EMPLOYEES' STATE INSURANCE CORPORATION

NOTIFICATION

***New Delhi, the* 17*th October,* 1950**

***No. RS/5/48.** — In exercise of the powers conferred by section 97 of the Employees' State Insurance Act, 1948 (XXXIV of 1948), the Employees' State Insurance Corporation is pleased to make the following regulations, the same having been previously published as required by sub-section (1) of the said section, namely —

THE EMPLOYEES' STATE INSURANCE (GENERAL) REGULATIONS,

CHAPTER I

PRELIMINARY

1. Short title and extent.— (1) These Regulations may be called the Employees' State Insurance (General) Regulations, 1950.

(2) They extend to the whole of India.

2. Definitions. — In these regulations, unless the context otherwise requires —

(a) " Act " means the Employees' State Insurance Act, 1948 (XXXIV of 1948) ;

(b) "Appointed Day " means with reference to any area, factory or establishment, the day from which the whole of Chapters IV and V of the Act apply to such area, factory or establishment, as the case may be ;

(c) " Appropriate Office ", " appropriate Branch Office " or " appropriate Regional Office ", shall mean with reference to any action taken under these regulations, such office of the Corporation as may be specified for that purpose under a general or special order of the Corporation ;

(d) " Central Rules " means the rules made by the Central Government under section 95 of the Act ;

(e) ***

(f) ***

(g) " Employer " means the principal employer as defined in the Act ;

(h) " Employer's Code Number " means the registration number allotted by the appropriate Regional Office to a factory or establishment for the purposes of the Act, the Rules and these Regulations ;

(i) " Factory or Establishment " means a factory or establishment to which the Act applies ;

(j) '' Form " means a form appended to these regulations ;

(k) " Identity Card " means a permanent identity card issued by the appropriate office to an insured person for identification for the purposes of the Act, the Rules and these Regulations ;

(kk) " Family Identity Card " means a card issued by the appropriate office to an insured person for identification of his family for the purposes of the Act, the Rules and these Regulations ;

(l) " Social Security Officer " means a person appointed as such by the Corporation under section 45 of the Act ;

(m) " Instructions " means instructions or orders issued by the Corporation or by such officer or officers of the Corporation as may be authorised by the Corporation in this behalf ;

(n) " Insurance Medical Officer " means a medical practitioner appointed as such to provide medical benefit and to perform such other functions as may be assigned to him and shall be deemed to be a duly appointed medical practitioner for the purposes of Chapter V of the Act ;

(o) " Insurance Number " means a number allotted by the appropriate Office to an employee for the purposes of the Act, the Rules and these Regulations ;

(p) " Branch Office " and " Regional Office " shall mean, according to the context, such subordinate office of the Corporation, set up at such place and with such jurisdiction and functions as the Corporation may, from time to time, determine ;

(q) " Branch Manager " means a person appointed by the Corporation as such or the officer-in-charge of a Branch Office ;

(r) " State Rules " means the rules made by a State Government under section 96 of the Act ;

(s) " Regional Director " means a person appointed by the Corporation as such for a specified region ;

(t) " Registered Midwife " means a person who is registered as a midwife under any law in force in any State providing for registration of nurses and midwives ;

(u) " Rules " means rules made by the Central or a State Government under the Act ;

(v) " Specified " means specified by instructions issued from time to time by the Corporation or any authorised officer;

(w) " Year " means a calendar year except when specifically stated otherwise ;

(x) All other words and expressions have the meanings respectively assigned to them in the Act or the rules, as the case may be.

3. The manner in which the Corporation may exercise its powers. — (1) Where a regulation empowers the Corporation to specify, prescribe, provide, decide or determine anything or to do any other act, such power may be exercised by a resolution of the Corporation or subject to the provisions of section 18 of the Act by a resolution of the Standing Committee :

Provided that the Corporation or the Standing Committee may delegate any of the powers under these regulations to a sub-committee or to such officers of the Corporation as it may specify in that behalf :

Provided further that no power shall be delegated under this regulation which under the Act is required to be exercised by the Corporation only.

(2) Any appointment to be made by the Corporation under these regulations, shall be made by the Director General or by such other officers as may be authorised in this behalf by the Standing Committee.

3-A. Exercise of powers by an office.— Where a power is to be exercised by the appropriate office or appropriate Branch Office or appropriate Regional Office it shall be exercised by the officer for the time being incharge thereof or by such other officer as may be authorised for the purpose under general or special orders of the Director General.

4. Contribution and Benefit periods. — (1) Contribution periods and the corresponding benefit periods shall be as under : —

Contribution period	*Corresponding benefit period*
1st April to 30th September following, to 30th June.	1st January of the year
1st October to 31st March of	1st July to 31st December. the year following

Provided that in the case of a person who becomes an employee within the meaning of the Act for the first time, the first contribution period shall commence from the date of such employment in the contribution period current on that day and the corresponding benefit period for him shall commence on the expiry of the period of 9 months from the date of such employment.

5. Allotment of Contribution and Benefit Periods. — * * *.

6. Meetings of the Corporation, the Standing Committee and the Medical Benefit Council. — The meetings of the Corporation, the Standing Committee and the Medical Benefit Council shall be held in accordance with the Central Rules at such time and place as may be fixed by the Chairman concerned.

7. Decision by majority. — Every matter coming up for decision before a meeting of the Corporation, the Standing Committee or the Medical Benefit Council shall be decided by a majority of persons present and voting at the meeting and in case of equality of votes the Chairman of the meeting shall have an additional casting vote.

8. Mode of exercising vote. — The votes shall be taken by show of hands and the names of persons voting in favour and against any proposition shall be recorded only if any member present requests the Chairman to do so.

9. Matters to be brought before the Corporation. — In addition to the matters which are, under any specific provision of the Act or the Central Rules, required to be placed before the Corporation, the following matters shall be referred to the Corporation for its decision :

(a) regulations under section 97 and amendments thereto before final publication ;

(b) any measures proposed under section 19 of the Act ;

(c) any proposal to extend medical benefit to families under sub-section (2) of section 46 ;

(d) any dispute proposed to be referred to arbitration under sub-section (4) of section 58 ;

(e) any proposal to set up hospitals under section 59 ;

(f) any proposal to grant exemption under section 91 ;

(g) any proposal to enhance benefits under section 99 ;

(h) any other matter which the Corporation or its Chairman may direct the Standing Committee or the Director-General to place before the Corporation.

10. Regional Boards. — (1) A Regional Board may be set up for each State or Union Territory by the Chairman of the Corporation and shall consist of the following members, namely : —

(a) a Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory ;

(b) a Vice-Chairman to be nominated by the Chairman of the Corporation in consultation with the State Government or the Administration of the Union Territory ;

(c) one representative of the State or the Union Territory to be nominated by the State Government or the Administration of the Union Territory ;

(d) (i) the Administrative Medical Officer or any other Officer directly in charge of the Employees' State Insurance Scheme in the State or the Union Territory — *ex-officio* ;

(ii) the Regional Deputy Medical Commissioner of the Corporation — *ex-officio* ;

(e) one representative each of the employers and employees from the State or the Union Territory to be nominated by the Chairman of the Corporation in consultation with such organisations of the employers and the employees as may be recommended for the purpose by the State Government or the Union Territory ;

(f) members of the Corporation other than the Chairman and the Vice-Chairman and officials, if any, amongst those nominated by the Central Government under clause (c) of section 4 of the Act, residing in the State or the Union Territory — *ex-officio* ;

(g) members of the Medical Benefit Council nominated by the Central Government under clauses (e), (f) and (g) of section 10 of the Act, residing in the State or the Union Territory — *ex-officio* :

Provided that where the Chairman of the Corporation so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding three from each side with a view to providing for the adequate representation of important organisations not included in the nominations of the State Government or the Union Territory, and to maintaining the parity between the number of representatives of such employers and employees :

Provided further that the Chairman of the Corporation shall nominate such additional representatives of employers and employees not exceeding three from each side where the number of representatives of employers and employees including the *ex-officio* members, is less than three each.

(2) A Regional Board may, if it considers it desirable, co-opt the Officer In-charge of a sub-regional office set up within its boundaries, and/or a member of the medical profession in the Region and the person(s) so co-opted shall continue to be member(s) during the pleasure of the Regional Board.

(3) The Regional Director or Officer in charge of the Regional Office shall be the Member Secretary of the Board.

(4) (i) Save as expressly provided in this regulation, the term of office of the members of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall be three years commencing from the date on which their nomination is notified, provided that the members of the Regional Board, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successors is notified.

(ii) Save as expressly provided in this regulation, the members of the Regional Board referred [6] to in [clause (c)] of sub-regulation (1) shall hold office during the pleasure of the State Government nominating them.

(iii) A member of the Regional Board referred to in clause (f) of sub-regulation (1) shall cease to hold office when he ceases to be a member of the Corporation or ceases to reside in that area.

(iv) Any member referred in clause (1) of this sub-regulation nominated to fill a casual vacancy shall hold office for the remainder of the term of office of the member in whose place he is nominated.

(v) An outgoing member shall be eligible for re-nomination.

(5) A member of the Regional Board referred to in clause (a) of and the proviso to sub-regulation (1) above, may resign his office by notice in writing to the Chairman of the Corporation, through the Chairman, Regional Board, and his seat shall fall vacant on the acceptance of the resignation.

(6) (i) A member of the Regional Board referred to in clause (e) of and the proviso to sub-regulation (1) shall cease to be a member of the Board if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Chairman of the Corporation on his being satisfied as to the unavoidable, nature or the circumstances which led to his non-attendance.

(ii) When any person nominated to represent an employers' or employees' organisation on the Regional Board has ceased to represent such organisation, the Chairman of the Corporation may, by notification in the *Gazette of India*, declare that such person shall cease to be a member thereof with effect from such date as may be specified therein.

(7) The members of the Regional Board shall receive such fees and allowances as may be prescribed by the Central Government for members of the Corporation.

(8) A member shall be disqualified for being nominated or for being a member of the Regional Board —

(i) if he is declared to be of unsound mind by a competent Court ; or

(ii) if he is an undischarged insolvent ; or

(iii) if before or after the commencement of the Regulations he has been convicted of an offence involving moral turpitude.

(9) A Regional Board shall meet at least once a quarter. The Secretary shall, with the approval of the Chairman, fix the date, time and place of, and also draw up the Agenda for every meeting. Notice of not less than ten days from the date of posting shall ordinarily be given to every member for each meeting, provided that if it is necessary to convene an emergency meeting, a reasonable notice thereof shall be given to every member. No matter other than that included in the Agenda shall be considered except with the permission of the Chairman.

(10) No business shall be transacted at any meeting unless there is a quorum of not less than one-third of the number of the members of the Board : provided that if at any meeting, sufficient number of members are not present to form a quorum, the Chairman may adjourn the meeting to a date not later than seven days from the date of original meeting and it shall thereupon be lawful to dispose of the business at such adjourned meeting irrespective of the number of members present.

(11) All matters shall be decided by a majority of persons present and voting and in case of equality of votes, the Chairman shall have a casting vote or a second vote.

(12) The Chairman or in his absence the Vice-Chairman of the Regional Board shall preside at the meetings. In the event of the absence of both the Chairman and the Vice-Chairman, the members present may elect one from amongst themselves to preside.

(13) (i) The minutes of each meeting showing *inter alia* the names of the members present thereat shall be forwarded to all members of the Regional Board as soon after the meeting as possible and in any case not later than fifteen days from the date of the meeting.

(ii) The records of the minutes of each meeting shall be signed by the Chairman after confirmation with such modifications as may be considered necessary at the meeting at which the minutes are confirmed.

(14) A Regional Board shall perform the following functions in respect of the Region for which it is set up :

(a) Such administrative and/or executive functions as may, from time to time be entrusted or delegated to it by a resolution, by the Corporation or the Standing Committee.

(b) To make recommendations from time to time in regard to changes which may in its opinion be advisable in the Act, Rules and Regulations and forms and procedure to be followed in the running of the Scheme.

(c) To decide within the broad framework of the general decisions and programme of priorities of the Corporation, the following matters, provided that where the specific approval of the Corporation or the appropriate Government is required, such approval shall be taken : —

(i) Extension of the Scheme to other categories of establishments in accordance with the order of priorities laid down by the Corporation ;

(ii) Extension of Scheme to new areas and extension of Medical care to families ;

(iii) Adoption of special measures to meet peculiar conditions in the area ;

(iv) Improvement in benefits ;

(v) Provision of indoor medical treatment ;

(vi) Measures and arrangements for the rehabilitation of insured persons in the area, who are permanently disabled ;

(vii) Securing compliance by employers with the various provisions of the Employees' State Insurance Act, the Regulations and other Rules and instructions ;

(d) To review from time to time the working of the Scheme in the State both on the medical side as well as cash benefit side and to advise the Corporation and the State Government on measures to improve the working of the Scheme both in regard to payment of cash benefits and administration of medical benefit and in particular to promote preventive health measures, safety and personal hygiene and to review and check lax certification and other abuses of the Scheme.

(e) To look into general grievances, complaints and difficulties of insured persons, employers, *etc*., as it may consider necessary.

(f) To advise the Corporation on such matters as may be referred to it for advice by the Standing Committee or the Director-General.

The Regional Board may set up suitable sub-committees for carrying out any of its functions and may seek the assistance or advice of Local Committees where necessary.

(15) (i) If in the opinion of the Corporation, the Regional Board persistently makes default in performing the duties imposed on it by or under this regulation or abuses its powers, the Corporation may by notification in the *Gazette of India* supersede the Regional Board.

(ii) Upon the publication of a notification under clause (i) above superseding the Regional Board all the members of the Regional Board shall from the date of such publication be deemed to have vacated their offices.

(iii) When the Regional Board has been superseded the Corporation may —

(a) immediately constitute a new Regional Board in accordance with this regulation ; or

(b) appoint such agency for such period as it may think fit to exercise the powers and perform the functions of the Regional Board and such agency shall be competent to exercise all powers and perform all the functions of the Regional Board.

10-A. Local Committee. — (1) A local committee may be set up for such area as may be considered appropriate by the Regional Board and shall consist of the following members, namely : —

(a) a Chairman to be nominated by the Chairman, Regional Board ;

(b) an official of the State to be nominated by the State Government ;

(c) the Administrative Medical Officer in charge of the Scheme in the area concerned, *ex- officio*, or any other medical officer nominated by him ;

(d) such number, not being less than two or more than four, of representatives of employers in the area as may be considered appropriate by the Chairman, Regional Board, to be nominated by him, in consultation with such employers' organisations as may be recommended for the purpose by the State Government ;

(e) an equal number of representatives of employees in the area to be nominated by the Chairman, Regional Board, in consultation with such organisations of employees as may be recommended for the purpose by the State Government ;

(f) an official of the Corporation to be nominated by the Director-General who shall also act as Secretary to the Committee :

Provided that where the Chairman, Regional Board, so considers it to be expedient, he may nominate such additional representatives of employers and employees, not exceeding two from each side, with a view to providing for the adequate representation of important organisations not included in the nominations of the State Government and to maintaining the parity between the number of representatives of such employers and employees :

Provided further that in any area in which medical care is provided through a panel system, a local committee may co-opt a member representing the local Insurance Medical Practitioners.

(2) (i) The term of office of the members of a local committee nominated under clauses (d) and (e) of sub-regulation (1) shall be three years, commencing from the date on which their nomination is notified, provided that such members, shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successor is notified.

(ii) The members of a local committee nominated under clauses (b), (c) and (f) of sub-regulation (1) shall hold office during the pleasure of the authority nominating them.

(3) A member of a local committee may resign his office by notice in writing, to the Chairman, Regional Board and his seat shall fall vacant on the acceptance of the resignation.

(4) (i) A member of a local committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Chairman, Regional Board, on being satisfied as to the unavoidable nature of the circumstances which led to his non-attendance.

(ii) Where in the opinion of the State Government any person nominated to represent employers or employees on a local committee has ceased to represent such employers or employees, the Chairman, Regional Board, may declare that such person shall cease to be a member thereof with effect from such date as may be specified by him.

(5) The members of the committee shall receive such fees and allowances as may be specified by the Central Government.

(6) A Local Committee shall meet at least thrice each year. The Secretary shall, in consulation with the Chairman, fix the date, time and place of, and also draw up the Agenda for every meeting. Notice of not less than seven days shall ordinarily be given to every member for such meeting. No matter other than that included in the Agenda shall be considered except with the permission of the Chairman.

(7) No business shall be transacted at any meeting of a committee unless there is a *quorum* of not less than one-third of the number of the members of the Committee.

(8) All matters at the meeting of a local committee shall be decided by a majority of persons present at the meeting and voting, and in case of e shall have a casting vote or a second vote.

(9) A local committee shall perform the following functions in respect of the area for which it is set up, namely : —

(a) to discuss local problems in regard to the Employees' State Insurance Scheme so as to secure its efficient working with the full co-operation of all parties concerned and to make recommendations ;

(b) to refer such complaints as it may consider necessary to the Regional Director concerned ; or in the case of complaints concerning medical benefit, to the State Government or such authority as that Government may nominate for the purpose ; and

(c) to advise the Corporation or the Regional Board concerned on such matters as may be referred to it for advice.

CHAPTER II

COLLECTION OF CONTRIBUTIONS, ETC.

10-B. Registration of Factories or Establishments.—

(a) The employer in respect of a factory or an establishment to which the Act applies for the first time and to which an Employer's Code Number is not yet allotted, and the employer in respect of a factory or an establishment to which the Act previously applied but has ceased to apply for the time being, shall furnish to the appropriate Regional Office not later than 15 days after the Act becomes applicable, as the case may be, to the factory or establishment, a declaration of registration in writing in

Form-01 and Form-01-A (*Sic.*) (hereinafter referred to as Employer's Registration Form).

(b) The employer shall be responsible for the correctness of all the particulars and information required for and furnished on the Employer's Registration Form.

(c) The appropriate Regional Office may direct the employer who fails to comply with the requirements of paragraph (a) of this regulation within the time stated therein to furnish to that office Employer's Registration

Form duly completed within such further time as may be specified and such employer shall, thereupon, comply with the instructions issued by that office in this behalf.

(cc) The employer in respect of a factory or establishment to which a code number has been issued by the Corporation based on information collected or decision taken regarding applicability of the Act to such factory or establishment, shall, within fifteen days of receipt of information of allotment of code number, furnish a declaration in

Form-01.

(d) Upon receipt of the completed Employer's Registration Form, the appropriate Regional Office shall, if satisfied that the factory or the establishment is one to which the Act applies, allot to it an Employer's Code Number (unless the factory or the establishment has already been allotted an Employer's Code Number) and shall inform, the employer of that number.

(e) The employer shall enter the Employer's Code Number on all documents prepared or completed by him in connection with the Act, the rules and these regulations and in all correspondence with the appropriate office.

10-C. Intimation regarding change in particulars submitted at the time of registration of factory/establishment.— The employer in respect of a factory/establishment to which this Act applies and to whom, a code number has already been allotted, shall intimate to the appropriate Regional Office, Sub-

11. Declaration by persons in employment on appointed day. — The employer in respect of a factory or an establishment shall require every employee in such factory or establishment to furnish and such employee shall on demand furnish to him either before or on the appointed day correct particulars along with his/her photograph and that of his/her family] required for the purpose of

Form-1 (hereinafter referred to as the Declaration Form). Such employer shall enter the particulars in the Declaration Form including the Temporary Identification Certificate, and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon.

12. Declaration by persons engaged after the appointed day. — (1) The employer in respect of a factory or an establishment shall, before taking any person into employment in such factory or establishment after the appointed day, require such person (unless he can produce an Identity Card or other document in lieu thereof issued to him under these regulations) to furnish and such person shall on demand [1]

furnish to him correct particulars [along with his/her photograph and that of his/her family] required for the Declaration

Form including the Temporary Identification Certificate. Such employer shall enter the particulars in the Declaration Form including the Temporary Identification Certificate and obtain the signature or the thumb impression of such person and also complete the form as indicated thereon..

(2) Where an Identity Card is produced under sub-regulation (1), the employer shall make relevant entries thereon.

13.* * *

14. Declaration Forms to be sent to appropriate Office. — The employer shall send to the appropriate Office by registered post or messenger, all Declaration Forms without detaching the Temporary Identification Certificate prepared under these regulations together with a return in duplicate in

15. Allotment of Insurance Number.— On receipt of the return required under Regulation 14, the appropriate Office shall promptly allot an Insurance Number to each person in respect of whom the Declaration Form has been received unless it finds that the person had already been allotted an Insurance Number. The Temporary Identification Certificate with Insurance Number marked thereon shall be detached and returned to the employer along with one copy of

Form 3. The employer shall deliver the Temporary Identification Certificate to the employee to whom it relates after obtaining his signature or thumb impression thereon except in the case of an employee to whom a certificate of employment has been issued under Regulation 17-A. The Insurance Number allotted by the appropriate Office to an employee and indicated in the copy of Form 3 returned to the employer, shall be entered by the employer on the register of employees Form 6 and Return of contributions.

15-A. Registration of families. — On the issue of a notification under Regulation 95-A specifying the date from which the family of an insured person shall also be entitled to medical benefit under the Act, every insured person who has not furnished the particulars of his family at the time of his registration under the Act, shall furnish to the employer correct particulars along with their photograph in respect of his family in

Form 1-A. The employer shall enter the particulars in the Form and obtain the signature or the thumb impression of such person and complete the Form as indicated thereon and send it to the appropriate office within ten days of the date on which the particulars were furnished.

15-B. Changes in family. — An insured person shall intimate all changes in the membership of the family as defined under the Act, to the employer within 15 days of such change having occurred and the employer shall enter such particulars in

Form 2 and shall forward it to the appropriate Office within ten days of the date on which the particulars of the changes were furnished.

16. The Corporation to receive assistance from employers.— An employer shall render all necessary assistance which the Corporation may require in connection with the Registration of his factory or establishment and the registration of his employees and specially for photographing such employees and affixing the photographs to the Identity Cards.

Form 4 for each person along with the photograph in respect of whom an insurance number is allotted and shall

include in such card the particulars and photograph of the family entitled to medical benefit under Regulation 95A and send all such identity cards to the employer. Such employer shall if and when the employee has been in service for 3 months, obtain the signature or thumb impression of the employee on the Identity Card and shall after making relevant entries thereon, deliver the Identity Card to him. The employer shall obtain a receipt from the employee for the Identity Card. The Identity Card in respect of an employee who has left employment before 3 months shall not be given to him, but shall be returned to the appropriate Office as soon as possible. The Identity Card shall not be transferable.

17-A. Issue of Certificate of Employment. — If an insured person happens to need medical care before the Temporary Identification Certificate is issued to him, the employer shall issue a certificate of employment in such form as may be specified by the Director General to such person on demand. Such certificate shall also be issued on demand, if an insured person loses his Temporary Identification Certificate before the receipt of the Identity Card.

17-B. Issue of permanent Acceptance Card. — In areas where the Director General considers it appropriate the appropriate Office shall also supply a permanent Acceptance Card for each employee in such form as the Director General may specify along with the Identity Card and this shall also be delivered to the employee. Permanent Acceptance Card for the employee who has left employment before 3 months shall not be given to him but returned to the appropriate Office along with the Identity Card as soon as possible.

18. Loss of Identity Card. — In case of loss, defacement or destruction of an Identity Card, the insured person shall report the matter to the appropriate Branch Office, and the Corporation may issue a duplicate copy of the Identity Card subject to such conditions and payment of such fees as may be determined by the Director-General.

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26. Return of contributions to be sent to appropriate office. — (1) Every employer shall send a return of contributions in quadruplicate in Form 5 along with receipted copies of challans for the amounts deposited in the Bank, to the appropriate office by registered post or messenger, in respect of all employees for whom contributions are payable in a contribution period, so as to reach that office —

(a) within 42 days of the termination of contribution period to which it relates ;

(b) within 21 days of the date of permanent closure of the factory or establishment, as the case may be ;

(c) within 7 days of the date of receipt of requisition in that behalf from the appropriate office.

1 (A) Every employer shall be required to submit details in Form 5 (Return of Contribution) with regard to employees engaged through Principal and Immediate Employers and their coverage, submission of Declaration Forms, distribution of Temporary Identification Certificates/Permanent Identity Cards and wages considered for payment of contribution and wages excluded for such purpose.

(2) For the purposes of Section 77 of the Act, the due date by which the evidence of contributions having been paid must reach the Corporation shall be the last of the days respectively specified in clauses (a), (b) and (c) of sub-regulation (1).

27. Issue of a Certificate of Contributions. — An employer shall, on demand from the appropriate office, issue certificate of contributions paid or payable in respect of an insured person in such form as may be specified by the Director-General.

28. * * *

29. Payment of Contribution. — Contribution payable under the Act shall, except when otherwise provided, be paid into a Bank duly authorised by the Corporation.

30. * * *

31. Time for payment of contribution. — An employer who is liable to pay contributions in respect of any employee shall pay those contributions within 15 days of the last day of the calendar month in which the contributions fall due :

Provided that where a factory/establishment is permanently closed, the employer shall pay contribu-tion on the last day of its closure :

Provided that an employer may opt, in such manner as may be prescribed, by the Director General for payment of amount in advance towards contribution to be adjusted against contributions payable by him (including employees' contribution) for a wage period so that the balance of advance amount continues to be more than the contributions due and payable at the end of the concerned wage period. Such an employer shall furnish in the prescribed *pro forma*

Form 5-A, a six monthly statement of contributions payable and paid in advance with the balance left at the end of each month along with return of contributions to the appropriate regional office of the Corporation.

31-A. Interest on contribution due, but not paid in time.— An employer who fails to pay contribution within the periods specified in Regulation 31, shall be liable to pay simple interest at the rate of 12 per cent. per annum in respect of each day of default or delay in payment of contribution.

31-B. Recovery of interest. — Any interest payable under regulation 31-A may be recovered as an arrear of land revenue or under section 45-C to section 45-I of the Act.

31-C. Damages on contributions or any other amount due, but not paid in time. — If an employer fails to pay contribution within the periods specified under Regulations 31, or any other amount payable under the Act, the Corporation may recover damages, not exceeding the rates mentioned below, by way of penalty : —

Period of delay	*Maximum rate of damages in % per annum of the amount due*
(i) less than 2 months	5%
(ii) 2 months and above but less than 4 months	10%
(iii) 4 months and above but less than 6 months	15%
(iv) 6 months and above	25%

Provided that the Corporation in relating to a company in respect of which a Resolution Plan has been sanctioned by the National Company Law Tribunal under the Insolvency & Bankruptcy Code, 2016 may :

(a) Waive up to 50 percent of the damages levied or leviable depending upon merits of the case.

(b) In exceptional hard cases, waive either totally or partially the damages levied or leviable.

31-D. Appellate Authority. — The Appellate Authority under Section 45-AA of the Act shall be the Insurance Commissioner, the Additional Commissioner, Regional Director and Joint Director.

31-E. Interest on amounts refunded to the employer. — If an employer finally succeeds in the appeal under Section 45-AA, the amount deposited by him with the Corporation, in full or part, as per decision of the Appellate Authority, shall be refunded to him along with simple interest at the rate specified in Regulation 31-A.

32. Register of Employees. — (1) Every employer shall maintain a register in [Form 6] in respect of every employee of his factory or establishment.

(1) (a) ***Register of employees engaged by immediate employer.***— Every immediate employer shall maintain a register in Form 6 in respect of every employee engaged by him and submit the same to the principal employer before the settlement of any amount payable under sub-section (1) of section 41 of the Act.

(2) Every employer shall preserve every register maintained under this regulation after it is filled, for a period of five years from the date of last entry therein.

(3) The employer shall give a reasonable opportunity to any of his employees, if he so desires to see entries in respect of such employee in this register once a month.

33. Other modes of payment of contribution. — Subject to the directions of the Standing Committee, the Director General may, if he thinks fit and subject to such terms and conditions as he may impose, approve of any arrangement, [* * *], whereby the contributions are paid at times or in a manner other than those specified in these regulations and such arrangements may include provision for the payment to the Corporation of such fees as may be determined by him to represent the estimated additional expenses to the Corporation, and may require such deposit of money by way of security as he may determine.

34. * * *

35. * * *

36. Employment for part of a wage period. — Where an employee is employed by an employer for part of a wage period, the contributions in respect of such wage period, shall fall due on the last day of the employment by such employer in that wage period.

37. * * *

38. Scheme by joint employers.— Where an employee is ordinarily employed by two or more employers in a wage period, the employers of such an employee may, if they think fit, submit to the Corporation a scheme for

the payment of contributions in respect of such employee and the Corporation may, if it is satisfied that the scheme is such as will secure the due payment of the contributions, approve such a scheme subject to such terms and conditions as it may think necessary :

Provided that if no such scheme is submitted to or approved by the Corporation, the Corporation may specify that any one of such employers shall be treated as the employer for the purposes of the provisions of the Act and the regulation relating to contributions, and in such a case the contribution for any wage period shall fall due on the last day of the wage period on which an employee was employed by the employer so specified.

39. Reckoning of wages of employee employed by two or more employers in the same wage period.— Where an employee is employed by an employer for only a part of the wage period, or where an employee is employed by two or more employers in a wage period, only the wages payable to him for the days upto and including the day on which the contribution falls due for that wage period shall be taken into account in reckoning wages for the purposes of determining the average daily wages of the employee for that wage period.

40. Refund of contribution erroneously paid. — (1) Any contribution paid by a person under the erroneous belief that the contributions were payable by that person under that Act may be refunded without interest by the Corporation to that person, if application to that effect is made in writing before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid.

(2) Where any contribution has been paid by a person at a rate higher than that at which it was payable the excess of the amount so paid over the amount payable may be refunded without interest by the Corporation to that person, if application to that effect is made before the commencement of the benefit period corresponding to the contribution period in which such contribution was paid.

(3) In calculating the amount of any refund to be made under this regulation there may be deducted the amount, if any, paid to any person by way of benefit on the basis of the contribution erroneously paid and for the refund of which the application is made.

(4) Where the whole or part of the amount of any contribution referred to in sub-regulations (1) and (2), was recovered from an immediate employer or deducted from the wages of an employee by the principal employer, he shall, on getting the refund of the amount from the Corporation, be liable to pay back the amount so recovered or deducted to the person from whom the amount was so recovered or deducted.

(5) Applications for refund under this regulation shall be made in such form and in such manner and shall be supported by such documents as the Director General may, from time to time, determine.

41. * * *

42. * * *

43. * * *

CHAPTER III
BENEFITS

Claims

44. Claim for benefits. — Every claim for a benefit payable under the Act shall be made in writing, in accordance with these regulations, to the appropriate Branch Office on the form appropriate for the purpose of the benefit for which the claim is made, or in such other manner as the appropriate office may, subject to its being in writing, accept as sufficient in the circumstances of any particular case or class of cases. Assistance for filling in the form of claim in case of insured persons who cannot do so themselves shall be provided at the Branch Offices of the Corporation.

45. When claim becomes due.— A claim for any benefit under the Act shall for the purposes of section 77 of the Act, becomes due on the following days : —

(a) for sickness benefit or for disablement benefit for temporary disablement for any period, on the date of issue of the medical certificate in respect of such periods ; provided that in cases where a person is not entitled to sickness benefit for the first two days of sickness, the due date shall be deferred by such days ;

(b) for maternity benefit : —

(i) in case of confinement, on the date of issue, in accordance with these regulations, of the certificate of expected confinement or on the day six weeks preceding the expected date of confinement so certified whichever is later or, if no such certificate is issued, on the date of confinement ; and

(ii) in case of miscarriage and in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, on the date of issue of the medical certificate of such miscarriage or sickness, as the case may be ;

(c) for first payment of disablement benefit for permanent disablement, on the date on which an insured person is declared as permanently disabled in accordance with the Act and these regulations ;

(d) for first payment of dependants' benefit, on the date of the death of the insured person in respect of whose death the claim for such benefit arises or, where disablement benefit was payable for that date, on the date following the date of death or, where the beneficiary becomes entitled to a claim on any subsequent date, on the date on which he becomes so entitled ;

(e) for subsequent payments of disablement benefit for permanent disablement and for subsequent payments of dependants' benefit, on the last day of the month to which the claim relates ; and

(f) for funeral expenses, on the date of the death of the insured person in respect of whose death the claim for such benefit arises.

46. Availability of claims forms. — Claim forms shall be available to intending claimants from such persons and such offices of the Corporation as it may appoint or authorise for that purpose, and shall be supplied free of charge.

47. Claims on wrong form. — Where a claim for any benefit has been made on an approved form other than the form appropriate to the benefit claimed, the Corporation may treat the claim as if it was made on the appropriate form :

Provided that the Corporation may in any such case require the claimant to complete the appropriate form.

48. Evidence in support of claim. — Every person who makes a claim for any benefit shall, in addition to the medical certificate and other forms specifically required under these regulations, furnish such other information and evidence for the purpose of determining the claim as may be required by the appropriate office, and, if reasonably so required, shall for that purpose attend at such office or place as the appropriate office may direct.

49. Defective claim. — If, in the absence of due signature or of due certification, a claim is defective on the date of its receipt by an office of the Corporation, the office of the Corporation may in its discretion, refer the claim to the claimant and if the

form is returned duly signed and/or certified within three months from the date on which it was so referred, the office may treat the claim as if it had been duly made in the first instance.

50. Claim for inappropriate benefit. — Where it appears that a person who has made a claim for any benefit payable under the Act, may be entitled to a benefit other than that which he has claimed, any such claim may be treated as a claim in the alternative for that other benefit.

51. Authority for certifying eligibility of claimants. — The authority which is to certify eligibility of claimants shall be the appropriate Branch Office in respect of sickness, maternity, temporary disablement benefits and funeral expenses and the appropriate Regional Office, in respect of permanent disablement and dependants' benefits.

52. Benefits when payable.—(1) Anybenefit payable under the Act shall be paid —

(a) in the case of sickness benefit, not later than 7days ;

(b) in the case of funeral expenses not later than 15 days ;

(c) in the case of the first payment in respect of maternity benefit not later than 14 days ;

(d) in the case of the first payment in respect of temporary disablement benefit not later than one month ;

(e) in the case of first payment of permanent disablement benefit not later than one month ;

(f) in the case of first payment of dependant's benefit not later than three months ;

After the claim therefor together with the relevant medical or other certificates and any other documentary evidence which may be called for under these regulations has been furnished complete in all particulars to the appropriate office.

(2) Second and subsequent payments in respect of any maternity, temporary disablement, permanent disablement or dependants' benefit shall be paid along with the first payment in respect thereof, or within the calendar month following the month to the whole or part of which they relate, whichever is later subject to production of any documentary evidence which may be required under these regulations.

(3) Where a benefit payment is not made within the time limits specified in sub-regulations (1) and (2) above, it shall be reported to the appropriate Regional Office and shall be paid as soon as possible.

(4) Benefits under the Act shall be paid in cash at a Branch Office on such days and working hours as may be fixed by the Director-General or such other officer of the Corporation, as may be authorised by him from time to time in this behalf or at the option of the claimant and subject to deduction of the cost of remittance by means of postal money orders or other orders payable through a post office, or by any other means which the appropriate office may in the circumstances of any particular case consider appropriate :

Provided that the Corporation may waive the deduction of the cost of remittance in such cases as the Director-General may, from time to time, specify.

Provided further that the Director-General may decide that in respect of certain areas/pay offices as may be specified by him from time to time, the payments shall be remitted through money order also at the cost of the Corporation subject to such restrictions as may be imposed by the Director-General from time to time.

(5) Where the payment of a benefit is to be made at a Branch Office, such office may insist upon the production of the Identity Card or other document issued in lieu thereof in respect of the insured person.

52-A. Abstention verification. — (1) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured person from work for which sickness benefit or disablement benefit for temporary disablement, as provided under the Act has been claimed or paid, in

(2) Every employer shall furnish to the appropriate office such information and particulars in respect of the abstention of an insured woman from work for which maternity benefit as provided under the Act has been claimed or paid, in

Form 10 and within such time as the said office may in writing require in the said form.

CERTIFICATION AND CLAIMS FOR SICKNESS AND TEMPORARY DISABLEMENT

53. Evidence of sickness and temporary disablement. — Every insured person, claiming sickness benefit or disablement benefit for temporary disablement, shall furnish evidence of sickness or temporary disablement in respect of the days of his sickness or temporary disablement by means of a medical certificate given by an Insurance Medical Officer in accordance with these regulations in the form appropriate to the circumstances of the case :

Provided that in areas where arrangements for medical benefit under the Employees' State Insurance Act have not been made or otherwise if in its opinion the circumstances of a particular case so justify, the Corporation may accept any other evidence of sickness or temporary disablement in the form of a certificate issued by the medical officer of the State Government, local body or other medical institution, or a certificate issued by any registered medical practitioner containing such particulars and attested in such manner as may be specified by the Director General in this behalf.

54. Persons competent to issue medical certificate.— No medical certificate under these regulations shall be issued except by the Insurance Medical Officer to whom an insured person has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which an insured person is allotted and such Insurance Medical Officer shall examine and if in his opinion the condition of the insured person so justifies, issue to such insured person free of charge, any medical certificates reasonably required by such insured person under or for the purposes of the Act or any other enactment or these regulations :

Provided that an Insurance Medical Officer may issue a medical certificate under these regulations to an insured person who is not allotted to him or to the dispensary, hospital, clinic or other institution to which he is attached, if such officer is satisfied that in the circumstances of any particular case the insured person cannot reasonably be expected to get medical benefit from the Insurance Medical Officer or the dispensary, hospital, clinic or other institution to which such insured person has been allotted ; and such certificate also shall be issued free of charge :

Provided further that an insured person shall not be granted a medical certificate unless he produces to the Insurance Medical Officer his Identity Card or such other " Documents ", as under these regulations, may have been issued in lieu thereof.

55. Medical certificate. — The appropriate form of a medical certificate shall be filled in ink or otherwise as may be specified by the Director General, by the Insurance Medical Officer in his own handwriting and shall contain a concise statement of the disease or disablement which in the opinion of the Insurance Medical Officer necessitates abstention from work on medical grounds or renders the person temporarily incapable of work. The statement of the disease or disablement in the medical certificate shall specify the nature thereof as precisely as the Insurance Medical Officer's knowledge of the condition of the insured person at the time of the examination permits.

56. Time of granting medical certificate. — (a) An Insurance Medical Officer shall give the medical certificate to an insured person at the time of the examination to which it relates ; where he is prevented from so doing he shall send the certificate to the insured person within twenty-four hours thereafter.

(b) No further medical certificate relating to the same examination shall be issued, except where a duplicate of such certificate is required, in which case it shall be issued free of charge and clearly marked " Duplicate ".

57. Medical Certificate on first examination. — Where the examination is the first examination in respect of spell of sickness or a spell of temporary disablement, the medical certificate shall be in the form of a first certificate

Form 7 and shall be only in respect of the date of examination :

Provided that where the insured person, who needs abstention from work on day of examination, states that he has been actually sick or temporarily disabled on a day earlier than the date of his first examination, the Insurance Medical Officer may, if he is satisfied as to the truth of the statement that the insured person was unable to present himself for medical examination earlier for reasons beyond his control, certify incapacity for work on the date preceding the date of examination :

Provided further that where, in the opinion of the Insurance Medical Officer, the insured person is likely to become fit to resume work on a date not later than the third day after the date of the examination, the first certificate may be issued in respect of the entire spell of sickness or temporary disablement, and, in such a case, it shall specify the date on which the insured person will, in his opinion, be fit to resume work; such a certificate shall, notwithstanding anything contained in the Regulations, be also treated as a final certificate.

58. Final medical certificate. — If, at the date of the examination to which a medical certificate other than a first certificate relates, the insured person in the opinion of the Insurance Medical Officer is, or will become on a date not later than the third day after that date, fit to resume work, that certificate shall be in the form of a final certificate

59. Intermediate certificates. — If the final certificate is not issued within seven days of the date of the first certificate, an insured person shall, except where the case is covered by regulation 61, submit certificates in the form of intermediate certificates

Form 7 at intervals of not more than seven days each, commencing from the date of the first certificate.

60. Final medical certificate before commencing work for wages. — Every insured person shall obtain a medical certificate in the form of a final certificate before he takes up any work for wages.

61. Intermediate certificate for longer period. — Where temporary disablement or sickness has continued for not less than twenty-eight days and the Insurance Medical Officer is satisfied that such disablement or sickness is likely to continue for a long period and that, owing to the nature of the disablement or sickness examination and treatment at intervals of more than one week will be sufficient, the insured person may, unless otherwise directed by the appropriate office, furnish medical certificates in the form of special intermediate certificates

Form 8 at intervals of such longer periods not exceeding four weeks as may be specified by the Insurance Medical Officer.

62. *** * ***

63. Form of claim for sickness or temporary disablement.— An insured person intending to claim sickness benefit or disablement benefit for temporary disablement shall submit to the appropriate Branch Office by post or otherwise, a claim for benefit in

Form 9, together with the appropriate medical certificates :

Provided that where only one claim in Form 9 is submitted in respect of more than one certificates, such Form 9 shall be deemed to be appropriate to all such certificates.

64. Failure to submit medical certificate. — If a person who intends to claim sickness benefit or disablement benefit for temporary disablement fails to submit to the appropriate Branch Office by post or otherwise the first medical certificate or any subsequent medical certificate within a period of three days from the date of issue of such certificate he shall not be eligible for that benefit in respect of any period (i) in the case of a first certificate, more than three days before the date on which the certificate is submitted to the appropriate Branch Office ; (ii) in the case of a subsequent certificate, more than fourteen days before the date on which such subsequent certificate is submitted to the appropriate Branch Office :

Provided that the appropriate Regional Office or other office as authorised by the Director General may relax all or any of the provisions of this regulation in any particular case, if it is satisfied that the delay in submitting a certificate was due to *bona fide* reasons.

DISABLEMENT BENEFIT

65. Notice of accident. — (i) Every employee who sustains personal injury caused by accident arising out of and in the course of his employment in a factory or establishment shall give notice of such injury either in writing or orally, as soon as practicable after the happening of the accident :

Provided that any such notice required to be given by an employee person may be given by some other person acting on his behalf.

Explanation.— No such notice shall be required to be given by an employee if an employment injury is caused by any Occupational Disease specified in the Third Schedule to the Act.

(ii)Every such notice shall be given to the employer or to a foreman or to other official under whose supervision the employee is employed at the time of the accident or any other person designated for the purpose by the employer and shall contain the appropriate particulars.

(iii) Any entry of the appropriate particulars of the accident made in a book kept for that purpose in accordance with the next following regulation shall, if made as soon as practicable after the happening of the accident by the employee or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of these regulations.

(iv) In this regulation and the next following regulation, the expression ' appropriate particulars ' means the particulars indicated below : —

(a) Full name, Insurance Number, sex, age, address, occupation, department and shift of the injured person ;

(b) Date and time of accident ;

(c) Place where accident happened ;

(d) Cause and nature of injury ;

(e) Name, address and occupation of the person giving the notice, if he is other than the injured person ;

(f) A statement of what exactly the injured person was doing at the time of injury ;

(g) Names, addresses and occupation of two persons who were present at the spot when accident happened ; and

(h) Remarks, if any.

66. Maintenance of accident book. — Every employer shall —

Form 11, in which the appropriate particulars of any accident causing personal injury to an employee may be entered ;

(ii) preserve every such book when it is completed for a period of five years from the date of the last entry thereon :

Provided that it shall not be necessary to enter in the said Accident Book particulars of any employment injury caused by an Occupational Disease specified in the Third Schedule to the Act.

Provided further that the employer shall be deemed to have complied with this regulation sufficiently if in any register maintained by him, the appropriate particulars are also shown.

67. Notice otherwise than by an entry in accident book. — If notice of an employment injury under regulation 65is given otherwise than by an entry in the Accident Book it shall be the duty of the employer or any other person to whom such notice is given under that regulation to make an appropriate entry in the book in respect of the accident to which the notice relates immediately after such notice is received, and where the notice is received otherwise than in writing read over the particulars to the person who gives the notice and obtain his signature or thumb impression on the Accident Book.

68. Report of accident by an employer.— Every employer shall send a report in Form 12 to the appropriate Branch Office and to the Insurance Medical Officer of the insured person —

(i) immediately, if the injury is serious, *i.e.*, it is likely to cause death or permanent disablement or loss of a member, and

(ii) in any other case within 48 hours after the receipt of the notice under regulation 65or of the time when the accident came to the notice of the employer or of a foreman or other official under whose supervision the employee was employed at the time of the accident or any other person designated for the purpose by the employer :

Provided that in case of a serious injury, and particularly when the injury results in death at the place of employment, the report to the Insurance Medical Officer and the Branch Office shall be sent through a special messenger, or otherwise as speedily as may be practicable under the circumstances :

Provided further that if the accident does not involve absence of the employee from work initially, the employer may not send the report to the Branch Office and the Insurance Medical Officer but shall do so within 48 hours after the absence from work subsequently results from the injury.

Provided further that where a report of the accident is made by the employer under the Factories Act, 1948, the report to the Branch Office and to the Insurance Medical Officer may be made in the same form as is prescribed under the Factories Act, 1948, provided that all the additional information required under

[3][Provided further that it shall not be necessary for the employer to send a report in

Form 12 if an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Act ; but the employer shall furnish on demand to the appropriate Branch Office, within such reasonable period as may be specified, such information and particulars as shall be required of the nature of and other relevant circumstances relating to any employment specified in the Third Schedule to the Act.

69. Employer to arrange for first-aid. — Every employer shall arrange for such first-aid and medical care and transport for obtaining such aid and care as the circumstances of the accident may require till the injured person is seen by the Insurance Medical Officer and such employer shall be entitled to reimbursement in respect of expenses thereby incurred by him but not exceeding such scale of expenses as may be specified by the Corporation from time to time :

Provided that if the employer is required to provide such medical aid free of charge under any other enactment, he shall not be entitled to any reimbursement of expenses.

70. Employer to furnish further particulars of accident. — Every employer shall furnish to the appropriate office such further information and particulars of an accident and within such time as the said office may, in writing, require.

71. Directions by the Corporation.— Every claimant for and every beneficiary in receipt of disablement benefit shall comply with every direction given to him by the appropriate Regional Office which requires him either —

(i) to submit himself to a medical examination by such medical authority as may be appointed by that office for the purpose of determining the effect of the relevant employment injury or the treatment appropriate to the relevant injury or loss of faculty, or

(ii) to attend any vocational training courses or industrial rehabilitation courses provided by any institution maintained by any Government, local authority or any public or private body recognised for the purpose by the Corporation and considered appropriate by it in his case.

72. Reference to a Medical Board. — A reference to the Medical Board may be made —

(a) at any time not later than twelve months, in cases where claim for temporary disablement benefit is made for an employment injury, from the date of the final certificate issued in respect of the spell of temporary disablement commencing on or immediately after the date of the occurrence of that injury, or from the date of the occurrence of an employment injury in cases where temporary disablement benefit not having been claimed, claim for permanent disablement is made on the basis thereof, by the appropriate Regional Office at the instance of the disabled person or the employer or any recognised employees' union :

Provided that such reference may be made by the appropriate Regional Office after the expiry of the period prescribed as aforesaid if it is satisfied that the applicant was prevented by sufficient cause from applying for the making of the reference in time :

Provided further that in the event of the claim for Temporary Disablement Benefit being rejected by the Corporation but afterwards granted by the Employees' Insurance Court in respect of the injuries resulted in Permanent Disablement, the limit of 12 months will apply from the date of the order of the Employees' Insurance Court granting the claim of the insured person for Temporary Disablement Benefit,

or

(b) by the Corporation, —

(i) at any time, on the recommendation of an Insurance Medical Officer, and

(ii) on its own initiative, after the expiry of the period of twenty-eight days from the first date on which the claimant was rendered incapable of work by the relevant employment injury.

73. Report of Medical Board.— The Medical Board shall after examining the disabled person send its decision on such form as may be specified by the Director General, to the appropriate Regional Office. The disabled person shall be informed in writing of the decision of the Medical Board and the benefit, if any, to which the disabled person shall be entitled.

74. Occupational Disease. — Any question whether an employment injury is caused by an Occupational Disease specified in the Third Schedule to the Act shall be determined by a Special Medical Board which shall examine

the disabled person and send a report in such form as may be prescribed by the Director General in this behalf to the appropriate Regional Office stating : —

(a) whether the disabled person is suffering from one or more of the diseases specified in the said Schedule ;

(b) whether the relevant disease has resulted in permanent disablement ;

(c) whether the extent of loss of earning capacity can be assessed provisionally or finally ;

(d) the assessment of the proportion of loss of earning capacity and in case of provisional assessment, the period for which such assessment shall hold good.

All assessments which are provisional may be referred to the Special Medical Board for review by the appropriate Regional Office not later than the end of the period taken into account by the provisional assessment. Any decision of the Special Medical Board may be reviewed by it at any time. The disabled person shall be informed in writing of the decision of the Special Medical Board by the appropriate Regional Office and the benefit, if any, to which the insured person shall be entitled.

75. Constitution of Medical Boards/Special Medical Boards. — Medical Boards for the purposes of the Act and the Special Medical Boards for the purposes of Regulation 74 shall be constituted by the Corporation and where it so desires it may approach the State Government for setting up the same and shall consist of such persons, have such jurisdiction and follow such procedure as the Director General may from time to time decide.

76. Medical Appeal Tribunals.— For the purposes of the Act, the State Government shall constitute as many Medical Appeal Tribunals as it thinks fit. Each such Medical Appeal Tribunal shall consist of such persons, exercise such jurisdiction and follow such procedure (save for the manner in which and the time within which the appeals may be filed as may be prescribed by rules framed by the Central Government under the Act) as the State Government in consultation with the Corporation may, from time to time, decide. Notwithstanding the amendments hereby made, all appeals pending before the Appeal Tribunals at the date of coming into force of the provisions of the Act relating to Medical Appeal Tribunals shall be disposed of by the Appeal Tribunals.

76-A. Submission of claims for permanent disablement.—An insured person who has been declared to be permanently disabled by a Medical Board or by a Medical Appeal Tribunal or an Employees'

Insurance Court shall submit, by post or otherwise, to the appropriate Branch Office a claim, covering, except in the case of a first payment, a period of one or more complete calendar months in

Form 14 for claiming permanent disablement benefit.

76-B.Commutation of permanent disablement benefit. — (1) An insured person whose permanent disablement has been assessed as final and who has been awarded permanent disablement benefit at a rate not exceeding Rs. 5.00 per day may apply for commutation of permanent disablement benefit into a lump sum :

Provided that the insured person whose permanent disablement has been assessed as final and the benefit rate exceeds Rs. 10.00 per day may also apply for commutation of permanent disablement benefit into lump sum subject to the condition that the total commuted value of the lump sum permanent disablement benefit does not exceed Rs. 60,000 at the time of commencement of final award of his permanent disability :

Provided further that the cases falling under clause (3) of this regulation where commutation has been refused because the insured person did not have average expectation of life, shall not be reopened.

(2) Where such an application is made within 6 months of the date on which he can opt for commutation hereafter called the '' date of possible option '', permanent disablement benefit shall be commuted into a lump sum.

(3) Where such an application is made after the expiry of 6 months from the date of possible option, permanent disablement benefit] may be commuted into a lump sum if the Corporation is satisfied that the insured person has an average expectation of life for his age. For this purpose, the insured person shall, if so required by the appropriate office, present himself for examination by such medical authority as the Director General may, by general or special order, specify.

(4) For the purpose of this regulation, the date of possible option shall mean —

(i) in the case of a person who, on the date on which this regulation comes into force is in receipt of permanent disablement benefit covered by sub-regulation (1), the date of coming into force of this regulation ;

(ii) in the case of any other insured person, the date on which assessment of permanent disablement covered by sub-regulation (1), is communicated to him by the appropriate Regional Office.

(5) The amount of lump sum admissible under this regulation shall be determined by multiplying the daily rate of permanent disablement benefit by the figure indicated in column 2 of Schedule III to these regulations, corresponding to the age on last birthday of the insured person on the date on which his application for commutation is received in the appropriate office and on and from that date the permanent disablement benefit shall cease to be payable to him :

Provided that where no proof of age has been submitted as required by the appropriate office or if submitted, has not been accepted as satisfactory by the appropriate office, the corresponding age as aforesaid of the insured person shall be the age as estimated by the Medical Board on the date of examination adjusted by the period intervening between the date of examination by the Medical Board and the date on which the application for commutation was received in the appropriate office :

Provided further that the age so estimated by the Medical Board shall also operate against any proof of age that may be submitted after the time allowed for the purpose to the insured person by the appropriate office before reference of his case to the Medical Board.

DEPENDANTS' BENEFIT

77. Report of death of employee by employment injury.— In case of death of an employee as a result of an employment injury, —

(a) if the death occurs at the place of employment the employer shall, and

(b) if the death occurs at any other place, a dependant intending to claim dependants' benefit shall, or

(c) any other person present at the time of death may,

immediately report the death to the nearest Branch Office and to the nearest dispensary, hospital, clinic or other institution where medical benefit under the Act is available.

78.Disposal of body of an employee dying by employment injury. — Where an employee dies as a result of an employment injury sustained as an employee under the Act, the body of the employee shall not be disposed of until the body has been examined by an Insurance Medical Officer, who will

also arrange a *post mortem* examination, if considered necessary, in co-operation with any other existing agency :

Provided that if an Insurance Medical Officer is unable to arrive for the examination within 12 hours of such death, the body may be disposed of after obtaining a certificate from such medical officer or practitioner as may be available :

Provided further that nothing contained in this regulation shall be in derogation of any power conferred on a Coroner under any law for the time being in force or on the officer-in-charge of a police station or some other police officer under section 174 of the Code of Criminal Procedure, 1973 (2 of 1974).

79. Issue of death certificate. — An Insurance Medical Officer attending the disabled person at the time of his death or the Insurance Medical Officer who examines the body after the death or the Medical Officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in

80. Submission of claim for dependants' benefit. — (1) A claim for dependants' benefit shall be submitted to the appropriate Branch Office by post otherwise in

Form 15 by the dependant or dependants concerned or by their legal representative or, in case of a minor, by his guardian, and such claim shall be supported by documents proving —

(i) that the death is due to an employment injury ;

(ii) that the person claiming is a dependent entitled to claim as provided in rule 58 of the Employees' State Insurance (Central) Rules, 1950 ;

(iii) the age of the claimant ;

(iv) the infirmity of the dependant claiming to be infirm within the purview of rule 58of the Employees' State Insurance (Central) Rules, 1950, by a certificate of such medical or other authority as the Director-General may, by a general or special order specify in this behalf :

Provided that where the appropriate Regional Office is satisfied about the *bona fides* of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.

(2) The following may be accepted as proof of age : —

(a) Certified extract from an official record of births showing the date and place of birth and father's name ;

(b) Original horoscope prepared soon after birth ;

(c) Certified extract from baptismal register ;

(d) Certified extract from school record showing the date of birth and father's name ;

(e) such other evidence as may be acceptable to the appropriate Regional Office in the circumstances of a particular case.

81. Notice for dependants' benefit. — On receipt of a claim or claims for dependants' benefit in respect of the death of an employee and, after making such enquiries as may be necessary about the circumstances and cause of death and about all persons, who may be entitled to dependants' benefit, the appropriate Regional Office shall issue by registered post to such other persons if any, as appear on enquiry, to be entitled to dependants' benefit, and who have not yet submitted a claim for such benefit a notice for submission of claims for dependants' benefit within a period of thirty days from the date of such notice. The notice shall indicate *inter alia* the relevant provisions of the Act and regulations and the procedure for submission of a claim for dependants' benefit.

82. Intimation of decision regarding dependants' benefit. — As soon as possible after the expiry of the period during which claims can be submitted in terms of the notice issued under regulation 81, the appropriate Regional Office shall intimate by registered post the decision of the Corporation in regard to the claim of each of the dependants in writing to the dependant concerned or to his legal representative, or, in the case of a minor, to his guardian.

83. Date of accrual of dependants' benefit. — The dependants' benefit shall accrue from the date of the death in respect of which the benefit is payable or, where disablement benefit was payable or where wages were payable for that date from the date following the date of death.

83-A. Submission of claims for periodical payments of dependants' benefit.— Each dependant whose claim for dependants' benefit is admitted under regulation 82, shall submit to the appropriate Branch Office, by post or otherwise, a claim covering, except in the case of first or a final payment, a period of one or more complete calendar months in

Form 16. Such claim may be made by the legal representative of a beneficiary or in the case of a minor, by his guardian.

84. * * *.

85. * * *

86. Appointment of another guardian. — If at any time the appropriate Regional Office is satisfied that a child who is in receipt of dependants' benefit is being neglected by his guardian, not being a guardian appointed under the Guardian and Wards Act, 1890, and the child's share of the dependants' benefit is not being properly spent on his or her maintenance, the appropriate Regional Office may direct that such share may be paid subject to such conditions as it may specify to such other person as it deems fit and as in its opinion would utilise it for the care and maintenance of child.

MATERNITY BENEFIT

87. Notice of pregnancy. — An insured woman, who decides to give notice of pregnancy before confinement, shall give such notice in Form 17 to the appropriate Branch Office, by post or otherwise and shall submit, together with such notice, a certificate of pregnancy in Form 17 given in accordance with these regulations on a date not earlier than seven days before the date on which such notice is given.

88. Claim for maternity benefit commencing before confinement. — Every insured woman claiming maternity benefit before confinement shall submit to the appropriate Branch Office by post or otherwise —

(i) a certificate of expected confinement in Form 18 given in accordance with these regulations, not earlier than fifty days before the expected date of confinement ;

(ii) a claim for maternity benefit in Form 19 stating therein the date on which she ceased or will cease to work for remuneration ; and

(iii) within thirty days of the date on which her confinement takes place, a certificate of confinement in

89. Claim for maternity benefit only after confinement or for miscarriage. — Every insured woman claiming maternity benefit for miscarriage shall within 30 days of the date of the miscarriage, and every insured woman claiming maternity benefit after confinement, shall submit to the appropriate office by post or otherwise a claim for maternity benefit in

Form 19 together with a certificate of confinement or miscarriage in Form 18 given in accordance with these regulations.

89-A. Claim for maternity benefit after the death of an insured woman leaving behind the child. — For the purposes of the proviso to sub-section (2) of section 50 of the Act, the person nominated by the deceased insured woman on

Form 1 or on such other form as may be specified by the Director General in this behalf and if there is no such nominee, the legal representative, shall submit to the appropriate office by post or otherwise a claim for maternity benefit, as may be due, in Form 20 within 30 days of the death of the insured woman together with a death certificate in Form 21 given in accordance with those regulations.

89-B. Claim for maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage.— (1) Every insured woman claiming maternity benefit in case of sickness arising out of pregnancy, confinement, premature birth of child or miscarriage, shall submit to the appropriate office by post or otherwise a claim for benefit in

Form 7 or 8 as the case may be, given in accordance with these regulations.

(2) The provision of Regulations 55 to 61 and 64 shall, so far as may be, apply in relation to a claim submitted and a certificate given in accordance with this Regulation as they apply to certification and claims under these regulations.

90. Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a certificate of pregnancy, expected confinement, confinement death during maternity, miscarriage or sickness arising out of pregnancy, confinement, premature birth of child or miscarriage by an Insurance Medical Officer, if in its opinion, the circumstances of any particular case so justify.

91. Notice of work for remuneration. — Except as provided in Regulation 89-B every insured woman who has claimed maternity benefit shall give notice in Form 19 if she does work for remuneration on any day during the period for which maternity benefit would be payable to her but for her working for remuneration.

92. Date of payment of maternity benefit. — Maternity benefit shall be payable from the date from which it is claimed provided that such date does not precede the expected date of confinement by more than forty-two days, and that no work is undertaken by the insured woman for remuneration.

93. Disqualification for maternity benefit. — An insured woman may be disqualified from receiving maternity benefit if she fails without good cause to attend for or to submit herself to medical examination when so required ; and such disqualification shall be for such number of days as may be decided by the authority authorised by the Corporation in this behalf :

Provided that a woman may refuse to be examined by other than a female doctor or midwife.

94. Authority which may issue certificate.— No certificate required under any of the Regulations 87 to 89-B shall be issued except by the Insurance Medical Officer to whom the insured woman has or had been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which the insured woman is or was allotted, and such Insurance Medical Officer shall examine and if in his opinion the condition of the woman so justifies or in case of death of the insured woman or the death of the child, if satisfied about such death issue to such insured woman or in case of her death to her nominee or legal representative as the case may be, free of charge any such certificate when reasonably required by such insured woman or her nominee or legal representative, as the case may be, under or for the purposes of the Act or any other enactment or these regulations :

Provided that such officer may issue a certificate, as aforesaid, under these regulations, to or in respect of an insured woman who is or was not allotted to him or to the dispensary, hospital, clinic or other institution to which such officer is attached, if such officer is attending the woman for pre-natal care, for confinement, for miscarriage or for sickness arising out of pregnancy, confinement, premature birth of child or miscarriage or in case of death, was attending the deceased insured woman or the child at the time of the death of the insured woman or the child :

Provided further that a certificate of pregnancy, of expected confinement, of confinement or miscarriage required under these regulations may be issued by a registered mid-wife which shall be accepted by the Corporation on countersignature by the Insurance Medical Officer.

95. Obligations of Insurance Medical Officer. — Nothing in these regulations shall relieve an Insurance Medical Officer to whom an insured woman has been allotted, or an Insurance Medical Officer attached to the dispensary, hospital, clinic or other institution to which an insured woman is allotted of the obligation to examine and if in his opinion, the condition of the woman so justifies, issue free of charge a certificate of pregnancy, of expected confinement, of confinement or miscarriage or of a sickness arising out of pregnancy, confinement, premature birth of a child or miscarriage during any period in which such insured woman is obtaining treatment or attendance from any other person or from any other hospital or institution.

MEDICAL BENEFIT TO FAMILIES

95-A. Medical benefit to families of insured persons.— (1) Medical benefit may be extended to the families of insured persons from such date as the Corporation may in consultation with State Government, notify.

(2) The family of an insured person shall become entitled to medical benefit from the day the insured person himself becomes entitled to medical benefit and shall continue to be so entitled so long as the insured person is entitled to receive medical benefit for himself, or in the case of death of the insured person till such date upto which the insured person would have remained entitled to medical care, had he survived.

(3) The nature and scale of medical benefit to which the family of an insured person shall be entitled shall be such as may be specified by the State Government in consultation with the Corporation from time to time.

Form 4, Form 4-A, the particulars of the family entitled to medical benefits.

(5) * * *.

FUNERAL EXPENSES

95-B. Report of death of insured person. — In case of death of an insured person, —

(a) if the death occurs at the place of employment, the employer shall, and

(b) if the death occurs at any other place, the person entitled and intending to claim funeral expenses shall, or

(c) any other person present at the time of death (*sic.*) may, immediately, report the death to the Branch Office of the deceased insured person.

95-C.Issue of death certificate.— An Insurance Medical Officer attending the insured person at the time of death or the Insurance Medical Officer who examines the body after the death or the Medical Officer who attended the insured person in a hospital or other institution where such insured person died, shall issue free of charge a death certificate in

Form 13 to the person entitled and intending to claim funeral expenses.

95-D. Other evidence in lieu of a certificate. — The Corporation may accept any other evidence in lieu of a death certificate by Insurance Medical Officer if in its opinion, the circumstances of any particular case so justify.

95-E. Submission of claim forFuneral Expenses. —(1) A claim to funeral expenses shall be submitted to the appropriate Branch Office by post or otherwise in

Form 22 by the claimant entitled under the Act and in case of a minor, by his guardian, and such claim shall be supported by documents proving : —

(i) the death of the deceased person.

(ii) that the person claiming is the eldest surviving member of the family of the deceased insured person and incurred the expenditure necessary for the funeral of the deceased, or

(iii) in case the claimant is other than the eldest surviving member of the family : —

(a) that the deceased insured person did not have a family or that the deceased insured person was not living with his family at the time of his death ; and

(b) that the claimant actually incurred the expenditure claimed on the funeral of the deceased insured person:

Provided that where the appropriate office is satisfied about the *bona fides* of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.

(2) The following may be accepted as proof for purposes of clauses (ii) and (iii) of sub-regulation (1) of this Regulation : —

A declaration of the claimant duly countersigned by —

(i) An Officer of the Revenue, Judicial or Magisterial Departments of Government ; or

(ii) A Municipal Commissioner ; or

(iii) A Workmen's Compensation Commissioner ; or

(iv) The Head of Gram Panchayat under the official seal of the Panchayat ; or

(v) The employer of the deceased insured person ; or

(vi) 9 member of the Regional Board ; or

(vii) A member of Local Committee ; or

(viii) An official of the Trade Union ; or

(ix) An Insurance Medical Officer or Insurance Medical Practitioner.

(b) Any other evidence or declaration acceptable to the appropriate office in the circumstances of a particular case.]

CHAPTER IV
MISCELLANEOUS

96. Authority for determining benefits. — The authority for determining for purposes of sub-section (2) of section 70 of the Act, the value of benefits other than cash payment shall be the Medical Commissioner of the Corporation.

[1][***96-A. Reimbursement of expenses incurred in respect of medical treatment.*** — Claims for reimbursement of expenses incurred in respect of medical treatment of insured person and (where such medical benefit is extended to his family) his family may be accepted in circumstances and subject to such conditions as the Corporation may by general or special order specify.]

96-B. Scale of Medical Benefit for Reimbursement. - An Insured Person and his family (where such medical benefit is extended to his family) shall be entitled to receive reimbursement of medical treatment in emergent condition to the extent rates prescribed and published by State Government or the Corporation or for the Central Government Health (CGHS).

97. Discontinuation or reduction of benefits. — An employer may discontinue or reduce benefits payable to his employees under con-ditions of their service which are similar to the benefits conferred by the Act to the extent specified below, namely : —

(a) from the date of the commencement of the first benefit period following the appointed day for his factory or establishment —

(i) sick leave on half pay to the full extent ;

(ii) such proportion of any combined general purposes and sick leave on half pay as may be assigned as sick leave but in any case not exceeding 50per cent. of such combined leave ;

(b) any maternity benefits granted to woman employees to the extent to which such woman employees may become entitled to the maternity benefit under the Act :

Provided that where an employee avails himself of any leave from the employer for sickness, maternity or temporary disablement, the employer shall be entitled to deduct from the leave salary of the employee the amount of benefit to which he may be entitled under the Act for the corresponding period.

98. Discharge, etc., of employee under certain conditions. — If the conditions of service of any employee so allow, an employer may discharge or reduce on due notice an employee —

(i) who has been in receipt of disablement benefit for tempo-rary disablement, after he has been in receipt of such benefit for a continuous period of six months or more ;

(ii) who has been under medical treatment for sickness [***] or has been absent from work as a result of illness duly certified in accordance with these regulations to arise out of the pregnancy or confinement rendering the employee unfit for work, after the employee has been under such treatment or has been absent from work for a continuous period of six months or more ;

[2][(iii) who has been under medical treatment for any of the following diseases duly certified in accordance with these regulations, after the employee has been under such treatment for a continuous period of 18 months or more, notwithstanding provisions of clauses (i) and (ii) : —

[3][**I. INFECTITIOUS DISEASES**

1. Tuberculosis
2. Leprosy
3. Chronic Empyema
4. Bronchiatesis
5. Intersitial Lung Disease
6. A.I.D.S.

II. NEOPLASMS

7. Malignant Diseases

III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS

8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy.

IV. DISORDERS OF NERVOUS SYSTEM

9. Monoplegia
10. Hemiplegia
11. Paraplegia
12. Hemiparesis
13. Intracranial Space Occupying Lesion
14. Parkinson's disease
15. Spinal Cord Compression
16. Myaesthenia Gravis/Neuromuscular Dystrophies

V. DISEASES OF EYE

17. Immature Cataract with vision 6/60 or less
18. Detachment of Retina
19. Glaucoma

VI. DISEASES OF CARDIOVASCULAR SYSTEM

20. Coronary Artery Disease
    (a) Unstable Angina
    (b) Myocardial infarction with ejection less than 45%
21. Congestive Heart Failure

Left

Right

22. Cardiac Valvular Diseases with Failure/complications
23. Cardiomyopathies
24. Heart Disease with Surgical intervention along with complications.

VII. CHEST DISEASES

25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale)

VIII. DISEASES OF THE DIGESTIVE SYSTEM

26. Cirrhosis of liver with ascities/chronic active hepatitis

IX. ORTHOPAEDIC DISEASES

27. Dislocation of vertebra/prolapse of intervertabral disc.
28. Non union or delayed union of fracture
29. Post Traumatic Surgical amputation of lower extremity
30. Compound fracture with chronic Osteomyelitis.

X. PSYCHOSES

31. Sub groups under this are listed for clarification
    (a) Schizophrenia
    (b) Endogeneous depression
    (c) Manic Depressive psychosis (MDF)
    (d) Dementia

XI. OTHERS

32. More than 20% burns with infection/complication
33. Chronic Renal Failure
34. Reynaud's diseases/Burger's disease.

99. Suspension of sickness or temporary disablement benefit. — Sickness benefit or disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefits fails to comply with any of the requirements of section 64 of the Act, and such suspension shall be for such number of days as may be decided by the authority authorised by the Director-General in this behalf.

99-A. Sickness or temporary disablement benefit during strike. — No person shall be entitled to sickness benefit or disablement benefit for temporary disablement on any day on which he remains on strike except in the following circumstances : —

(i) if a person is receiving medical treatment and attendance as an indoor patient in any Employees' State Insurance Hospital or a hospital recognised by the Employees' State Insurance Corporation for such treatment ; or

(ii) if a person is entitled to receive extended sickness benefit for any of the diseases for which such benefit is admissible ; or

(iii) if a person is in receipt of sickness benefit or disablement benefit for temporary disablement immediately preceding the date of commencement of notice of the strike given by the Employees' Union(s) to the management of the factory/establishment ;

(iv) if an insured person/insured woman has undergone operation on account of vasectomy/tubectomy, he/she shall be entitled to enhanced sickness benefit on any day on which he/she remains on leave during the period of strike or remains on leave, or on holiday for which he/she received wages.

100. Relaxation. — The Director-General may by special or general order relax any regulation under such circumstances and subject to such conditions, as he may deem fit.

101.* * *

102. Certain officers to have powers of inspection. — The Director-General, the Insurance Commissioner, the Additional Commissioner, a Region eputy Director, Assistant Director and a

Branch Manager shall have all the powers of an Social Security Officer specified in sub-section (2) of section 45 of the Act. In addition to the officers mentioned above, the Director-General may, by a written order confer upon any employee of the Corporation or any Government officer the powers of an Social Security Officer for such period or periods as he may think fit.

102-A. Inspection Book. — (i) Every principal employer shall maintain a bound inspection book and shall be responsible for its production, on demand by a Social Security Officer or any other officer of the Corporation duly authorised to exercise the powers of a Social Security Officer irrespective of the fact whether the principal employer is present in the factory or establishment or not during the inspection.

(ii) A note of all irregularities and illegalities discovered at the time of inspection indicating therein the action, if any, proposed to be taken against the principal employer together with the orders for their remedy or removal passed by a Social Security Officer or any other officer of the Corporation duly authorised to exercise the powers of a Social Security Officer, shall be sent to the principal employer who shall enter the note and orders in the inspection book.

(iii) Every principal employer shall preserve the inspection book maintained under this regulation, after it is filled for a period of 5years from the date of the last entry therein.

103. Medical Benefit during disablement.— A person who is in receipt of disablement benefit shall be entitled to medical benefit while he is in receipt of such benefit :

Provided that after the disablement has been declared as permanent disablement, the person shall not be entitled to medical benefit, if he is not otherwise entitled to such benefit, except in respect of any medical treatment which may be rendered necessary on account of the employment injury from which the disablement resulted.

103-A. Medical benefit after contribution ceases to be payable.— (1) A person on becoming an insured person for the first time shall be entitled to medical benefit for a period of 3 months provided that where such a person continues for 3 months or more to be an employee of a factory or establishment to which the Act applies, he shall be entitled to medical benefit till the beginning of the corresponding benefit period.

(2) The person in respect of whom contributions have been paid in a contribution period for not less than seventy-eight days in the said contribution period shall be entitled to medical benefit till the end of the corresponding benefit period :

Provided that in case of a person who becomes an employee within the meaning of the Act, for the first time, and for whom a shorter contribution period of less than 156 days is available, he shall be entitled to medical benefit till the end of the corresponding benefit period if the contributions in respect of him were payable for not less than half the number of days available for working in such contribution period :

Provided further that where a person suffering from any of the following diseases, before the commencement of the spell of sickness in which any such disease was diagnosed being in continuous service for a period of two years or more or where he did not have two years' continuous service but by virtue of relaxation granted by the authority competent in this behalf, the insured person qualifies to claim extended sickness benefit, he shall be entitled to medical benefit till the end of the relevant extended benefit period :

I. INFECTITIOUS DISEASES

1. Tuberculosis
2. Leprosy
3. Chronic Empyema
4. Bronchiatesis
5. Intersitial Lung Disease
6. A.I.D.S.

II. NEOPLASMS

7. Malignant Diseases

III. ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS

8. Diabetes Mellitus with proliferative retinopathy/diabetic foot/nephropathy.

IV. DISORDERS OF NERVOUS SYSTEM

9. Monoplegia
10. Hemiplegia

11. Paraplegia
12. Hemiparesis
13. Intracranial Space Occupying Lesion
14. Parkinson's disease
15. Spinal Cord Compression
16. Myaesthenia Gravis/Neuromuscular Dystrophies

V. DISEASES OF EYE

17. Immature Cataract with vision 6/60 or less
18. Detachment of Retina
19. Glaucoma

VI. DISEASES OF CARDIOVASCULAR SYSTEM

20. Coronary Artery Disease
    (a) Unstable Angina
    (b) Myocardial infarction with ejection less than 45%
21. Congestive Heart Failure
    Left Right
22. Cardiac Valvular Diseases with Failure/complications
23. Cardiomyopathies
24. Heart Disease with Surgical intervention along with compli- cations.

VII. CHEST DISEASES

25. Chronic Obstructive Lung Disease (COPD) with congestive heart failure (Cor Pulmonale)

VIII. DISEASES OF THE DIGESTIVE SYSTEM

26. Cirrhosis of liver with ascities/chronic active hepatitis

IX. ORTHOPAEDIC DISEASES

27. Dislocation of vertebra/prolapse of intervertabral disc.
28. Non union or delayed union of fracture
29. Post Traumatic Surgical amputation of lower extremity 30.
Compound fracture with chronic Osteomyelitis.

X. PSYCHOSIS

31. Sub groups under this are listed for clarification
    (a) Schizophrenia
    (b) Endogeneous depression
    (c) Manic Depressive psychosis (MDF)
    (d) Dementia

XI. OTHERS

32. More than 20% burns with infection/complication
33. Chronic Renal Failure
34. Reynaud's diseases/Burger's disease.

(3) An insured person, whose title to medical benefit has ceased under this Regulation shall again be entitled to medical benefit from the date of his re-employment as an employee under the Act by a factory or establishment to which the Act applies, if he produces a certificate from the employer in the form which may be specified by the Director-General for the purpose. Such an insured person shall, unless he is covered by sub-regulation (2), be entitled to medical benefit till the commencement of the benefit period corresponding to the contribution period in which he is re-employed.

(4) An employer shall, on demand, issue the certificate referred to in sub-regulation (3) to an employee who has been employed by him after cessation of his previous insurable employment.

103-B. Medical Benefit to insured person who ceases to be in insurable employment on account of permanent disablement.— (1) An insured person whoceases to be in insurable employment on account of permanent disablement caused due to employment injury shall continue to receive medical benefit for himself and his/her spouse till the date on which he would have vacated the employment on attaining the age of

superannuation had he not sustained such permanent disablement, if he produces a certificate from the employer/a declaration in the form which may be specified by the Director-General for the purpose.

(2) ***Medical benefit to retired insured persons.***— An insured personwho has attained the age of [4] superannuation [or retires under a Voluntary Retirement Scheme or takes premature retirement] shall be eligible to receive medical benefit for himself and his/her spouse, if he produces a certificate from the em-ployer in the form which may be specified by the Director-General for the purpose.

(3) An employer shall, on demand, issue the certificate as referred to in sub-regulations (1) and (2) to an employee who had been employed by him.

104. Production of document for medical benefit. — A person intending to claim medical benefit, and who is otherwise entitled to such benefit, shall produce his Identity Card or such other document as may have been issued in lieu thereof at the time of claiming such benefit if demanded by the Insurance Medical Officer and if he fails to do so, medical benefit may be refused to him.

105. Further certificates. — Where any question arises as to the correctness of any certificate by virtue of which an insured person claims, or is entitled to, any benefit under the Act, he shall, on being so required in writing or otherwise by the appropriate office submit himself, with a view to obtaining a further certificate, to medical examination by such medical authority as the Corporation may appoint in this behalf. If the further certificate specifies the date on which the insured person is or will be fit to resume work, any certificate which is or has been issued by the Insurance Medical Officer for the same spell of incapacity shall, to the extent to which it relates to any period after and including the said date on the further certificate, be deemed not to have been issued in accordance with these regulations and such further certificate shall, notwithstanding anything contained in this regulations, be deemed to be a final certificate issued under regulations 58and 60.

Notwithstanding anything contained in these Regulations, such further certificate in so far as it relates to sickness or temporary disablement, may be issued at such interval and in respect of such periods as may be specified by such medical authority.

106. Change of circumstances to be notified. — Every person to whom any benefit is payable under the Act shall, as soon as may be practicable, notify the appropriate office of any change of circumstances which he may be expected to know and which might affect the continuance of his right to receipt of such benefit.

107. Certificate in respect of a person claiming permanent disablement benefit. — Every person whose claim for any permanent disablement benefit has been admitted shall submit at six monthly intervals, with the claim for December and June every year, a certificate in

Form 23 attested by such authority or persons and in such manner as may be specified by the Director-General.

107-A. Declaration by and certificate in respect of a person claiming dependants' benefit. — Every person whose claim for any dependants' benefit has been admitted shall submit at six monthly intervals, with the claim for December and June every year, a declaration and a certificate in

Form 24 attested by such authority or persons and in such manner as may be specified by the Director-General.

107-B. Personal attendance of a person claiming permanent disablement benefit or dependants' benefit. — In the case of claimant for permanent disablement benefit or dependants' benefit, the appropriate Branch Manager may require personal attendance and due identification of any claimant, other than a person incapacitated by bodily illness or infirmity or purdanashin lady at the appropriate Branch Office, or at any other office of the Corporation provided that such appearance shall not be required more frequently than once in every six months.

108. * * *

109. Submission of additional information by employer or insured person. — The employer or insured person as the case may be shall on demand from the appropriate office, submit information in such form as may be specified by the Director-General.

110. Procedure on implementation of Information Technology (IT) Roll Out - Notwithstanding anything contained in these Regulations, wherever, "on-line system" of functioning has been introduced, the registration of factory/establishment and employees, filing of contributions, generation of challans, payment of contributions, submission and processing of claims for benefits and all the related procedures under the Act and the Rules and Regulations made thereunder, shall be submitted/made on-line, with necessary digital signatures, wherever required, under these regulations, as may be specified by the Director General from time to time.

SCHEDULE III

COMMUTATION VALUES FOR PERMANENT DISABLEMENT BENEFIT

(Regulation 76-B)

Age last birthday of insured person on the date on which the application for commutation is received in the appropriate case	*The factors with which daily rate of benefit is to be multiplied*
17 years and above	5690
18 years	5670
19 years	5660
20 years	5640
21 years	5620
22 years	5600
23 years	5580
24 years	5560
25 years	5540
26 years	5510
27 years	5480
28 years	5460
29 years	5420
30 years	5390
31 years	5360
32 years	5320
33 years	5280
34 years	5240
35 years	5200
36 years	5160
37 years	5110
38 years	5070
39 years	5020
40 years	4970
41 years	4910
42 years	4860
43 years	4800
44 years	4740
45 years	4670
46 years	4610
47 years	4540
48 years	4470
49 years	4400
50 years	4330
51 years	4250
52 years	4180
53 years	4100
54 years	4020
55 years	3930

56 years	3850
57 years	3760
58 years	3670
59 years	3590
60 years	3500
61 years	3400
62 years	3310
63 years	3220
64 years	3130
65 years	3030
66 years	2940
67 years	2850
68 years	2750
69 years	2660
70 years	2570
71 years	2470
72 years	2380
73 years	2290
74 years	2200
75 years	2120
76 years	2030
77 years	1950
78 years	1860
79 years	1780
80 years	1700.