** button as shown in figure
 2. Make the changes. If anything else to be changed then repeat step 2.
 3. On submission the updated details will reach to ESIC Official for approval.
 4. ESIC official will verify the details and then approve the changes.
 5. Employer can go ahead with new IP registration or file the contribution, once changes are reflected in the system

Figure-3

The screenshot shows a web form titled 'Employer > Employer Initiated Change Request' and 'Employer Initiated Request for Changes in Registered Details - Form-01 C'. It includes a breadcrumb trail and a red asterisk indicating required fields. The form contains several input fields: 'ESIC Code Number Of Employer:' with the value '41000312970000699', 'Select a Property to Edit:', 'Name of the*' with radio buttons for 'Factory' and 'Establishment', 'Complete Postal Address of Factory / Establishment', 'Address :*', 'G.T. ROAD P.O. BALLY', 'Pin Code:', 'Phone No.:', and 'Mobile No.:' with the value '91'. A dropdown menu is open under 'Select a Property to Edit:', showing options: 'Please Select', 'Please Select', 'Name of Factory / Establishment', 'Complete Postal Address of Factory/Establishment', 'Constitution of Ownership', 'Name / Address(s) of Present Proprietor / Managing Directors / Mana', 'Details of Bank Account(s)', and 'BO / ID'. Two callout boxes with arrows point to the form: one pointing to the dropdown menu with the text 'Select from Drop-down', and another pointing to the 'Edit' button with the text 'Click on Edit to modify details'.

Employer > Employer Initiated Change Request	
Employer Initiated Request for Changes in Registered Details - Form-01 C	
ESIC Code Number Of Employer: 41000312970000699	
Select a Property to Edit:	<div>Please Select</div> <div>Please Select</div> <div>Name of Factory / Establishment</div> <div>Complete Postal Address of Factory/Establishment</div> <div>Constitution of Ownership</div> <div>Name / Address(s) of Present Proprietor / Managing Directors / Mana</div> <div>Details of Bank Account(s)</div> <div>BO / ID</div>
Name of the*	<div>Factory Establishment</div>
Complete Postal Address of Factory / Establishment	G.T. ROAD P.O. BALLY
Address :*	
	Pin Code:
	Phone No.:
	Mobile No.: 91

Figure-4



ESIC
 Employees' State Insurance Corporation

Insurance

User Login: 410003129700000599
 Sat 27 Nov 2010, 2:59:41 PM

Employer > Employer Initiated Change Request
 Employer Initiated Request for Changes in Registered Details - Form-01 C

ESIC Code Number Of Employer: 410003129700000599

Select a Property to Edit:

Please Select

Edit

Name of the:

☒ Factory
 ☐ Establishment

 DUTTA TRADERS

Complete Postal Address of Factory / Establishment

Address : 188/5, G.T. ROAD P.O. BALLY

Pin Code:

employer address2

Phone No.:

State: West Bengal

Mobile No.: 91

District: Howrah

Fax No.:

Police Station: police station

Email:

Name Of

☒ Town

Taluk

☒ Revenue Village

Tehsil

☐ Hubdist No.

Municipality:

☐ Revenue Demarcation

Private Ltd Company

Constitution of Ownership: (Attach copy of memorandum & articles of Association/Partnership Deed/Resolution):

Name/Address(s) of Present Proprietor/Managing Directors/Managing Partners/Secretary of the Co-operative Society : Click Here to Enter Details

Details of Bank Account

Select	Account No*	Name of Bank*	Name of the Branch*
<input type="checkbox"/>			

Add Row Remove

Select the Branch and Inspection Division

Branch Office : BO - BALLY

Inspection Division : BALLY

Proof Of Change:

Attach Proof Of Change Here:

Browse

Submit

Close

Select from drop-down
 Click on Edit to modify details
 Submit after changes

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Insurance - Monthly Contribution , Pre-requisites

5

Steps to do before filing MC – Data Purification

1. Main unit – Main Unit can file contribution for Employees who are with the main-unit only
2. Sub-unit – Sub-unit can file contribution for Employees who are assigned with sub-unit
3. Main-unit if desires to file contribution for sub-unit then main-unit should login with sub-unit user-id and password
4. Ensure the current IPs available with Employer are mapped in the System. To check this, do the following
 1. Data Migration/Insert IP Details → Download Existing IPs & Find out Missing IPs. Explained in subsequent pages
 2. Data Migration/Insert IP Details → Insert missing IPs (This is valid for only those IPs who already have 'Insurance Number' but the data is missing against the employer)
 1. Use Online screen to insert (if only very few IPs are missing)
 2. Use excel upload to upload missing IPs in bulk
 3. Make sure all the new Employees(Those who doesn't have Insurance Number) are registered for the Employer - Register New IP

Note : The 10 digit IP number given to an IP is valid for life time and same number can be used anywhere in India. Ie., if a person changes job from one state to another or one region to another the IP number does not change. Eg: - An IP has a number 1100123456 allotted at Delhi. If he changes job or get transferred to another state, say Kerala, the IP number that he need to use is same Delhi code which is 1100123456. It cannot be changed to 5400123456 or should NOT apply and get a new IP number.

Checking IPs associated with the Employer in the system

1. Click on Insert IP Details Link.
2. You will get another window with list of IPs and **Download** button to download Insured Persons(IPs)

Figure-5

The screenshot displays the ESIC (Employees' State Insurance Corporation) Insurance portal. The header features the ESIC logo and name on the left, and the word 'Insurance' on the right. Below the header, a status bar shows 'User Login: 47009999960001010' and 'Wed 19 Jan 2011, 7:57:52 PM'. A message indicates 'Last Logged In Wednesday, January 19, 2011 at 15:10:20'. The main content area is divided into three columns: 'EMPLOYER', 'EMPLOYEE', and 'MONTHLY CONTRIBUTION'. The 'EMPLOYEE' column contains a list of links, with 'Insert IP Details' circled in red. The 'EMPLOYER' column includes links for updating details, accident reports, occupational diseases reports, RGSKY reports, abstention verification, and password changes. The 'MONTHLY CONTRIBUTION' column includes links for employee management, monthly contributions, challan generation, help, modification, history, and miscellaneous challans.

ESIC
Employees' State Insurance Corporation

Insurance

User Login: 47009999960001010 Wed 19 Jan 2011, 7:57:52 PM

Last Logged In Wednesday, January 19, 2011 at 15:10:20

EMPLOYER

- [Update Employer Details](#)
- [Accident Report \(Form 12\)](#)
- [Employer's Report on Occupational Diseases \(Form 12A\)](#)
- [Report from Employer for RGSKY \(UA4 - I\)](#)
- [Report from Employer for RGSKY \(UA4 - II\)](#)
- [Reply For Abstention Verification](#)
- [Change Password](#)

EMPLOYEE

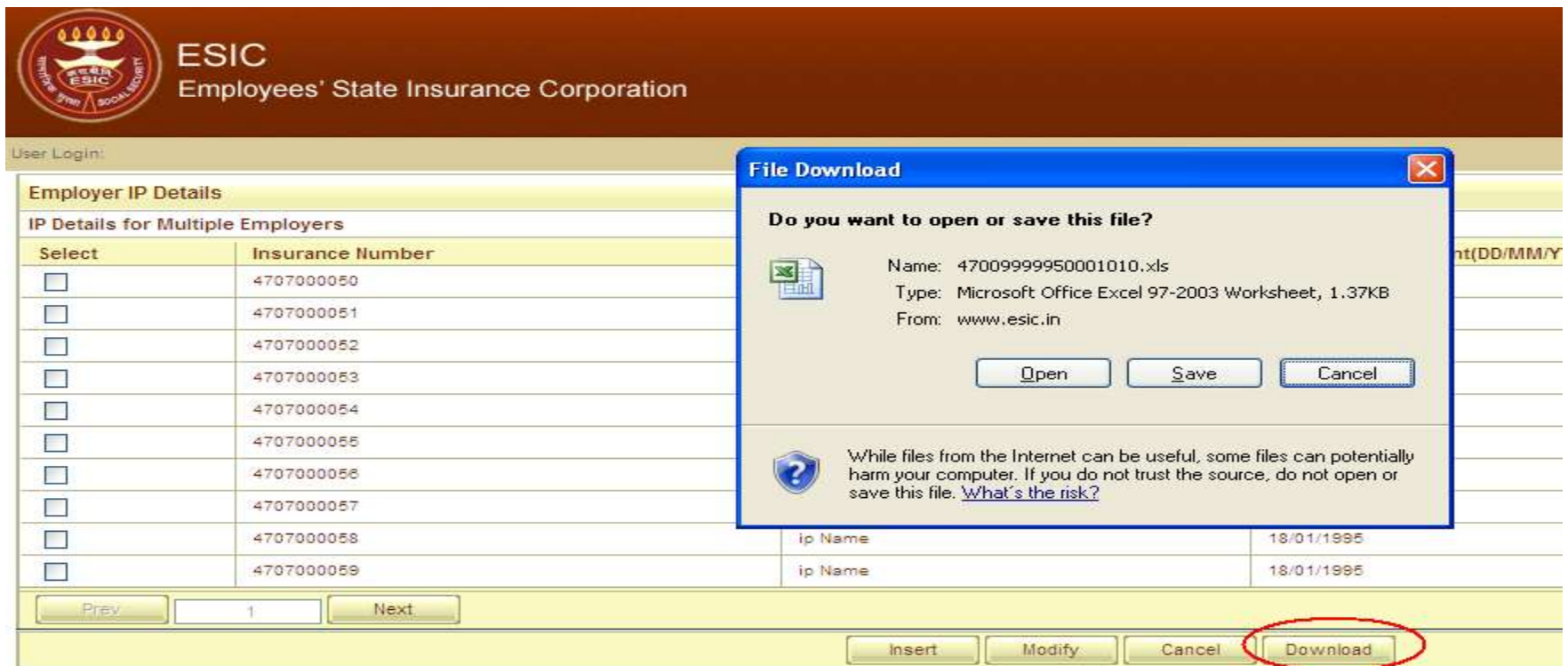
- [Insert IP Details](#)
- [Register New IP](#)
- [Update IP Details](#)
- [Print Counter Foil](#)
- [List of Employees](#)

MONTHLY CONTRIBUTION

- [Left Employee](#)
- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Help for Monthly contribution and Challan](#)
- [Modify Challan](#)
- [ViewContributionHistory](#)
- [Miscellaneous Challans](#)

1. Click on Download button to download IPs detail
2. A pop –up opens, Click Save button to save the IPs detail, also specify the location to save this file.
3. Open the excel sheet to View the list of IP associated with Employer.

Figure-6



ESIC
Employees' State Insurance Corporation

User Login:

Employer IP Details

IP Details for Multiple Employers

Select	Insurance Number
<input type="checkbox"/>	4707000050
<input type="checkbox"/>	4707000051
<input type="checkbox"/>	4707000052
<input type="checkbox"/>	4707000053
<input type="checkbox"/>	4707000054
<input type="checkbox"/>	4707000055
<input type="checkbox"/>	4707000056
<input type="checkbox"/>	4707000057
<input type="checkbox"/>	4707000058
<input type="checkbox"/>	4707000059

Prev 1 Next


ip Name 18/01/1995

ip Name 18/01/1995


Insert Modify Cancel **Download**

File Download

Do you want to open or save this file?

 Name: 47009999950001010.xls
Type: Microsoft Office Excel 97-2003 Worksheet, 1.37KB
From: www.esic.in

Open Save Cancel

 While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

1. Employer may find everything correct or some IP missing or some incorrect IPs present in the list.
2. In case IP is missing, employer can Insert the IPs which is explained later.
3. Incorrect IPs can be removed from the list while filing contribution.

Figure-7

ESIC
Employees' State Insurance Corporation

Insurance

Sat 18 Sep 2010, 2:26:08 PM

Employer IP Details * Required Fields

IP Upload

Select	Insurance Number	Insured Person	Date Of Appointment(DD/MM/YYYY)
<input type="checkbox"/>	5013889489	RAJESHWARI S	01/09/2006
<input type="checkbox"/>	5014050358	RAJESHWARI S	01/08/2009
<input type="checkbox"/>	5015498751	RAJESHWARI S	01/09/2006
<input type="checkbox"/>	5015787782	RAJESHWARI S	01/09/2007
<input type="checkbox"/>	5015952387	KRISHNA REDDY B V	01/08/2006
<input type="checkbox"/>	5016058338	MAHESH PAL	01/05/2010
<input type="checkbox"/>	5017272250	PREMAVATHI	01/04/2007
<input type="checkbox"/>	5017290085	LAKSHMI P	01/08/2009
<input type="checkbox"/>	5018003481	SUVARNA V	01/04/2006
<input type="checkbox"/>	5018003505	SHARADA A	01/03/2010

Prev 1 Next

Insert Empty Cancel Download

List of Ips with the Employer displayed

Click on Insert

Insert IP into the Employer list (IPs already have IP number)

1. Employer can Insert IP using “Insert IP” link if the IP is not in the computer system or the IP is/was working with another Employer. IP can be inserted in two ways
 - a. Employer can Insert IPs one by one using the screen. (Figure 8)
 - b. Excel / bulk upload (to add many IPs together) - Download the template. Provide the details and upload up to 500 Employees at a time

Figure-8

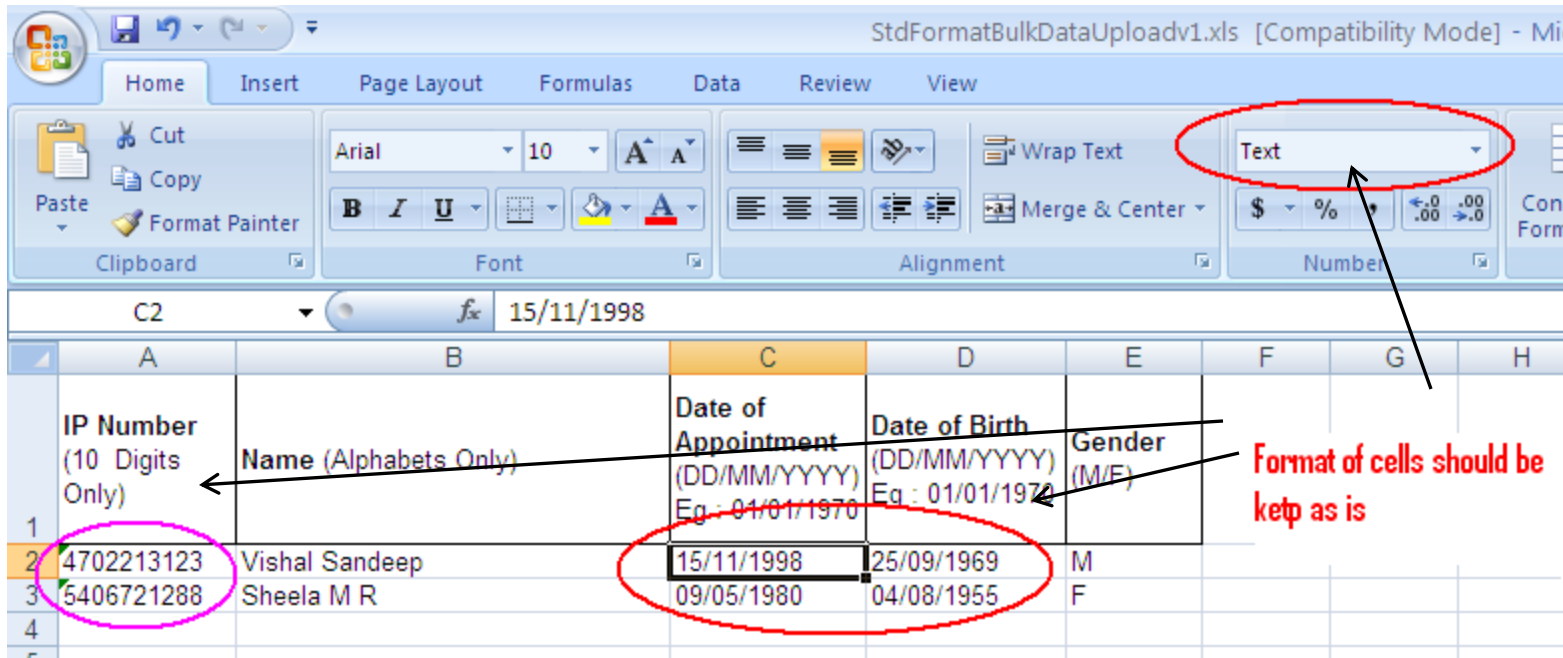
The screenshot shows the ESIC Insurance portal interface. At the top, there's a header with the ESIC logo and 'Insurance' text. Below the header, there's a section titled 'Employer IP Details' with a sub-section 'IP Upload'. An arrow points to the 'Insert IP' link. Below this, there's a form for 'Insured Person's Particulars' with fields for '1. Insurance Number', '2. Name', '3. Date of Appointment', and '4. Date of Birth'. There are also buttons for 'Save' and 'Cancel'. Below the form, there's a section for 'Insured Person's Bulk Upload' with a link to 'Bulk Upload via Excel (MAX: 500 IPs at a time)' and a button for 'Excel Template Download'.

Figure-9

The screenshot shows the ESIC Insurance portal interface with a 'File Download' dialog box open. The dialog box asks 'Do you want to open or save this file?' and shows the file 'StdFormatBulkDataUpload.xls' (Type: Microsoft Office Excel 97-2003 Worksheet, 16.0KB) from 'www.esic.in'. There are buttons for 'Open', 'Save', and 'Cancel'. Below the buttons, there's a checkbox 'Always ask before opening this type of file' which is checked. At the bottom of the dialog, there's a warning message: 'While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?'. In the background, the portal interface shows the 'Insured Person's Bulk Upload' section with a link to 'Bulk Upload via Excel (MAX: 500 IPs at a time)' and a button for 'Excel Template Download'. There are also buttons for 'Upload' and 'Excel Template Download' circled in red. Arrows point from the text '1. Download IP Upload Template Excel Sheet' to the 'Excel Template Download' button and from '2. Upload IPs in Bulk after filling in data in template' to the 'Upload' button.

Instructions to create Excel sheet for bulk IP upload

- Enter the 10 digit IP number, IP name, Date of Appointment, Date of Birth and Gender
- Excel sheet upload will be successful only if all the data is entered in correct format. Use only the downloaded **template** for this activity
- Kindly note that all columns should be in 'Text' or 'General' format including date columns. Refer slide 18, 19 to know more on 'Text' conversion
- Dates should be in either dd/mm/yyyy or dd.mm.yyyy format. Eg: 02/05/2005 or 18.11.1995 is correct format (2/5/2005 or 2-May-10 are not acceptable)
- Following figure shows a sample excel format



Note: The excel file should be saved in .xls file type (Excel 97-2003)

Registering New Employee into ESIC – Generate Insurance Number

1. Click on Register New IP link.
2. You will get another window to register new Employees.
3. Employer Code will populate by default. Employer should select continue to load 'IP Registration Page'.

Figure-10



Figure-11

User Login: 47009999960001010 Wed 19 Jan 2011, 11:11:16 PM

Track Registered Employees

Employer/Subunit Code No:* 47009999960001010

Is I.P Already Registered: ☐ Yes ☒ No

Registering New Employee – Employee has Insurance Number generated by Previous Employer

1. Check on 'Yes' is 'IP already registered' – already in the system
2. Provide the Insurance Number
3. Date of Appointment(DOA) (*Note – Date of appointment is the date when the employee is employed by you*)
4. Click on continue to load ' IP Registration' page.

Figure-12

ESIC
Employees' State Insurance Corporation

User Login: 47009999960001010

Track Registered Employees

Employer/Subunit Code No:* 47009999960001010

Is I.P. Already Registered: ☒ Yes ☐ No

Enter Details

Employee's Insurance No:* 4700232377

Date of Appointment: 01/01/2011

Enter Insurance Number & DOA

Continue Close

Figure-13

- | ESIC
Employees' State Insurance Corporation | | Insurance | |
|--|--|--|--|
| User Login: | 41000312970000099 | Sat 27 Nov 2010, 3:28:04 PM | |
| Employer > Employee Registration | | | |
| Employees Registration Form-1 * Required Fields | | | |
| Insured Person's Particulars | | | |
| 1.(a) Is IP Disabled:- | <input type="radio"/> Yes <input checked="" type="radio"/> No | 1.(b) Type of Disability: | <input type="text" value="--Please Select--"/> |
| 1.(c) Select Certificate: | <input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Upload"/> | 3. Name of:- | <input type="text"/> |
| 2. Name :- | <input type="text"/> | <input checked="" type="radio"/> Father <input type="radio"/> Husband | |
| 4. Date of Birth:- | <input type="text"/> | 6. Sex:- | <input checked="" type="radio"/> M <input type="radio"/> F |
| 5. Marital Status:- | <input type="text" value="--Please Select--"/> | 7. Present Address | |
| Address :- | <input type="text"/>
<input type="text"/>
<input type="text"/> | Pin Code: | <input type="text"/> |
| State:- | <input type="text" value="--Please Select--"/> | Phone No.: | - <input type="text"/> |
| District:- | <input type="text" value="--Please Select--"/> | Mobile No.: | 91 - <input type="text"/> |
| <input type="checkbox"/> Copy Present Address to Permanent Address | | Email: | <input type="text"/> |
| 8. Permanent Address | | | |
| Address :- | <input type="text"/>
<input type="text"/>
<input type="text"/> | Pin Code: | <input type="text"/> |
| State:- | <input type="text" value="--Please Select--"/> | Phone No.: | - <input type="text"/> |
| District:- | <input type="text" value="--Please Select--"/> | Mobile No.: | 91 - <input type="text"/> |
| 9. Dispensary Or IMP: | <input checked="" type="radio"/> Dispensary <input type="radio"/> IMP | Email: | <input type="text"/> |
| | | | <input type="text" value="--Please Select--"/> |
| 10. Current Employer's Particulars | | 11.(b) In case of any Previous employment please fill up the details below: | |
| Employer's Code No.: | <input type="text" value="41000312970000099"/> | Employer's Code No.: | <input type="text"/> |
| Date of Appointment:- | <input type="text"/> | Previous Insurance No.: | <input type="text"/> |
| Name of the Employer:- | <input type="text" value="DUTTA TRADERS"/> | Name of the Employer:- | <input type="text"/> |
| Address of the Employer | | Address of the Employer | |
| Address :- | <input type="text" value="188/5, G.T. ROAD P.O. BALLY DT.HOWRAH"/>
<input type="text" value="employee.address@"/> | Address :- | <input type="text"/> |
| employer address: | <input type="text"/> | | |
| State:- | <input type="text" value="West Bengal"/> | State:- | <input type="text" value="--Please Select--"/> |
| District:- | <input type="text" value="Howrah"/> | District:- | <input type="text" value="--Please Select--"/> |
| Pin Code: | <input type="text"/> | Pin Code: | <input type="text"/> |
| Email: | <input type="text"/> | Email: | <input type="text"/> |
| Phone No.: | - <input type="text"/> | Phone No.: | - <input type="text"/> |
| Mobile No.: | 91 - <input type="text"/> | Mobile No.: | 91 - <input type="text"/> |
| 11.(a) Have Previous Employer? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 12. Details of Nominee :- | | Enter Details Here | |
| 13. Family Particulars of Insured Person: | | Enter Details Here | |
| 14. Details of Bank Accounts of Insured Person: | | Enter Details Here | |
| <input type="checkbox"/> I hereby 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="Save"/> <input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/> | | | |
| DISCLAIMER: Content created, maintained and updated by Employees' State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels. Designed and Developed by Wipro LTD IP Address : 98 | | | |

Filing Monthly Contribution

- Once Data Purification is complete / Employee records are cleaned up, MC can be filed
- Click File Monthly Contributions link to file the contribution of the employer for a particular month

Figure-14

The screenshot displays the ESIC (Employees' State Insurance Corporation) Insurance portal. The header includes the ESIC logo, the text 'ESIC Employees' State Insurance Corporation', and the word 'Insurance'. Below the header, a status bar shows 'User Login: 47009999960001010' and 'Last Logged In Wednesday, January 19, 2011 at 15:10:20'. The main content area is divided into three columns: 'EMPLOYER', 'EMPLOYEE', and 'MONTHLY CONTRIBUTION'. The 'MONTHLY CONTRIBUTION' column contains a list of links, with 'File Monthly Contributions' circled in red. Other links in this column include 'Left Employee', 'Generate Challan', 'Help for Monthly contribution and Challan', 'Modify Challan', 'ViewContributionHistory', and 'Miscellaneous Challans'.

ESIC
Employees' State Insurance Corporation

Insurance

User Login: 47009999960001010 Wed 19 Jan 2011, 7:57:52 PM

Last Logged In Wednesday, January 19, 2011 at 15:10:20

EMPLOYER

- [Update Employer Details](#)
- [Accident Report \(Form 12\)](#)
- [Employer's Report on Occupational Diseases \(Form 12A\)](#)
- [Report from Employer for RGSKY \(UA4 - I\)](#)
- [Report from Employer for RGSKY \(UA4 - II\)](#)
- [Reply For Abstention Verification](#)
- [Change Password](#)

EMPLOYEE

- [Insert IP Details](#)
- [Register New IP](#)
- [Update IP Details](#)
- [Print Counter Foil](#)
- [List of Employees](#)

MONTHLY CONTRIBUTION

- [Left Employee](#)
- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Help for Monthly contribution and Challan](#)
- [Modify Challan](#)
- [ViewContributionHistory](#)
- [Miscellaneous Challans](#)

You will be redirected to this Monthly Contribution page

Contribution Details for:*	Select ▼	Select ▼
----------------------------	----------	----------

select the contribution period- month , year

Contribution Details Type:*	---Please Select--- ▼
-----------------------------	-----------------------

contribution details type from the drop down (Select Monthly Contribution)

Figure-15

ESIC
Employees' State Insurance Corporation

Insurance

User Login: 52000024470001102 Wed 1 Dec 2010, 8:51:32 PM

Employer > Monthly Contribution

Monthly Contribution * Required Fields

Contribution Details for:*	Select ▼	Select ▼
Contribution Details Type:*	---Please Select--- ▼	
Employer's Code No.:*	52000024470001102	

Submit Reset Cancel

There are two ways to file contribution.

- 1) Excel Upload
- 2) Online Entry of Contribution

Figure-16

The screenshot shows the ESIC (Employees' State Insurance Corporation) Insurance portal. The header includes the ESIC logo and name. The user is logged in as '52000024470001102' on 'Wed 1 Dec 2010, 8:53:10 PM'. The breadcrumb trail is 'Employer > Monthly Contribution'. The main form is titled 'Monthly Contribution' with a note '* Required Fields'. It contains several input fields: 'Contribution Details for:' (set to 'Apr 2010'), 'Contribution Details Type:' (set to 'MonthlyContribution'), and 'Employer's Code No.:' (set to '52000024470001102'). There are two links: 'Upload Excel' and 'Sample MC excel template'. A note states: 'NB: All coverable Employees need to be registered with ESIC before filing Contribution Details in Form-6'. At the bottom are 'Submit', 'Reset', and 'Cancel' buttons.

1) Excel Upload:

(a) Click Sample MC Excel template, you will get an Excel sheet & save it

Upload Your Data Using Excel file*

[Upload Excel](#) [Sample MC excel template](#)

Note : Kindly turn OFF 'POP UP BLOCKER' if it is ON in your browser. Follow the steps given to turn off pop up blocker . This is required to upload MC excel, modify or print Challan / TIC

1. **Mozilla Firefox 3.5.11 :** From Menu Bar, select Tools → Options → Content → Uncheck (remove tick mark) 'Block Popup Windows'. Click OK
2. **IE 7.0 :** From Menu Bar, select Tools → Pop up Blocker → Turn Off Pop up Blocker

Creating Excel sheet for MC – Instructions

- Enter the 10 digit IP number, IP name, No. of Days, Total Monthly Wages, Reason for 0 wages(If Wages '0') & Last Working Day (employee has left service, Retired, Out of coverage, Expired, Non-Implemented area or Retrenchment. For other reasons, last working day must be left **BLANK**)
- Number of days should be whole number. Fractions should be rounded up to next higher integer
- Excel sheet upload will lead to successful transaction only when all the Employees' (who are currently mapped in the system) details are entered perfectly in the excel sheet
- Calculations – IP Contribution and Employer contribution calculation will be automatically done by the system.
- Reasons are assigned numeric code(Refer Figure 12) and date has to be provided as mentioned in Figure 12.
- Once 0 wages given, IP will be removed from the employer's record. Subsequent months will not have this IP listed under the employer
- Note that all the column including date column should be in 'Text' format
- Date column format is dd/mm/yyyy or dd-mm-yyyy. Pad single digit dates with 0. Eg:- 2/5/2010 or 2-May-2010 is NOT acceptable. Correct format is 02/05/2010 or 02-05-2010
- Excel should be saved in .xls file type (Excel 97 – 2003)

Excel preparation – Tips and Troubleshooting

1. To convert all columns to text

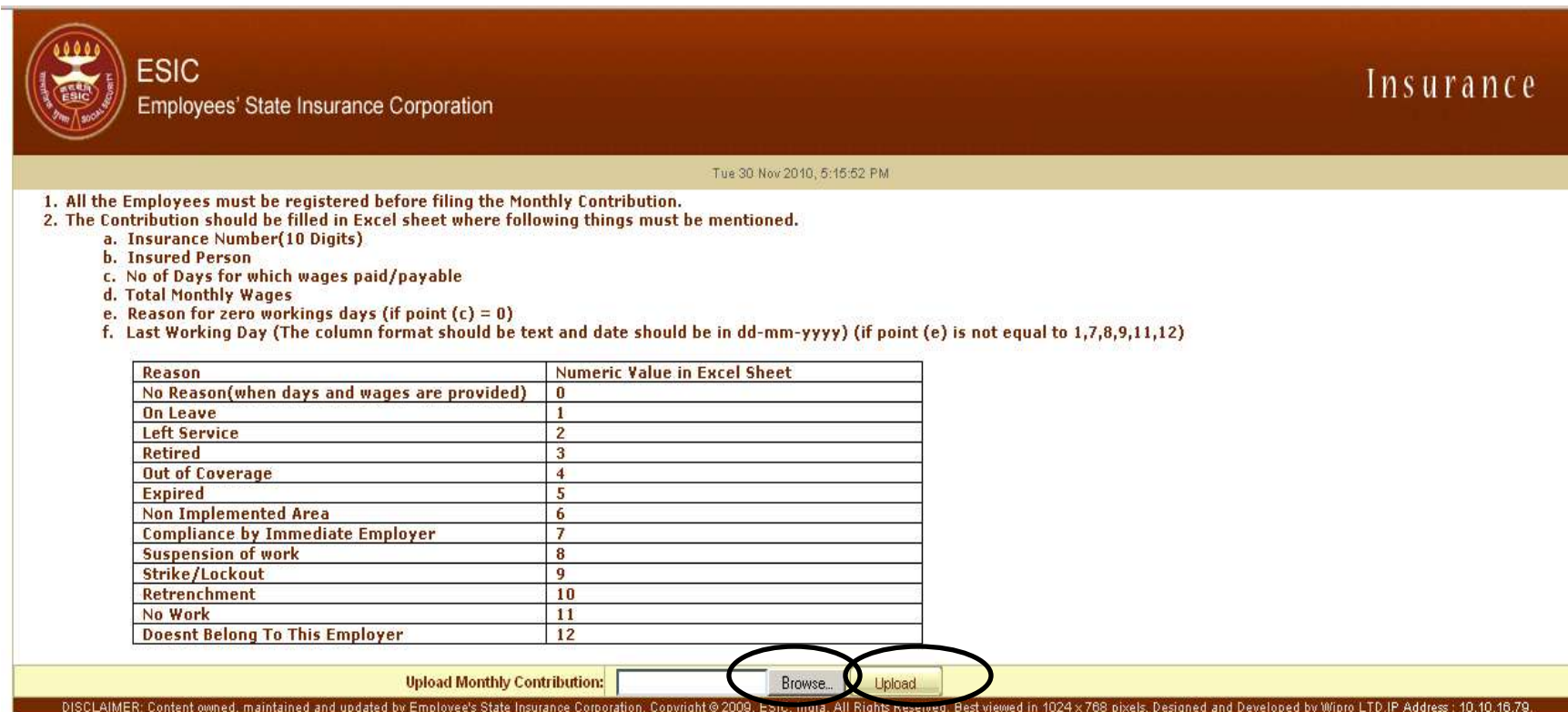
- Select column A; Click Data in Menu Bar on top; Select Text to Columns ; Click Next (keep default selection of Delimited); Click Next (keep default selection of Tab); Select TEXT; Click FINISH. Excel 97 – 2003 as well have TEXT to COLUMN conversion facility
- Repeat the above step for each of the 6 columns. (Columns A – F)
- Another method that can be used to text conversion is – copy the column with data and paste it in NOTEPAD. Select the column (in excel) and convert to text. Copy the data back from notepad to excel

2. If problem continues while upload, download a fresh template. Then copy the data area from Step 1 – in following example, copy Cell A2 to F8 (as shown in figure); Paste it in cell A2 in the fresh template. Upload it

The screenshot shows the 'Convert Text to Columns Wizard - Step 1 of 3' dialog box in Microsoft Excel. The dialog box is open over a spreadsheet. The spreadsheet has columns A to F. Column A is 'IP Number (10 Digits)', Column B is 'IP Name (Only alphabets and space)', Column C is 'No of Days for which wages paid/payable during the month', Column D is 'Total Monthly Wages', Column E is 'Reason Code for Zero workings days(numeric only: provide 0 for all other reasons: Click on the link for reference)', and Column F is 'Last Working Day (FormatDD-MM-YYYY)'. The 'Convert Text to Columns Wizard' dialog box is open, showing 'Delimited' as the original data type. The preview shows the first five rows of data. The 'Next >' button is highlighted with a red circle.

IP Number (10 Digits)	IP Name (Only alphabets and space)	No of Days for which wages paid/payable during the month	Total Monthly Wages	Reason Code for Zero workings days(numeric only: provide 0 for all other reasons: Click on the link for reference)	Last Working Day (FormatDD-MM-YYYY)
4707000061			2500		
4707000062			5000		
4707000062			0	6	12-01-1998
4707000062			7000		
4707000064			8000		
			700		
			7829		

Figure-17



ESIC
Employees' State Insurance Corporation

Insurance

Tue 30 Nov 2010, 5:15:52 PM

1. All the Employees must be registered before filing the Monthly Contribution.
2. The Contribution should be filled in Excel sheet where following things must be mentioned.

- Insurance Number(10 Digits)
- Insured Person
- No of Days for which wages paid/payable
- Total Monthly Wages
- Reason for zero workings days (if point (c) = 0)
- Last Working Day (The column format should be text and date should be in dd-mm-yyyy) (if point (e) is not equal to 1,7,8,9,11,12)

Reason	Numeric Value in Excel Sheet
No Reason(when days and wages are provided)	0
On Leave	1
Left Service	2
Retired	3
Out of Coverage	4
Expired	5
Non Implemented Area	6
Compliance by Immediate Employer	7
Suspension of work	8
Strike/Lockout	9
Retrenchment	10
No Work	11
Doesnt Belong To This Employer	12

Upload Monthly Contribution:

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(c)Click the browse button & specify the location then click Upload.

Note : Kindly turn OFF 'POP UP BLOCKER' if it is ON in your browser. Follow the steps given to turn off pop up blocker . This is required to upload MC excel, modify or print Challan / TIC

- Mozilla Firefox 3.5.11 :** From Menu Bar, select Tools → Options → Content → Uncheck (remove tick mark) 'Block Popup Windows'. Click OK
- IE 7.0 :** From Menu Bar, select Tools → Pop up Blocker → Turn Off Pop up Blocker

2) Online Entry of Contribution:

(a) Click on Submit button to get the IPs list in the next page

Figure-18

Employer > Monthly Contribution

Monthly Contribution		* Required Fields
Contribution Details for:*	Oct 2005	
Contribution Details Type:*	MonthlyContribution	
Employer's Code No.:*	11009990010000101	
Upload Your Data Using Excel file*	Upload Excel Download Excel Template	
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/> <input type="button" value="Close"/>		

(b) Enter the No. of days, Total monthly wages & then click next button for filing details in next page. Employee Contribution will be calculated and displayed. This is rounded to next higher rupee.

Figure-19

Employer > Monthly Contribution

Monthly Contribution Details		* Required Fields					
Employer's Name:	Factory Name	Contribution Period: Jan-2002					
Employer's Code No.: 11009990080000101		Region Code: RO - Rajendra Place					
Sl.No.	Insurance Number	Insured Person	No. of Days for Which Wages Paid / Payable*	Total Monthly Wages*	IP Contribution	Reason For Zero Working Days	Last Working Day
1	1199900141	Ip Name		0	0	Select	
2	1199900142	Ip Name		0	0	Select	
3	1199900143	Ip Name		0	0	Select	
4	1199900144	Ip Name		0	0	Select	
5	1199900145	Ip Name		0	0	Select	
6	1199900146	Ip Name		0	0	Select	
7	1199900147	Ip Name		0	0	Select	
8	1199900148	Ip Name		0	0	Select	
9	1199900149	Ip Name		0	0	Select	
10	1199900150	Ip Name		0	0	Select	
1 Next You Are In Page 1							
NB: Please enter Ip details in all pages for filing(submitting) MC data							
<input type="button" value="Save"/> <input type="button" value="Previous"/>							

(c) Click Save button, so that Employer can make changes later on or provide details of remaining IPs contribution within 15 days.

Figure-20

Employer - Monthly Contribution

Monthly Contribution Details * Required Fields

Employer's Name:	Factory Name	Contribution Period:	Jan-2002
Employer's Code No.:	11008990080000101	Region Code:	RC - Rajendra Place

Sl.No.	Insurance Number	Insured Person	No. of Days for Which Wages Paid / Payable*	Total Monthly Wages*	IP Contribution	Reason For Zero Working Days	Last Working Day
1	1199900141	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
2	1199900142	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
3	1199900143	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
4	1199900144	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
5	1199900145	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
6	1199900146	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
7	1199900147	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
8	1199900148	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
9	1199900149	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>
10	1199900150	Ip Name	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select <input type="button" value="v"/>	<input type="text"/>

1 You Are In Page 1

NB: Please enter Ip details in all pages for filing(submitting) MC data

(D)After entering all the contribution data in all the pages, submit the details by clicking 'Preview' button, you will get Contribution Submission Summary Page

Figure-21

Employer > Monthly Contribution

Monthly Contribution Details * Required Fields

Employer's Name:	Factory Name	Contribution Period:	Jul-2010
Employer's Code No.:	11009990090000101	Region Code:	RO - Rajendra Place

Sl.No.	Insurance Number	Insured Person	No. of Days for Which Wages Paid / Payable*	Total Monthly Wages*	IP Contribution	Reason For Zero Working Days	Last Working Day
11	1199900171	Ip Name	<input type="text" value="23"/>	<input type="text" value="6500"/>	<input type="text" value="114"/>	<input type="text" value="Select"/>	<input type="text"/>
12	1199900172	Ip Name	<input type="text" value="23"/>	<input type="text" value="5500"/>	<input type="text" value="97"/>	<input type="text" value="Select"/>	<input type="text"/>
13	1199900173	Ip Name	<input type="text" value="25"/>	<input type="text" value="4444"/>	<input type="text" value="78"/>	<input type="text" value="Select"/>	<input type="text"/>
14	1199900174	Ip Name	<input type="text" value="26"/>	<input type="text" value="4550"/>	<input type="text" value="80"/>	<input type="text" value="Select"/>	<input type="text"/>
15	1199900175	Ip Name	<input type="text" value="26"/>	<input type="text" value="5400"/>	<input type="text" value="95"/>	<input type="text" value="Select"/>	<input type="text"/>
16	1199900176	Ip Name	<input type="text" value="27"/>	<input type="text" value="5000"/>	<input type="text" value="88"/>	<input type="text" value="Select"/>	<input type="text"/>
17	1199900177	Ip Name	<input type="text" value="25"/>	<input type="text" value="5050"/>	<input type="text" value="89"/>	<input type="text" value="Select"/>	<input type="text"/>
18	1199900178	Ip Name	<input type="text" value="26"/>	<input type="text" value="6000"/>	<input type="text" value="105"/>	<input type="text" value="Select"/>	<input type="text"/>
19	1199900179	Ip Name	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="Retired"/>	<input type="text" value="06/30/2010"/>
20	1199900180	Ip Name	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="Retired"/>	<input type="text" value="06/30/2010"/>

You have reached extreme page

NB: Please enter Ip details in all pages for filing(submitting) MC data

(E)By clicking 'Submit' button, Contribution will be Submitted and you will get Create Challan Link. (Please note-Once Contribution is submitted it can't be modified. Employer can modify details only by filing supplementary contribution(to be explained later).

Figure-22

Employer > Monthly Contribution

Monthly Contribution Details * Required Fields

Employer's Name:	Factory Name	Contribution Period:	Jul-2010
Employer's Code No.:	11009990090000101	Region Code:	RO - Rajendra Place

Sl.No.	Insurance Number	In	No. of Days	Contribution Summary	Last Working Day
11	1199900171	Ip Name		Total IP Contribution(Rs.) 1533	
12	1199900172	Ip Name		Total Employer Contribution(Rs.) 4142	
13	1199900173	Ip Name		Grand Total (Employee & Employer Contribution)(Rs.) 5675	
14	1199900174	Ip Name		Total Central Government Contribution(Rs.) 0	
15	1199900175	Ip Name		Total Wages(Rs.) 87190	
				<input type="button" value="Submit"/> <input type="button" value="Close"/>	
16	1199900176	Ip Name	22	7800 137	Select
17	1199900177	Ip Name	22	4500 79	Select
18	1199900178	Ip Name	23	5000 88	Select

2 You have reached extreme page

NB: Please enter Ip details in all pages for filing(submitting) MC data

(F)Click on Create Challan Link, if you want to create a challan or you can create the challan from revenue menu (which is given in later slides)

Figure-23

The screenshot displays the ESIC (Employees' State Insurance Corporation) Online Monthly Contribution portal. The header includes the ESIC logo and the text "Insurance". The navigation bar contains tabs: My Work, Registration, Benefits, Revenue, Recovery, and Others. The main content area is titled "Employer > Monthly Contribution".

Monthly Contribution Details

Employer's Name:	Factory Name
Employer's Code No.:	11009990140000101

Payment History

Total IP Contribution(Rs.)	490
Total Employer Contribution(Rs.)	1330
Grand Total (Employee & Employer Contribution)(Rs.)	1820
Total Central Government Contribution(Rs.)	0
Total Wages(Rs.)	28000

The "Create Challan" button is circled in the Payment History section. Below the table, there is a "Close" button.

Working Days*

Last Working Day

Payment Updated Successfully

Buttons: Back, Save, Preview

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Upon clicking on View button, you will be navigated to Create Challan Page

Monthly Contribution > Online Monthly Contribution > Payment

Payment Details * Required Fields

Employer's Code No.:"

You will be redirected to below page

Figure-24

Payment Details * Required Fields

Employer's Code No.:"

Employer's Name: What A Joke Region Code: RO - Rajendra Place

	Monthly Contribution	C-18 Actual	C-18 Adhoc	Order u/s 45-A	C-18 (I)	D-18	Order U/s 85-B
Select	MC Period	Payment Due	Payment Due Date	AdjustedAmount	Amount Paid		
<input type="checkbox"/>	Jun 1999	3951.00	21/7/1999	0	0		
<input type="checkbox"/>	Apr 2000	71244.00	21/5/2000	0	0		
<input type="checkbox"/>	Jul 2000	62404.00	21/8/2000	0	0		
<input type="checkbox"/>	Aug 2000	9106.00	21/9/2000	0	0		

1 2 3 4 5 6

Total Contribution Due:	0	Amount to be Paid Against Contribution:	0
Total C-18 Actual Due:	0	Amount to be Paid Against C-18 Actual:	0
Total C-18 Adhoc Due:	0	Amount to be Paid Against C-18 Adhoc:	0
Total Order u/s 45-A:	0	Amount to be Paid Against Order u/s 45-A:	0
Total C-18(I) Due:	0	Amount to be Paid Against C-18(I):	0
Total D-18 Due:	0	Amount to be Paid Against D-18:	0
Total Order u/s 85-B:	0	Amount to be Paid Against Order u/s 85-B:	0

Total Amount Due: 0

Total Amount to be Paid:"

Payment Mode:" ☒ Offline ☐ Online

Select the Checkboxes, enter the amount, click payment mode & then click Submit button

Similar to this select the options, after clicking you will be redirected to challan creation page

Figure-25

Monthly Contribution > Online Monthly Contribution > Payment

Payment Details * Required Fields							
Employer's Code No.:		11009990010000101		<input type="button" value="View"/>			
Employer's Name:		Factory Name		Region Code:		RO - Rajendra Place	
		Monthly Contribution		C-18 Actual	C-18 Adhoc	Order u/s 45-A	C18 (I)
						D18	Order U/S 85-B
Select	MC Period	Payment Due	Payment Due Date	AdjustedAmount		Amount Paid	
<input checked="" type="checkbox"/>	Feb1998	1.00	21/3/1998	0		0	
<input type="checkbox"/>	Jul2004	1602.00	21/8/2004	0		0	
<input checked="" type="checkbox"/>	Jan2005	2891.00	21/2/2005	0		0	
<input type="checkbox"/>	Jan2006	6058.00	21/2/2006	0		0	
1 2 3 4 5							
Total Contribution Due:		2892		Amount to be Paid Against Contribution:		0	
Total C-18 Actual Due:		0		Amount to be Paid Against C-18 Actual :		0	
Total C-18 Adhoc Due:		0		Amount to be Paid Against C-18 Adhoc:		0	
Total Order u/s 45-A:		0		Amount to be Paid Against Order u/s 45-A:		0	
Total C-18(I) Due:		0		Amount to be Paid Against C-18(I):		0	
Total D-18 Due:		0		Amount to be Paid Against D-18:		0	
Total Order u/s 85-B:		0		Amount to be Paid Against Order u/s 85-B:		0	
Total Amount Due:				2892			
Total Amount to be Paid:				<input type="text" value="1000"/>			
Payment Mode:				<input checked="" type="radio"/> Offline <input type="radio"/> Online			
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>							

Enter the necessary fields and click on submit to create challan

Figure-26

Monthly Contribution > Challan Form

Challan Form		* Required Fields
Click Here to View History		
ESIC A/c No.:	108111684291	
Employer's Code No.:	11009990010000101	
Employer's Name:	Factory Name	
Employer's Address:	Employer address1 ,employer address2,	
Amount to be Paid (In Rupees):*	<input type="text" value="1000"/>	
Payment Mode:*	<input type="text" value="---Please Select---"/>	
Cheque / DD No.:	<input type="text"/>	
Cheque/DD Date:*	<input type="text" value="--Select From Calendar--"/>	
Bank Name:*	<input type="text"/>	
Branch Name:*	<input type="text"/>	
Select	Heads*	Amount(in Rupees)*
<input type="checkbox"/>	<input type="text" value="Contribution"/>	<input type="text" value="1000"/>
Total (In Rupees):		1000
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

Note : Kindly turn OFF 'POP UP BLOCKER' if it is ON in your browser. Follow the steps given to turn off pop up blocker . This is required to upload MC excel, modify or print Challan / TIC

- Mozilla Firefox 3.5.11 :** From Menu Bar, select Tools → Options → Content → Uncheck (remove tick mark) 'Block Popup Windows'. Click OK
- IE 7.0 :** From Menu Bar, select Tools → Pop up Blocker → Turn Off Pop up Blocker

This Page shows Challan creation in Cash Mode

Figure-27

Challan Form		* Required Fields
Click Here to View History		
ESIC A/c No.:	108111684291	
Employer's Code No.:	11009990010000101	
Employer's Name:	What A Joke	
Employer's Address:	Employer address1 ,employer address2,	
Amount to be Paid (In Rupees):*	<input type="text" value="60000"/>	
Payment Mode:*	Cash	
Bank Name:*	StateBankOfIndia	
Select	Heads*	Amount(in Rupees)*
<input type="checkbox"/>	Contribution	<input type="text" value="60000"/>
Total (In Rupees):		60000
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

This Page shows Challan creation in Cheque / DD Mode(Entering Cheque/DD Details not mandatory)

Figure-28

Challan Form		* Required Fields
Click Here to View History		
ESIC A/c No.:	108111684291	
Employer's Code No.:	11009990010000101	
Employer's Name:	What A Joke	
Employer's Address:	Employer address1 ,employer address2,	
Amount to be Paid (In Rupees):*	<input type="text" value="60000"/>	
Payment Mode:*	Cheque	
Cheque / DD No.:	<input type="text" value="123456"/>	
Cheque/DD Date:*	<input type="text" value="02/07/2010"/>	
Bank Name:*	State Bank Of India	
Branch Name:*	Delhi	
Select	Heads*	Amount(in Rupees)*
<input type="checkbox"/>	Contribution	<input type="text" value="60000"/>
Total (In Rupees):		60000
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

Click on submit to create the challan in cash mode

Figure-29

Monthly Contribution > Challan Form

Challan Form * Required Fields

[Click Here to View History](#)

ESIC A/c No.:	108111684291
Employer's Code No.:	11009990070000101
Employer's Name:	Factory Name
Employer's Address:	Employer address1 ,employer address2,

Amount to be Paid (In Rupees):*	1218
Payment Mode:*	Cash
Bank Name:*	StateBankOfIndia

Select	Heads*	Amount(In Rupees)*
<input type="checkbox"/>	Contribution	1218

Total (In Rupees): 1218

You will be redirected to Challan creation success page. Click on print for getting challan print out

Figure-30

Updated Payment Successfully!!!

Challan Format

Figure-31

Bank Copy		Depositors Copy																																																	
Employee's State Insurance Corporation State Bank of India		Employee's State Insurance Corporation State Bank of India																																																	
(CHALLAN CAN BE SUBMITTED AT ANY SBI BRANCH)	USE CBS SCREEN No :- 7127	(CHALLAN CAN BE SUBMITTED AT ANY SBI BRANCH)	USE CBS SCREEN No :- 7127																																																
Challan No. : 03110100152413	Challan Date : 15/12/2010	Challan No. : 03110100152413	Challan Date : 15/12/2010																																																
Party code : 31001009940001010 Name of Factory/Estt./Party : Testing Emp Name update Address: address 1, address 2, address 3.		Party code : 31001009940001010 Name of Factory/Estt./Party : Testing Emp Name update Address: address 1, address 2, address 3.																																																	
Mode of Payment Cash Cheque/DD No : - Dated : - Drawn on (Name of the Bank) : -		Mode of Payment Cash Cheque/DD No : - Dated : - Drawn on (Name of the Bank) : -																																																	
Remittance Details Total 10 Total (in words) Rupees Ten Only		Remittance Details <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Amount</th> <th>Periods</th> </tr> </thead> <tbody> <tr> <td>Advanced Contribution</td> <td>0</td> <td></td> </tr> <tr> <td>Contribution</td> <td>10</td> <td>Jun2005</td> </tr> <tr> <td>C-18 Actual</td> <td>0</td> <td></td> </tr> <tr> <td>C-18 Adhoc</td> <td>0</td> <td></td> </tr> <tr> <td>Order u/s 45-A</td> <td>0</td> <td></td> </tr> <tr> <td>C-18(I)</td> <td>0</td> <td></td> </tr> <tr> <td>D-18</td> <td>0</td> <td></td> </tr> <tr> <td>Order u/s 85-B</td> <td>0</td> <td></td> </tr> <tr> <td>C-19</td> <td></td> <td></td> </tr> <tr> <td>C-19(i)</td> <td></td> <td></td> </tr> <tr> <td>D-19</td> <td></td> <td></td> </tr> <tr> <td>Lost of ID card</td> <td>0</td> <td></td> </tr> <tr> <td>Recovery</td> <td>0</td> <td></td> </tr> <tr> <td>Others</td> <td>0</td> <td></td> </tr> <tr> <td>Total</td> <td>10</td> <td></td> </tr> </tbody> </table>		Type	Amount	Periods	Advanced Contribution	0		Contribution	10	Jun2005	C-18 Actual	0		C-18 Adhoc	0		Order u/s 45-A	0		C-18(I)	0		D-18	0		Order u/s 85-B	0		C-19			C-19(i)			D-19			Lost of ID card	0		Recovery	0		Others	0		Total	10	
Type	Amount	Periods																																																	
Advanced Contribution	0																																																		
Contribution	10	Jun2005																																																	
C-18 Actual	0																																																		
C-18 Adhoc	0																																																		
Order u/s 45-A	0																																																		
C-18(I)	0																																																		
D-18	0																																																		
Order u/s 85-B	0																																																		
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C-19(i)																																																			
D-19																																																			
Lost of ID card	0																																																		
Recovery	0																																																		
Others	0																																																		
Total	10																																																		
Denomination <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1000 X</td><td></td></tr> <tr><td>500 X</td><td></td></tr> <tr><td>100 X</td><td></td></tr> <tr><td>50 X</td><td></td></tr> <tr><td>20 X</td><td></td></tr> <tr><td>10 X</td><td></td></tr> <tr><td>5 X</td><td></td></tr> <tr><td>2 X</td><td></td></tr> <tr><td>1 X</td><td></td></tr> <tr><td>Total</td><td></td></tr> </tbody> </table>		1000 X		500 X		100 X		50 X		20 X		10 X		5 X		2 X		1 X		Total																															
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10 X																																																			
5 X																																																			
2 X																																																			
1 X																																																			
Total																																																			
(For Bank's use) Deposited Date: D D M M Y Y Y Y Journal No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		(For Bank's use) Deposited Date: D D M M Y Y Y Y Journal No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																																	
Branch Stamp and Signature of Cashier Notes : 1)No Charges/Commission to be charged from the depositor		Branch Stamp and Signature of Cashier Notes : 1)No Charges/Commission to be charged from the depositor																																																	

Generate and Print Challan from main page

Note: This function is mainly used when MC is filed using excel file upload method

Figure-32



Upon clicking on View button, you will be navigated to Create Challan\Payment dues Page

Figure-33



The screenshot shows a web application interface for 'Monthly Contribution > Online Monthly Contribution > Payment'. The main section is titled 'Payment Details' and includes a red asterisk indicating required fields. Below this, there is a form with a label 'Employer's Code No.:' and a text input field containing the value '11009990090000101'. To the right of the input field is a yellow button labeled 'View', which is circled in black. An arrow points from the top right towards the 'View' button.

Monthly Contribution > Online Monthly Contribution > Payment	
Payment Details * Required Fields	
Employer's Code No.:	<input type="text" value="11009990090000101"/> View

After this follow activities from slide 26-31 for challan printing

Modify Challan

Figure-34



1. Modify Challan can be used for
 - a. Modifying payment mode (Cash/Cheque/DD)
 - b. Re-print challan
2. Provide Challan **created month** to view the challan. Please note that, it is NOT the period for which Challan is created

Modify Challan

Figure-35

ESIC Employees' State Insurance Corporation Insurance

User Login: 31001009980001010 Tue 30 Nov 2010, 10:48:12 AM

Monthly Contribution > Modify Challan

Modify Challan Required Fields

Employer Code * 31001009980001010

Challan Created Month * --Month-- --Year--

View Cancel

Click View

Select Challan **created** month & year

Figure-36

ESIC Employees' State Insurance Corporation Insurance

User Login: 31001009980001010 Tue 30 Nov 2010, 1:01:18 PM

Monthly Contribution > Modify Challan

Modify Challan Required Fields

Employer Code * 31001009980001010

Challan Created Month * Nov 2010

View Cancel

For Period : 2010Nov

Challan No.	Challan Date	Clearance Date	Deposited Date
03110200953279	27/11/2010		
03110200953279	27/11/2010		

Cancel

Click on Challan Number

Modify Challan

Figure-37

ChallanReceipt - Windows Internet Explorer

http://www.esic.in/ESICInsurance1/RevenueOne/RevenueOne.Host/RevenueOne/Monthly%20Contribution/ChallanReceipt.aspx?Recipl

ESIC
Employees' State Insurance Corporation

Sat 18 Sep 2010, 11:31:18 PM

Monthly Contribution > Challan

Challan No.: 05010100082281

Amount to be Paid (In Rs., Ex- 500.00): 14031

Payment Mode: In Cheque

Cheque / DD No.: 11111

Cheque / DD Date: 15/09/2010

Bank Name: Canara Bank

Branch Name: Hyderabad

Remittance Details

Heads*	Amount(In Rupees)*
Contribution	140323
Total (In Rupees):	140323

Submit Print Cancel

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Commission. Copyright © 2009, ESIC, India. All Rights Reserved. in 1024 x 768 pixels, Designed and Developed by Wipro LTD.

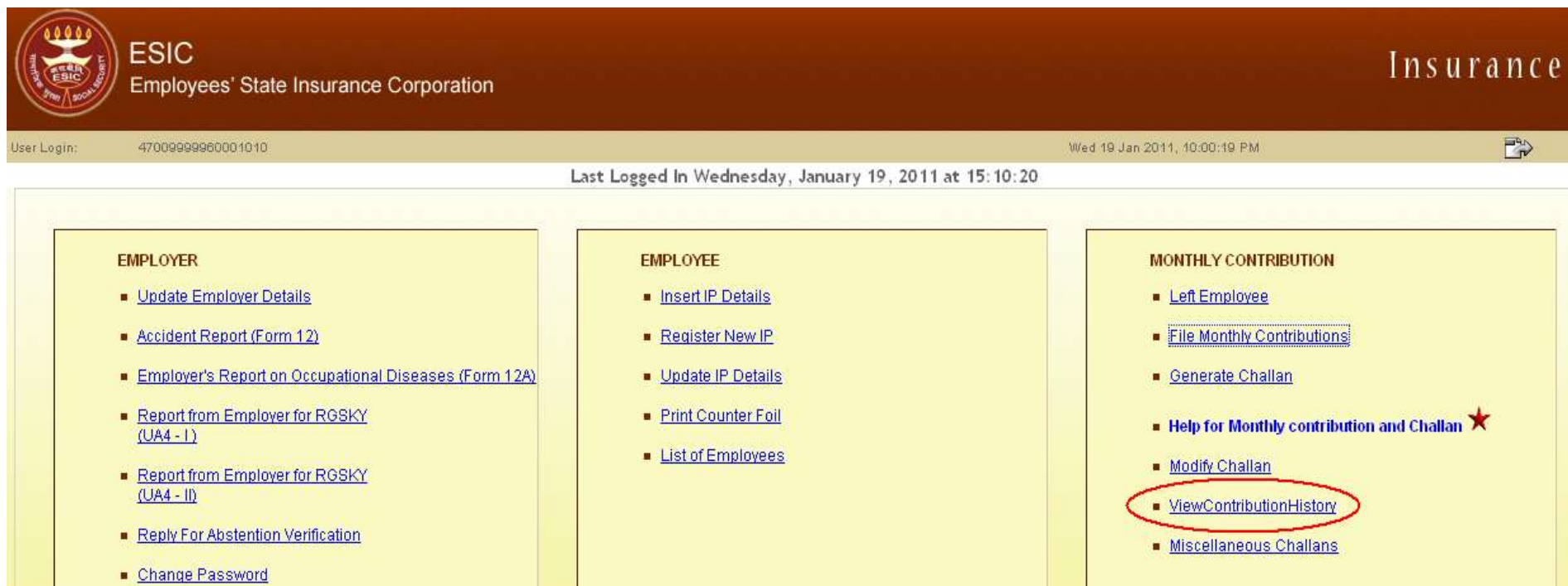
Modify Details

To Re-Print Challan without any modification,
just click PRINT button

Submit & then Print

View Contribution History

Figure-38



The screenshot displays the ESIC (Employees' State Insurance Corporation) Insurance portal. The header includes the ESIC logo, the text "ESIC Employees' State Insurance Corporation", and the word "Insurance". Below the header, the user login information "User Login: 47009999960001010" and the date/time "Wed 19 Jan 2011, 10:00:19 PM" are shown. A status bar indicates "Last Logged In Wednesday, January 19, 2011 at 15:10:20". The main content area is divided into three columns: EMPLOYER, EMPLOYEE, and MONTHLY CONTRIBUTION. The EMPLOYER column lists options like "Update Employer Details", "Accident Report (Form 12)", and "Employer's Report on Occupational Diseases (Form 12A)". The EMPLOYEE column lists "Insert IP Details", "Register New IP", "Update IP Details", "Print Counter Foil", and "List of Employees". The MONTHLY CONTRIBUTION column lists "Left Employee", "File Monthly Contributions", "Generate Challan", "Help for Monthly contribution and Challan" (marked with a red star), "Modify Challan", "ViewContributionHistory" (circled in red), and "Miscellaneous Challans".

EMPLOYER

- [Update Employer Details](#)
- [Accident Report \(Form 12\)](#)
- [Employer's Report on Occupational Diseases \(Form 12A\)](#)
- [Report from Employer for RGSKY \(UA4 - I\)](#)
- [Report from Employer for RGSKY \(UA4 - II\)](#)
- [Reply For Abstention Verification](#)
- [Change Password](#)

EMPLOYEE

- [Insert IP Details](#)
- [Register New IP](#)
- [Update IP Details](#)
- [Print Counter Foil](#)
- [List of Employees](#)

MONTHLY CONTRIBUTION

- [Left Employee](#)
- [File Monthly Contributions](#)
- [Generate Challan](#)
- [Help for Monthly contribution and Challan](#) ★
- [Modify Challan](#)
- [ViewContributionHistory](#)
- [Miscellaneous Challans](#)

Note: Provide contribution **Period** (NOT the date in which challan created), to view the contribution

View Contribution History

Figure-39

ESIC Employees' State Insurance Corporation Insurance

User Login: 31001009980001010

Monthly Contribution > View History

View History

Employer Code *

31001009980001010

Period *

Month Year

View Cancel

Click 'View'

Select Month & Year

Figure-40

ESIC Employees' State Insurance Corporation Insurance

User Login: 31001009980001010 Date: 29 Nov 2016, 3:10:55 PM

View History

Employer Code *

31001009980001010

Period *

Month Year

View Cancel

MC Period: 2016/Jan

Sr No.	Insurance Number	Insured Person	No. of Days Worked	Total Monthly Wages	IP Contribution	Reason
1	4111554750	TAPAN DAS	30	4500.00	75.00	-
2	4111554753	SAHJAN BANADUR THAPA	28	8800.00	115.00	-

Print Cancel

Click 'Print'

Filing Supplementary Contribution

- Employer can file supplementary contribution only when Employer has already filed Monthly Contribution.
- Employer can modify Contribution Amount by submitting Supplementary Contribution.
- Supplementary Contribution can be filed multiple times.
- Supplementary Contribution will increase contribution amount due. No way contribution amount submitted during monthly contribution will reduce.
- Click on 'File Monthly Contribution'.

Figure-41



Filing Supplementary Contribution

Figure-42

ESIC Employees' State Insurance Corporation

Insurance

User Login: Mon 29 Nov 2010, 2:17:44 PM

Employer > Monthly Contribution

Monthly Contribution

Contribution Details for: Jan 2009

Contribution Details Type: Supplementary Contribution

Employer's Code No.: 41000312970000699

Select Type Of Wages: Supplementary Contribution

Submit Reset Cancel Close

Month & Year

Select 'Supplementary Contribution'

- Employer should select 'Month' and 'year'.
- Select 'Supplementary Contribution'
- Click on 'Submit' to redirect to supplementary contribution page.

Figure-43

ESIC Employees' State Insurance Corporation

Insurance

User Login: Mon 29 Nov 2010, 2:49:06 PM

Monthly Contribution > Supplementary Monthly Contribution

Supplementary Monthly Contribution Details

Employer's Name: DUTTA TRADERS Employer's Code No.: 41000312970000699 Region Code: RO - Kolkata Contribution Period: Jan-2009

Select Insurance Number* Insured Person* No. of Days for Which Wages Paid / Payable* Total Monthly Wages* Reason For Zero Working days* Last Working Day

Add more Delete Submit Cancel

Click on Add more

Enter Insurance Number

Filing Supplementary Contribution - Case 1

- Employer has already submitted the monthly contribution. Employer wants to modify wages and number of days worked for 1 or more IP for whom contribution already submitted.
- Employer should enter the Insurance Number for which contribution to be modified.
- IP with insurance number should be present in Employer list.
- Employer to provide the updated Wages for the Employee. Example
 - IP (1100456791) Monthly Contribution submitted.
 - In MC given Wages – 22 days , Rs 4500.
 - But IP has worked for 25 days and earned Rs 5000.
 - Employer should file supplementary contribution and enter 25 days and Rs 5000 for the IP.
- Employer can use 'Add More' option to add more IPs and update their contribution amount.
- After submission Contribution due will be automatically updated by the system. Example
 - After filing Monthly Contribution – Amount Due Rs 7500
 - After filing Supplementary Contribution – Amount Due will increment suitably by the system automatically.
- After filing Supplementary Contribution Employer can create challan in similar way.(slide 26-31)

Filing Supplementary Contribution - Case 2

- Employer has already submitted the monthly contribution. Employer wants to add an IP who was missed unfortunately while filing monthly contribution
- Employer should first Insert the IP or Register the IP
- Employer should enter the Insurance Number for which contribution to be modified
- Employer to provide Wages for the Employee. Example
 - IP has worked for 25 days and earned Rs 5000
 - Employer should file supplementary contribution and enter 25 days and Rs 5000 for the IP
- Employer can use 'Add More' option to add more IPs and update their contribution amount
- After submission Contribution due will be automatically updated by the system. Example
 - After filing Monthly Contribution – Amount Due Rs 7500
 - After filing Supplementary Contribution – Amount Due will increment suitably by the system automatically
- After filing Supplementary Contribution Employer can create challan in similar way.(slide 26-31)

Generating Challan – Supplementary Contribution

- After submission of Supplementary Contribution Payment due will be automatically updated by the system. Example
 - After filing Monthly Contribution – Amount Due Rs 7500
 - After filing Supplementary Contribution – System will calculate the extra amount (contribution) for the employer. For Ex: Extra contribution is Rs 1200.
 - System will update the Amount due Rs 7500 by adding the extra amount to Rs 8700.
- Employer can create challan in similar way.(slide 26-31).
 - If Employer hasn't created challan yet, Employer can create challan for full amount and submit the same.
 - Employer has already created challan for earlier amount. Employer will create another challan for balance amount. Continuing the example, Employer will have one challan for Rs 7500 and another challan for Rs 1200. So total challan value becomes Rs. 8700.

Left Employee

Employer can use Left Employee to indicate Employee who are no more in service.

Figure-44



Figure-45

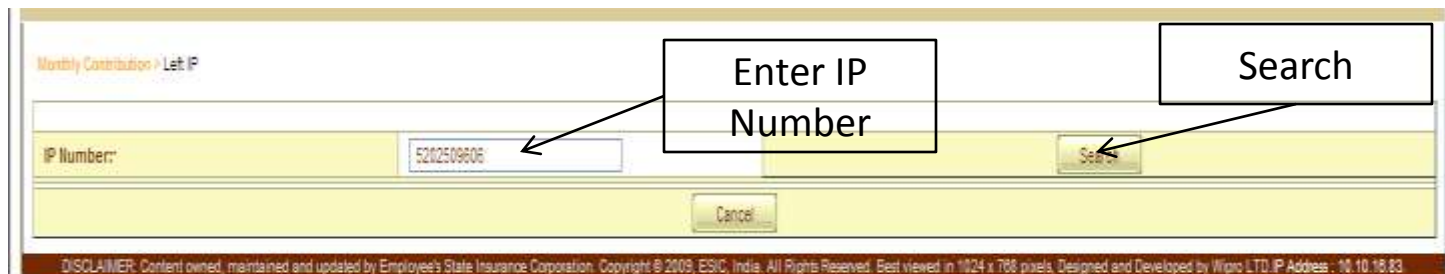
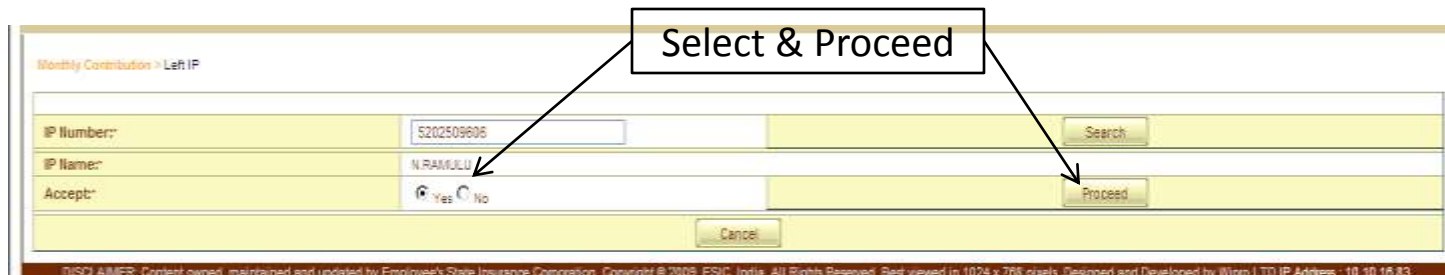


Figure-46



Miscellaneous Challan

Employer can use Misc. Challan to create, challan for payment like C-18, D-18 etc.

Figure-47

EMPLOYER	EMPLOYEE	MONTHLY CONTRIBUTION
<ul style="list-style-type: none"> Update Employer Details Accident Report (Form 12) Employer's Report on Occupational Diseases (Form 12A) Report from Employer for RGSKY (UA4 - I) Report from Employer for RGSKY (UA4 - II) Reply For Abstention Verification Change Password 	<ul style="list-style-type: none"> Insert IP Details Register New IP Update IP Details Print Counter Foil List of Employees 	<ul style="list-style-type: none"> Left Employee File Monthly Contributions Generate Challan Help for Monthly contribution and Challan ★ Modify Challan ViewContributionHistory Miscellaneous Challans

- Enter Amount, Select Type (C-18,D-18.), Enter Details (free text to enter reason for payment like 'Ref. no., for June 2008,...), Payment mode, Bank details etc. Click SUBMIT
- Challan comes up; Click PRINT Icon to Print the Challan

Figure-48

Challan Form	
ESIC A/c No.:	108111684291
Employer's Code No.:	47009999960001010
Employer's Name:	Employer Name
Employer's Address:	Address 1 ,Address 2,Address 3
Amount to be Paid (In Rupees):	<input type="text" value="2700"/>
Type:	---Please Select---
Details:	---Please Select---
Payment Mode:	C-18 Actual
Cheque / DD No.:	C-18 Adhoc
Cheque/DD Date:	C-18(i)
Bank Name:	D-18
Branch Name:	Order U/S 45-A
	Order U/S 85-B
	Valakom
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	