

**GOVERNMENT OF ANDHRA PRADESH
INSURANCE MEDICAL SERVICES DEPARTMENT**

From
V.Anjaneyulu., IRTS.,
Director
Insurance Medical Services
100ft New Auto Nagar
Enikepadu
VIJAYAWADA.

To
The Regional Director
Regional Office
ESI Corporation
ESI Road
Gunadala
VIJAYAWADA.

Rc.No.2183769/INFRA/DIMS/2023-4, Dated: 10-04-2025

Sir,

Sub: Insurance Medical Services – Infrastructure – Re-Notification – Extension of ESI Scheme in Andhra Pradesh state – Empanelment of New IMPs (Panel Clinics) – Request to publish the notification in ESIC Website – Request – Regarding.

Ref: 1.Report of the Joint Directors Committee., Dated 29.08.2024.
2. Recommendations of the Committee Members and Committee Report, Dated: nil, Signed on 20.01.2025.

It is to submit that, it is proposed to empanel new ESI Panel Clinics in Andhra Pradesh in the following locations based on report submitted by the Joint Directors of IMS Department. Whereas, the services are required from the following locations:

| <u>List of areas located and recommended for Insured Medical Practitioners (IMPs) in the State of Andhra Pradesh</u> | | | |
|---|--------------------------|--|-----------------------------|
| S.No | Name of the Place | No. of Insured Persons in the respective area | Name of the District |
| 1 | Srikakulam City | 13,230 | Srikakulam District |
| 2 | Amudalavalasa | 1,681 | Srikakulam District |
| 3 | Ponduru | 334 | Srikakulam District |
| 4 | Etcherla | 2,774 | Srikakulam District |
| 5 | Tekkali | 1,088 | Srikakulam District |
| 6 | Pathapatnam | 104 | Srikakulam District |
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| | | | |
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| 7 | Heeramandalam | 393 | Srikakulam District |
| 8 | Palasa | 3,706 | Srikakulam District |
| 9 | Sompeta | 90 | Srikakulam District |
| 10 | Parvathipuram | 456 | Parvathipuram Manyam District |
| 11 | Salur | 2,583 | Parvathipuram Manyam District |
| 12 | Palakonda | 287 | Parvathipuram Manyam District |
| 13 | S.Kota | 40 | Vizianagaram District |
| 14 | Merakamudiam | 1,135 | Vizianagaram District |
| 15 | Rajam | 3,657 | Vizianagaram District |
| 16 | Gajapathinagaram | 707 | Vizianagaram District |
| 17 | Araku | 41 | Alluri Sita Rama Raju District |
| 18 | Rampachodavaram | 85 | Alluri Sita Rama Raju District |
| 19 | Yalamanchali | 2,447 | Anakapalli District |
| 20 | Narsipatnam | 3,694 | Anakapalli District |
| 21 | Makavarapalem | 1,894 | Anakapalli District |
| 22 | S.Rayavaram | 875 | Anakapalli District |
| 23 | Tuni | 3,441 | Kakinada District |
| 24 | Prathipadu | 1,251 | Kakinada District |
| 25 | Thondangi (Annavaram) | 777 | Kakinada District |
| 26 | Jaggampeta | 3,195 | Kakinada District |
| 27 | Gokavaram | 666 | East Godavari District |
| 28 | Anaparthi | 790 | East Godavari District |
| 29 | Amalapuram | 2,623 | Konaseema District |
| 30 | Malkipuram | 142 | Konaseema District |
| 31 | Mandapeta | 3,019 | Konaseema District |
| 32 | Ramachandrapuram | 1,290 | Konaseema District |
| 33 | Ravulapalem | 4,174 | Konaseema District |
| 34 | Palakollu | 5,978 | West Godavari District |
| 35 | Narasapur | 659 | West Godavari District |
| 36 | Narayanapuram | 566 | Eluru District |
| 37 | Mudenepalli | 1,675 | Eluru District |

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| 40 | Jangareddygudem | 2,115 | Eluru District |
| 41 | Polavaram | 10 | Eluru District |
| 42 | Gannavaram | 6,328 | Krishna District |
| 43 | Pamaru | 2,298 | Krishna District |
| 44 | Vissannapeta | 151 | NTR District |
| 45 | Chinnakondrupadu | 2 | Guntur District |
| 46 | Mangalagiri | 10,331 | Guntur District |
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| 48 | Chebrolu | 3,058 | Guntur District |
| 49 | Vinukonda | 1,114 | Palnadu District |
| 50 | Dachepalli | 1,714 | Palnadu District |
| 51 | Nizampatnam | 843 | Bapatla District |
| 52 | Repalle | 537 | Bapatla District |
| 53 | Bapatla | 1,401 | Bapatla District |
| 54 | Inkollu | 1,400 | Bapatla District |
| 55 | Addanki | 724 | Bapatla District |
| 56 | Chimakurthi | 753 | Prakasam District |
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| 71 | Kota | 2,457 | Tirupathi District |
| 72 | Puttur | 986 | Tirupathi District |
| 73 | Gangavaram | 1,110 | Chittoor District |
| 74 | Palamaneru | 1,802 | Chittoor District |
| 75 | Punganur | 485 | Chittoor District |
| 76 | Vayalapadu | 0 | Annamayya District |

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| 77 | Galiveedu | 54 | Annamayya District |
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| 102 | Kollakuntla | 168 | Nandyala District |

In view of the above, the Regional Director, ESI Corporation, Gunadala, Vijayawada is hereby requested to place or display the annexed notification in All the ESIC websites of Andhra Pradesh region <https://roap.esic.gov.in/> along with supporting documents.

Early action in the matter is solicited in the interest of ESIC IP's and their family members in Andhra Pradesh state.

Encl:

1. **Notification.**
2. **ESIC Manual for IMP's.**
3. **List of areas located for IMP's.**

**Yours faithfully,
V.Anjaneyulu., IRTS.,
Director of Insurance Medical Services**

**Copy submitted to
Sub-Regional Office, ESI Corporation, Visakhapatnam and Tirupati.**

Digitally signed by
ANJANEYULU
Date: 10-04-2025
14:13:53

**GOVERNMENT OF ANDHRA PRADESH
INSURANCE MEDICAL SERVICES DEPARTMENT**

REVISED NOTIFICATION

Indicative Advertisement for Empanelment of I.M.P

Rc.No.2183769/INFRA/DIMS/2023

Dated: 10-04-2025

Applications are invited from Registered Medical Practitioners (Modern Medicine) for empanelment as Insurance Medical Practitioner (IMP) for providing primary health services and basic investigations to insured persons and their families living in **102 areas across the State of Andhra Pradesh (Details are available on the below website)**. IMPs will be paid a fixed capitation fee of Rs.300/- per IP family unit per annum, along with other remuneration, as per rule. Details may be seen on the website **<https://roap.esic.gov.in/>**. The Application form may be downloaded from the website. Duly filled application form may be submitted to **Office of the Director of Insurance Medical Services, Kesineni Venkayya Nagar, 100ft New Autonagar, Near HP Petroleum Bunk, Enikepadu, Vijayawada – 521108** by **24.04.2025 before 04:00 PM**. Application received after due date and time shall be summarily rejected.

Note: As per the Recommendations of the Committee the maximum age limit of the Medical Officer is enhanced upto 65 years.

**V.Anjaneyulu., IRTS.,
Director of Insurance Medical Services, A.P**

Digitally signed by
ANJANEYULU
Date: 10-04-2025
14:14:32

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ESI CORPORATION

MANUAL FOR INSURANCE MEDICAL **PRACTITIONERS**

INSURANCE MEDICAL PRACTITIONER (IMP)

As per provision of Section 58 (1) of the ESI Act, the State Government may, with the approval of the Corporation, arrange for outpatient medical care to IPs and their families at the clinics of approved Registered Medical Practitioners who are appointed and designated as IMPs (Insurance Medical Practitioners-Panel Doctors) in areas where ESI medical services are not within easy reach of beneficiaries.

1-SELECTION OF IMP

After invitation of application through open process the Director, ESIS, would prepare a list of panel of IMPs based on the recommendations of Allocation Committee constituted for the purpose. The number of IP units on the Panel of IMP is restricted to a maximum of 2000. IMPs will be paid a fixed capitation fee of Rs.300/- per IP family/ unit per annum, which includes primary health services, cost of engaging support staff, minimum Rs 25/- for investigation facilities of Hemoglobin, Blood Sugar and Urine (albumin & sugar). The IMP is recommended for inclusion in the Medical List after fulfilling the following conditions:

Indicative Advertisement – Annexure-I

Application format –Annexure-II

2-Eligibility:

- Minimum qualification: MBBS or any other equivalent qualification recognized by the Medical Council of India.
- Should be registered with the State Medical Council/Medical Council of India or as applicable.
- Should be less than 50 years of age (65 years in case of retired ESIC/State Govt./Central Govt. doctors).
- Should have minimum experience of 2 years in general practice in a clinic/hospital or both after obtaining his medical degree.
- Must be medically fit as certified by Medical Officer of ESI Hospital/Dispensary.

Medical Certificate-Annexure-III

3. Infrastructure requirement in Dispensary/Clinic:

- The clinic should have the following

- (a) Space for waiting
- (b) Consultation cum Examination room
- (c) Dispensing room/area
- (d) Facility for basic investigations like Hemoglobin, Blood Sugar and Urine: sugar & albumin.
- (e) Toilet

- 3.1 There should be clear title regarding tenancy or ownership of the premises, i.e. rent agreement issued in the name of the applicant or some other document/s to prove the legal ownership of the clinic.
- 3.2 The IMP must have a computer with internet facility so that IMP is able to verify eligibility of the beneficiaries and for online transactions concerning his role as IMP.
- 3.3 The IMP must have the minimum prescribed surgical and medical equipment required on day to day basis for medical practice as detailed in enclosed Annexure.
- 3.4 The IMP must have a minimum of two contact numbers, one of which must be a mobile phone.

Surgical and Medical Equipment Annexure-IV

4-TENURE:

- 4.1 Contract period of IMP shall be for one year, renewable every year, for a maximum period of three years. In exceptional cases, this may be extended to five years.

Agreement between IMP and ESIS – Annexure-IX

- 4.2 Maximum age of IMP will be 70 years, subject to medical fitness.
- 4.3 The performance of the IMP shall be monitored by the Local Committee constituted under Regulation 10 (A) of ESI (General) Regulation periodically. The Local Committee shall submit its report to the State Executive Committee. The renewal of the tenure shall be decided on the basis of these reports. The Local Committee may also make surprise inspections at any reasonable time to check:
- The condition and infrastructure of the clinic.
 - Whether records are being maintained properly.
 - Whether medicines are being dispensed in accordance with the prescribed norms/instructions.
 - Whether returns are being sent as prescribed.

5-TERMS OF SERVICE:

He will provide treatment to:

- 5.1 All insured persons and their dependent family members attached to him.
- 5.2 Any insured person or his dependent that needs treatment in case of an accident or any other emergency.

6-DUTIES AND FUNCTIONS:

Working hours:

- Total no of working hours: 7

- 6.1 The clinic must be open for a minimum 3 hours in the morning, starting not earlier than 8.00AM and not later than 9.00AM and 3 hours in the evening, starting not earlier than 5.00PM and not later than 6.00PM.
- 6.2 The clinic timings will be intimated to Director, ESIS Medical Services.
- 6.3 The clinic hours must be displayed prominently in an appropriate place in the clinic.
- 6.4 An IMP is required to provide treatment to his patients to the extent that is generally given by a General Medical Practitioner.
- 6.5 He shall render whatever services as possible in the interest of the beneficiary in case of an emergency, including difficult/complicated maternity cases.
- 6.6 He shall provide essential medicines in the clinic as per list provided by the Corporation/ESIS

Annexure- V

- 6.7 In case the illness/condition of the patient is such that it requires treatment that is not within the obligations/capacity of the IMP, he may inform the patient and refer him to the nearest ESI, ESI recognized or Govt. hospital. If IMP arranges for the patient's transfer by ambulance or otherwise and any expenses incurred by him on the transport, the same shall be reimbursed to him by the Director, ESIS Medical Services.
- 6.8 He shall issue Medical Certificates, free of charge, as reasonably required for sickness, maternity, employment injury and death etc. as under regulations or as may be required from time to time by the Corporation or Director or AMO.

6.9 IMP should maintain monthly record of patients visit, distribution of medicine stock register etc that are required to be maintained and send monthly reports to the concerned Authorities as per Annexures VI, VII & VIII

Visit Register - Annexure VI

Record of distribution of medicine-Annexure- VII

Stock Register- Annexure- VIII

6.10 He shall furnish returns, such as statistics, drug requirement, Certificate Book etc. in such forms as prescribed by Corporation or the State Government or Director ESI Scheme/ AMO - Annexures VI, VII & VIII

6.11 He shall accept ESIC 86, TIC, ESIC-37, 105, 166, 48 etc. as prescribed by the Corporation.

6.12 He shall refer beneficiaries who require consultation with Medical Referee (MR).

6.13 He shall afford access to the MR at all reasonable times to his clinic where the records required by these terms of service are kept for the purpose of inspection of such records and to furnish to the MR such records or necessary information with regard to any entry therein, as he may request.

6.14 IMP shall meet the MR at the request of MR, as may be reasonably required in connection with duties and responsibilities of the IMP.

6.15 He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query raised by the MR in regard to any prescription or certificate issued by the IMP or any statement made in any report furnished by him under these terms of service.

6.16 He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query/clinical information regarding any IP to whom the IMP has declined a Medical Certificate.

7-PROCEDURE FOR DISBURSEMENT OF DRUGS:

7.1 The essential drugs that are prescribed by the Corporation are to be collected from the nearest ESI Dispensary/store designated for this purpose by ESIS.

7.2 The medicines need to be collected from the designated dispensary/store through monthly indent/as and when required after prior intimation regarding requirement as per prescribed format. The State Govt. shall issue one indent book to each IMP and record of the same shall be maintained by the State Govt. so that the audit of the stock can be performed by the State Govt.

7.3 Drugs are to be dispensed for not more than 7 days at a time.

8-MONITORING

- a. The local Committee constituted under Regulation 10 A of the ESI (General) Regulation would monitor functioning of IMPs by carrying out surprise inspection of IMPs. The local committee shall inspect mainly the following functions:-
 - (i) Whether records are being maintained properly
 - (ii) Whether medicines are being dispensed in accordance with the prescribed Norms/ instructions.
 - (iii) Whether the necessary information have been displayed prominently on the Notice board.
 - (iii) Annually review performance of the IMPs and the report of the same shall be Submitted to State Executive Committee

Contents of Notice Board – Annexure-X

- b. If the IMP is continuing for more than 3 years, then the Local Committee will need to review the entire system in the area and make its recommendations for further action to the State Executive Committee.

9-REMUNERATION

Each IMP will be allowed to enroll up to 2000 IP families with a package remuneration of Rs.300/- per IP family per annum, which will include providing of primary health services to IP and his family distribution of drugs, issuance of medical certificate and investigation facility for Urine (albumin and sugar), Hemoglobin, and blood sugar. An additional amount of Rs. 10,000/- per year shall be provided to the IMP in two installments payment for the month of June and December for the maintenance of the Computer System with Internet facility. The IMP shall supply specified medicines to IPs and family members collected by him from ESIS Dispensary. The facility available, including Investigations and medicines, should be displayed on a notice board. An IMP will not demand or accept any fee or remuneration from any insured person.

10-PROCESS OF PAYMENT

Payment to IP shall be made on monthly basis (for full month or part thereof as the case may be, on pro-rata basis) on the fixed remuneration based on number of IPs attached with IMP as on 7th of each month or the average number of IPs attached with that IMP as per Dhanwantri module (as and when such a facility becomes available under Dhanwantri Module). The adjustment of under payment/overpayment shall be done based on the audit report of the particular period.

11-IP and IMP

- 11.1 An IP will be free to get registered with any IMP of his/her choice but will not visit any other IMP. IP will have the option to change IMP in case of change of residence or if he finds the services of existing IMP not to his/her satisfaction. Meanwhile he will be free to visit any of the services dispensaries for treatment etc. When an IP wishes to change his IMP on account of (a) change of residence or (b) after one year in the list of the IMP or (c) otherwise, he should inform his employer for reallocation of IMP. The employer shall submit the request of IP through IP portal by following the same process as was followed during the initial allotment of IMP.
- 11.2 An IMP may remove the name of an insured person or any family member from his list, subject to such conditions as imposed by the Allocation Committee, after informing the Director, ESIS, Medical Services, giving proper reason for removing the name. The removal of such a person shall commence after one month of such information being submitted to the Director ESIS or Branch Manager. Branch Manager will inform his employer for attachment of IP to another IMP/Dispensary. The notice given during a spell of illness or Temporary Disablement of an IP shall take effect only after one month after the date when the IP is fit to work. Till such time the IMP shall treat that person as before.
- 11.3 If the IMP cannot for some reason make himself available to attend his dispensary, he shall make alternate arrangement for securing the treatment of insured persons and their family attached to him in his clinic. He shall inform through e-mail & over phone to Director ESI Scheme, MR and Branch Office of ESIC of the proposed absence and arrangement made thereof for the treatment of IPs and their families. An IMP shall not absent himself for more than one week without first informing the Director, ESIS Medical Services of his proposed absence and of the person/s responsible for conducting his duty during his absence. AMO/Director may grant leave up to 2 months to IMP.

11.4 When an IMP is unable to provide treatment to ESI beneficiaries for an extended period or due to a disability, he must give one month notice about the duration to the Director, ESIS Medical Services about his inability.

11.5 The IMP shall be liable for any compensation for injury or damage suffered by an insured person or his family as a result of negligence on his part.

12-ACCEPTANCE OF IP BY IMP; PROCEDURE FOR TAKING TREATMENT:

Insured persons are provided the following documents through their employers/ESIC.

Temporary Series:

- a. Medical Acceptance Card (MAC) (ESIC Med 7-B)/Smart Card.
- b. Temporary Identification Certificate (TIC)

While filling up of the registration form for registration of IP on IP portal, the employer shall seek the consent of IP for attachment to a particular IMP/Dispensary. The names of IMP shall appear on IP portal indicating the names of IMP and the number of IPs enrolled with him/her. Based on the number of IPs already enrolled with the particular IMP, the IP shall be allotted particular IMP, before submitting the IP form for online registration.

IP has to get registered on IP portal for availing of the benefits of ESI Scheme and his eligibility would be counted from the date of registration on the IP Portal.

Benefit of IP will start only after registration of IP on IP portal.

13-DISPUTES BETWEEN IP AND IMP

13.1 In case of a dispute between the IMP and his patient, the terms of service are contained in rules 17 and 21 of the ESI Medical Benefit Act, 1953. The dispute will be investigated by competent authority and action that may be taken by the Director will include the withholding of remuneration of the IMP, especially where there has been a breach of service by IMP or removal of IP from IMP list in case it is found that IP was at fault.

13.2 When the Govt. or the Director or the AMO or any other authorized person wants to serve any notice to an IMP, it shall be delivered either by email, personally or by post to him to the address that he has last notified to the Director as being his place of residence. In case of disciplinary action or damages the letter shall be sent by Registered Post.

13.3 An IMP is required to allow access to his clinic to any person/s authorized by the ESIC or the State Govt. at a reasonable time for inspection of the same and also to inspect the

records as required. He is also required to furnish these records and to answer any query/give information with regard to any entry therein, as and when required.

- 13.4 He is required to answer any inquiries of any person authorized by the State Govt./ESIC with regard to any prescription or certificate issued by the IMP or any statement made in any report furnished by him as per these terms of service.

14-TERMINATION/WITHDRAWAL OF SERVICES OF IMP

- 14.1 *The Director, ESIS Medical Services, can suspend or terminate the agreement with an IMP and delete his name from the Medical List after giving due notice of not less than one month, when:*

- *Patients are not satisfied with his treatment/conduct*
 - *If he overprescribes.*
 - *If there is lax Certification.*
 - *If he is not maintaining records as per requirement or not sending reports as required.*
 - *Or for any other reason deemed necessary by the Director.*
- Local Committee after investigating the matter shall recommend for termination/withdrawal/continuation of services and the same shall be submitted to State Executive Committee for further action.*

The State Govt. shall be at liberty to suspend the panel system as a whole if the system does not function properly and efficiently. The State Govt. shall then give three months notice to each IMP of the date from which the suspension is to take place. Simultaneously the State Govt. shall make suitable alternative arrangement for providing medical services.

- 14.2 *An IMP is entitled at any time to give notice to the Director if he desires to cease to be an IMP. His name shall be deleted from the Medical List at the end of three months from the date of receipt of his application, or shorter, at the discretion of the Director, ESIS Medical Services. Till such time he shall continue to give service as before.*

Annexure-XI

15-RECORD KEEPING AND REPORTING:

The following records are to be maintained by the IMPs in the prescribed format and the same may be sent to DIMS with a copy to SSMC/SMC. If the report is not sent regularly for three months, IMP would be issued a notice. If the report is not received for another three months, the payment to IMP will be stopped and inspection will be done by a team constituted by the Chairman, State Executive Committee which shall recommend further action.

16-COMPLAINT REGISTER

The IMP shall maintain a complaint register of the size of about 8" x 14" containing about 40 pages having hard cover on both sides. The cover page shall have the title as under:-

" COMPLAINT REGISTER".

- **Name of IMP** : -----
- **Address of IMP Clinic** : -----

Certified that the register contains --- numbers of pages. All the pages have been numbered.

Signature and stamp issuing authority
DIMS/His representative

The register will be maintained and kept at a prominent place in the clinic. The register can be inspected by Medical Referee/Director of State/Branch Office Manager/Member of Local Committee/SMC and member of State Executive Committee. This register will also be an important document to consider extension or otherwise of the services of IMP.

Note: The reporting formats will be submitted online as soon as the necessary software becomes available.

ANNEXURE -I

Indicative Advertisement for Empanelment of I.M.P

Applications are invited from Registered Medical Practitioners (Modern Medicine) for empanelment as Insurance Medical Practitioner (IMP) for providing primary health services and basic investigations to insured persons and their families living in _____area. IMPs will be paid a fixed capitation fee of Rs.300/- per IP family unit per annum, along with other remuneration, as per rule. Details may be seen on the website www.esic.nic.in. The Application form may be downloaded from the website. Duly filled application form may be submitted to _____ by_____ up to 4PM. Application received after due date and time shall be summarily rejected.

Date

Director,
ESI Scheme

Annexure-II

FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN MEDICAL LIST AS INSURANCE MEDICAL PRACTITIONER UNDER THE EMPLOYEES' STATE INSURANCE SCHEME

1. Name in full (in block letters) _____
2. Date of Birth _____
3. Sex _____
4. Name of spouse if married _____
5. Next of kin/Nominee _____
6. Medical qualification and other post graduate qualification :-

| University /Examination Board | Particulars of Qualification | Date of Qualification |
|----------------------------------|------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

7. (a) MCI/State Medical Council registration no: _____
8. Full residential address _____

9. Email Id: _____ Phone nos. _____

10. Full address of Clinic _____

11. Distance between notified area and clinic _____
12. Date from which practicing in the locality _____
13. Accommodation in Clinic _____

| Room | Area in Sq. Feet | Function |
|------|------------------|----------|
| | | |
| | | |
| | | |

14. Do you have: (1) A separate Consultation Room?
 (2) Space where patients can wait?
 (3) Your own dispensing arrangements?
 (4) A lab facility?
 (5) A toilet
 (6) A computer with or without internet facility?

15. Clinic Timings _____

16. Availability of ancillary staff in Dispensary/Clinic?

| Designation | Full time | Part time |
|-------------|-----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

17. Have you ever been debarred/penalized by the MCI/State Medical Council?

18. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max: 2000)

19. Status of clinic (please tick)

1. Self owned
2. Rented

20. State equipment and appliances maintained in your dispensary as per attached list.

21. Experience as General Medical Practitioner* :

| Period | | Address of the Clinic |
|--------|----|-----------------------|
| From | To | |
| | | |
| | | |
| | | |

** The applicant should have at least experience of 2 years as general practitioner.

22. Whether you were previously an IMP under ESI Scheme? If so, please state Code no. and reason for withdrawal of name from Medical List.

23. Have you applied previously? if so, what date, month and year?

Documents required to be attached:

- (a) Registration Certificate
- (b) Diploma or Degree certificate
- (c) SSC/School leaving certificate showing date of birth
- (d) Proof of documents showing ownership/tenancy of the clinic. (Ownership papers, rent receipt, rent agreement, electricity bill and water connection bill.)
- (e) All copies of above documents are to be self attested before submission.

DECLARATION

I, _____, a candidate for inclusion in the Medical List as an Insurance Medical Practitioner under the Employees' State Insurance Scheme declare that the particulars given above are true and correct to the best of my knowledge and belief.

I have read and understood the terms & conditions of service and agree to abide by them if included in the Medical List.

Signature

Date
Place

FOR OFFICIAL USE

Recommendation of the allocation Committee

**Chairman
Allocation Committee**

Approval of the Competent Authority, ESI Scheme

**Competent Authority
ESI Scheme**

MEDICAL FITNESS CERTIFICATE FOR IMP

(To be issued by IMO, ESI Dispensary/Hospital)

Certified that I have examined Mr./Ms.----- S/o/D/O/W/o -
----- and found him/her medically fit for the assignment of Insurance Medical
Practitioner under ESI Scheme. His/her age as per the documents is -----
years and physically appears ----- years of age. The signature of Doctor -----
is attested below

Signature of IMP

Signature attested

Dated

Signature of IMO
Stamp of the IMP

Minimum List of Medical and Surgical Equipment to be maintained by an Insurance Medical Practitioner

The clinic should have the following:

1. Instruments for dressing of wounds.
2. Instruments for suturing of simple wounds.
3. Instruments for incision and drainage of abscess.
4. Splints of various sizes.
5. Basic clinical examination equipment.
6. Lab Inv. Facilities.

Please indicate availability/non-availability of the following items:-

| <u>S.No.</u> | <u>Article</u> <u>Name of the Article</u> | <u>Availability</u> <u>Yes/No</u> |
|---------------------|--|--|
| 1 | Bandages assorted | |
| 2 | Dressing drum | |
| 3 | Foley's Catheter | |
| 4 | 1-0 Sterilized Silk Suture | |
| 5 | Kramer wire or Gooej splint | |
| 6 | Artery Forceps 5"/6" | |
| 7 | Plain forceps | |
| 8 | Forceps Sinus | |
| 9 | Forceps Sterilizer. Cheatles | |
| 10 | Plain forceps | |
| 11 | Nasal Speculum No. 2 | |
| 12 | Paper Adhesive Tape 1" | |
| 13 | Plaster adhesive 3"x10 yds | |
| 14 | Reflex hammer | |
| 15 | Weighing machine | |
| 16 | Scalpel | |

| | | |
|----|-----------------------------|--|
| 17 | Scissors | |
| 18 | Scissors, straight curved | |
| 19 | Sheeting, water proof 1 R | |
| 20 | POP Bandage | |
| 21 | Spatula | |
| 22 | BP Apparatus | |
| 23 | Spud, eye | |
| 24 | Sterilizer portable | |
| 25 | Stethoscope | |
| 26 | BP Instrument | |
| 27 | Syringes 2 cc, 5 cc & 10 cc | |
| 28 | Tape measure | |
| 29 | Test Tubes | |
| 30 | Test Tube holder | |
| 31 | Test Tube stand | |
| 32 | Distant vision chart | |
| 33 | Near vision testing set | |
| 34 | Thermometer, clinical | |
| 35 | Tongue depressor | |
| 36 | Tray SS Instrument | |
| 37 | Tray SS Kidney shaped | |
| 38 | Tray SS Instrument | |
| 39 | Wool, Cotton | |
| 40 | Uristix | |
| 41 | Glucometer with strips | |

Indicative list of medicines required to be available with the IMP

1. Tab Paracetamol 500mg
2. Tab Chlorpheniramine Maleate, 25/50
3. Tab Ibuprofen 200/400 MG
4. Tab Declofenac sodium 50 MG
5. Tab Declofenac SR 100 MG
6. Tab Aspirin 75/150/325mg
7. Declofenac Gel
8. Tab Ranitidine 150 MG
9. Tab Pantoprazole 40 MG
10. Tab Domperidone
11. Tab Prochlorperazine
12. Tab Norfloxacin 400mg
13. Tab Metronidazole 200/400
14. Tab Loperamide
15. Tab Meftal spas
16. Tab Buscopan (Hyoscine Butylbromide)
17. Tab Cetirizine 10 MG
18. Tab Pheniramine maleate 25 MG
19. Syrup Digene
20. Tab Deriphyllin retard 150/300
21. Tab Deriphylline
22. Tab Unicontin (SR Theophylline)
23. Tab Albendazole

24. Sup Pyrantelpalmoate
25. Cough Syrup
26. Syp. Paracetemaol
27. Tab Co-trimoxazole
28. Syp Co-trimodazole
29. Tab Ciprofloxacin 250/500 MG
30. Cap Doxycycline
31. Cap Gynae CVP
32. Tab Tranexamic acid 250/500mg
33. Tab Duvadilan (Isoxsuprine)
34. Tab Methergin ()Methylergonovine)
35. Soframicin Cream
36. Silver Sulfadiazine (2%) Ointment
37. Betadine Ointment (Povidone Iodine)
38. Betadine lotion
39. Savlon lotion
40. Gammexene lotion
41. Capsule Amoxycillin 250/500 mg
42. Syr Amoxycillin
43. Tab Augmentin 625
44. Syr Augmentin
45. Tab Perinorm (Metoclopramide) 5/10mg
46. Tablet Domstal (Domperidone)10mg
47. Tab Emset (ondansetron)4/8mg
48. Tablet Mebendazole

49. Tab Ofloxacin 200/400
50. Syr Ofloxacin
51. Syr Domstal
52. Syr Perinorm
53. Syr Emset
54. Tablet Zifi (Cefixime)200/400
55. Syr Zifi
56. Tablet Combiflam (Ibuprofen/Paracetamol)
57. Syrup Combiflam
58. Syr Phenergan (Promethazine)
59. Inj Voveran
60. Inj Rantac (Ranitidine)
61. Inj Buscopan
62. Inj Paracetamol
63. Inj Tranexa
64. Inj Stemetil
65. Inj Perinorm
66. Inj Emset
67. Inj Tetanus Toxoid
68. Inhaler Asthalin (Salbutamol)
69. Inhaler Seroflo (Salmeterol/Fluticasone) 125,250
70. Inhaler Tiova (Tiotropium Bromide)
71. Rotahaler
72. Asthalin rotacap
73. Seroflo rotacap
74. Tiova rotacap
75. Inhaler Flohale (Fluticasone) 125/250

Annexure VI

VISIT REGISTER

Monthly Return to be submitted to AMO/Director, ESIS
(Month.....year.....)

[illegible]

Signature and stamp of IMP

Record of Distribution of Medicines to individual patients

Monthly Return to be submitted to AMO/Director, ESIS

[illegible]

Signature and stamp of IMP

Annexure VIII

Monthly Proforma for record of Medicines
(Stock Register)
(Month----- Year.....)

| S.No. | Name of Medicine | Stock position | Medicine Indented | Medicine Received | Medicine Issued to IP during the month | Balance |
|-------|------------------|----------------|-------------------|-------------------|--|---------|
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Signature and stamp of IMP

AGREEMENT

The agreement made on between Dr. _____
S/O,D/O,W/O _____, Resident of
_____, on the one part, hereinafter called first party and the
_____ESIS _____ through _____ called
the other part, called the second party.

Whereas **Dr.** _____ has been engaged as Insurance Medical
Practitioner (**IMP**) in _____ on purely **contractual**
basis.

And whereas the contract which will be given to the First Party on the said
assignment shall be a contractual engagement and shall continue for one year only.

And whereas the first party has read the terms and condition of this Agreement,
and is willing to be engaged as an Insurance Medical Practitioner on the terms and
conditions, and on the remuneration, hereinafter appearing in this Agreement and which
he/she has signed in token of acceptance of terms and conditions and the remuneration
mentioned therein.

Now it is mutually agreed between the parties as under:

1. The engagement of First Party as **Insurance Medical Practitioner** will be purely contractual for a period of one year only.
2. The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of this agreement by both parties, the First Party resumes duties in the forenoon of the day.
3. The First Party shall be entitled to receive from the Second Party remuneration as decided by The ESIS as per rules and engagement during the period of twelve months from commencement of engagement under this contract or if this agreement terminated earlier by any party under the powers reserve herein then up to the period this agreement stands terminated The first party shall get emoluments only for such of the above period when he/she actually performed his/her assigned work No other amount shall be admissible to him/her for the work actually rendered by him/her. Income Tax as applicable shall be deducted at source.
4. The first party shall provide treatment to:
 - All insured persons and their dependent family members attached to him.

- All persons whom he has accepted or agreed to accept for inclusion in his list and who have not yet been notified to him by the Director.
 - All persons who have been assigned to him and who have not yet been notified to him as having ceased to be on his list.
 - Any insured person who needs treatment in case of an accident or any other emergency.
 - All persons for whom he may be required under the terms of the allocation scheme to provide treatment pending their acceptance or assignment to IMP.
- 6 The first party will be bound by the duties and functions and other aspects of employment as detailed in the Manual for IMP provided to him.

The salient features of his duties are as under:

Working hours:

- Total no of working hours: Minimum 7 hrs a day.
 - The clinic must be open for 3 hours in the morning, starting not earlier than 8.00AM and not later than 9.00AM and 3 hours in the evening, starting not earlier than 5.00PM and not later than 6.00PM.
 - The clinic timings will be approved by Director, ESIS Medical Services.
 - The clinic hours must be displayed prominently in an appropriate place in the clinic.
- He is required to provide treatment to his patients as that generally given by a General Medical Practitioner.
 - He shall render whatever services as possible in the interest of the beneficiary in case of an emergency, including difficult/complicated maternity cases.
 - He shall provide essential medicines in the clinic as per list provided by the Corporation.
 - In case the illness/condition of the patient is such that it requires treatment that is not within his obligations/capacity, he may inform the patient and refer him to the nearest ESI, ESI recognized or Govt. hospital. In case he makes arrangements for the patient's transfer by ambulance or otherwise and any expense incurred by him on the transport shall be reimbursed to him by the Director, ESIS Medical Services.

- He shall issue Medical Certificates, free of charge, as reasonably required for sickness, maternity, employment injury and death etc. as under regulations or as may be required from time to time by the Competent authority.
- He shall report death of an insured person or a family member and to forward the Medical Record to the concerned Branch Manager, Branch Office of ESIC within 7 days. A copy of the same should be sent to the Director, ESIS Medical Services.
- He shall maintain records as per requirement of State Govt. or ESIC. He shall maintain a record of each insured person on his list on the forms laid down by the Corporation in accordance with the instructions issued by the Corporation.
- He shall maintain registers that are required to be maintained and send monthly reports to the concerned Authorities as per formats provided to him.
- He shall furnish returns, such as statistics, drug requirement, Certificate Book etc. in such forms as prescribed by Corporation or the State Government or Director/AMO
- He shall accept ESIC 86, TIC, ESIC-37, 105, 166, 48 etc. as prescribed by the Corporation.
- He shall refer beneficiaries who require consultation with Medical Referee (MR).
- He shall afford the MR access at all reasonable times to his clinic where the records required by these terms of service are kept for the purpose of inspection of such records and to furnish to the MR such records or necessary information with regard to any entry therein, as he may request.
- He shall meet the MR at his request for the purpose of examining in consultation any patient in respect of whom the IMP has sought the advice of the MR
- He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query raised by the MR in regard to any prescription or certificate issued by the IMP or any statement made in any report furnished by him under these terms of service.
- He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query/clinical information regarding any IP to whom the IMP has declined a Medical Certificate.

7 The First Party will engage himself/herself in the treatment of IPs and their families efficiently and diligently and to the best of his/her ability. He/she will devote his/her whole time during the assigned clinic hours to his/her work and duties and will not engage himself/herself directly or indirectly in any trade, business or occupation on his/her own account during that time.

8 That the contractual engagement which the First Party shall be required to do are:-

In witness whereof, the parties have signed the Agreement on the dates mentioned against their respective signature.

| | |
|---|---|
| SIGNATURE OF SECOND PARTY DATE: PLACE: | AUTHORISED SIGNATURE OF FIRST PARTY DATE: PLACE: |
| WITNESS: DATE: PLACE: | WITNESS DATE: PLACE: |

I.M.P. CLINIC FOR ESI BENEFICIARIES

Name of the IMP Dr.-----

TIMINGS: MORNING EVENING

Weekly Off :

- Medical Attendance : All beneficiaries
- Investigations : Blood Sugar, Hb, Urine-alb/Sug as per requirement
- Distribution of Medicine : As per list of medicine available
- Medical leave certificate : As per requirement up to 7 days at a time
- Phone No. for Complaint :
- Complaint Register : Available with IMP

Annexure –XI**QUARTERLY ASSESSMENT OF PERFORMANCE OF IMP**
(For annual review of performance of IMP)**Report for the period I/II/III/IV Quarter for the year 20-----**

| Sl. No | Parameters to be evaluated | Assessment | Remarks |
|---------------|---|---------------------------|----------------|
| 1 | Patients satisfaction based on interviews and complaint register. | Satisfied/dissatisfied | |
| 2 | Distribution of medicines | Yes/No | |
| 3 | Under prescription (Attendance and consumption compared with other IMPs) | Yes/No | |
| 4 | Over prescription (Attendance and consumption compared with other IMPs) | Yes/No | |
| 5 | Necessary investigations (As per annexure-VI) | Done/Not done | |
| 6 | Lax certification (As per annexure-VI) | Yes/No | |
| 7 | Complaint book | Maintained/Not maintained | |
| 8 | Display of Notice Board | Displayed/Not displayed | |

Dated:-----

Signature and stamp issuing authority
DIMS/His representative