

**DIRECTORATE OF EMPLOYEES' STATE INSURANCE SCHEME, ODISHA,  
BHUBANESWAR.**

**PLOT NO. A/122, UNIT-VIII, NAYAPALLI, BHUBANESWAR-751012.**

**Ph. No. 0674-2392497/ E mail: [directoresis@gmail.com](mailto:directoresis@gmail.com)**

**No. 6941/DESI, DEV-I-72/2023, Dated. 13 / 07 /2023.**

**INDICATIVE ADVERTISEMENT FOR EMPANELMENT  
OF INSURANCE MEDICAL PRACTITIONER (I.M.P)**

Application are invited from Registered Medical Practitioners (Modern Medicine with minimum M.B.S.S. Degree) for empanelment as Insurance Medical Practitioner (IMP) located in centres as follows at (1) Rairangpur, Dist-Mayurbhanj, (2) Ballugaon, Dist-Khurda, (3) Titlagarh, Dist- Bolangir, (4) Keonjhar Town, Dist-Keonjhar, (5) Athagarh, Dist-Cuttack, (6) Sunabeda, Dist-Koraput, (7) Subarnapur Town, Dist-Subarnapur in Odisha for providing primary health services with basic investigations to the Insured Persons and their family living in areas where new implementation of the ESI Scheme is under process.

Applicant for IMP should be less than 67 years of age. Contact period shall be one year, renewable every year for a maximum period of three years. Registered Medical Practitioner is paid remuneration of Rs. 500/- per IP per year (inclusive of medicines) or Rs. 300/- per IP per year (exclusive of medicines) will be paid along with other remuneration, as per rules. The application form may be downloaded from the Government website [www.odisha.gov.in](http://www.odisha.gov.in). Duly filled in application form may be submitted through **Registered Post / Speed Post only** to the Office of the Directorate of ESI Scheme, Odisha, Plot No. A/122, Unit-VIII, Nayapalli, Bhubaneswar-751012 on or before **14.08.2023 by 4.00 P.M.** Application received after due date and time shall be summarily rejected.

The authority reserves the right to accept or reject any or all the application for empanelment of IMP without assigning any reasons thereof.

**Sd/-**

**DIRECTOR, ESI SCHEME,**

**ODISHA, BHUBANESWAR.**

**FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN  
MEDICAL LIST AS INSURANCE MEDICAL PRACTITIONER UNDER THE  
EMPLOYEES STATE INSURANCE SCHEME, ODISHA.**

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

University / Examination Board	Particulars of Examinations	Date of examinations

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 Timing.....
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. Status 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 the 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 understand the terms and conditions of services and agree to abide by them if included in the Medical List.

**Date:** \_\_\_\_\_.

**Signature of Applicant**

**Place:** \_\_\_\_\_.

.....  
**FOR OFFICIAL USE**

Recommendation of the allocation Committee

**Chairman  
Allocation Committee**

Approval of the Competent Authority, ESI Scheme, Odisha.

**Competent Authority,  
ESI Scheme, Odisha.**  
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## **TERMS AND CONDITIONS FOR EMPANELMENT OF INSURANCE MEDICAL PRACTITIONER (IMP)**

### **1 Introduction:-**

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.

### **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 67 years of age at the time of entry. Age for continuation as IMP should not exceed 70 years.
- 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.

### **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/statement 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 a 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.

### **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.
- 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.
  - 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 independent 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 8.00 AM and not later than 9.00 AM and 3 hours in the evening, starting not earlier than 5.00 PM and not later than 6.00 PM.
- 6.2 The clinic timings will be intimated to Director, ESI Scheme, Odisha
- 6.3 The clinic hours \_\_\_\_\_ and \_\_\_\_\_ closed days 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. However, she/he is required to treat her/his general patients and ESI beneficiaries on 'First come first service' basis duly taking into account the need of patient for urgent medical cases.
- 6.5 She/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 She/he shall provide essential medicines in the clinic as per list provided by the Corporation/ESI (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, she/he may inform the patient and refer her/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 her/him on the transport, the same shall be reimbursed to her/him by the Director, ESI Scheme, Odisha.
- 6.8 She/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. For requirement of Medical Certificate beyond two weeks, IMP should refer the patient to Medical referee.
- 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.
- 6.10 She/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. The ESI Scheme, Odisha would provide the indent books, Forms for Medical Certificate and Stock Registers. (The cost incurred on the rest of stationery is included in the package remuneration to be given to the IMP).
- 6.11 She/he shall accept ESIC 86, TIC, ESIC-37, 105, 166, 48 etc. as prescribed by the Corporation.
- 6.12 She/he shall refer beneficiaries who require consultation with Medical Referee (MR).
- 6.13 She/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 She/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 her/him under these terms of service.
- 6.16 She/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 has been displayed prominently on the Notice board.
  - (iv) Annually review performance of the IMPs and the report of the same shall be submitted to State Executive Committee
- 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. 500/- 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 7<sup>th</sup> 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 her/his choice but will not visit any other IMP. IP will have the option to change IMP in case of change of residence or if she/he finds the services of existing IMP not to her/his satisfaction. Meanwhile she/he will be free to visit any of the services dispensaries for treatment etc. When an IP wishes to change her/his IMP on account of (a) change of residence or (b) after one year in the list of the IMP or (c) otherwise, she/he should inform her/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 her/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 her/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 her/himself available to attend her/his dispensary, she/he shall make alternate arrangement for securing the treatment of insured persons and their family attached to her/him in her/his clinic. She/he shall inform through e-mail & over phone to Director ESIS 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 her/himself for more than one week without first informing the Director, ESIS Medical Services of her/his proposed absence and of the person/s responsible for conducting her/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 Scheme, Odisha about her/his inability.
- 11.5 The IMP shall be liable for any compensation for injury or damages suffered by an insured person or her/his family as a result of negligence on her/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 IMPList 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 the terms of service.

#### **14 TERMINATION/WITHDRAWAL OF SERVICES OF IMP:**

- 14.1 The Director, ESIScheme, Odisha 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:
- a. Patients are not satisfied with his treatment/conduct
  - b. If he overprescribes.
  - c. If there is lax Certification.
  - d. If he is not maintaining records as per requirement or not sending reports as required.
  - e. 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, ESIScheme, Odisha. Till such time he/hes shall continue to give service as before.

#### **15 RECORD KEEPING AND REPORTING:**

The following records are to be maintained by the IMPs:-

- i) Visit Registrar (Annexure-VI).
- ii) Stock Register of receiving and consumption of drugs (Annexure-VIII).
- iii) Record of distribution of Medical to individual patient (Annexure-VII).
- iv) Record of Medical Certificates (Blank leaflets received and certificate issued).
- v) Stock Register.



vi) Record of monthly reports.

Following reports are to be submitted to Directorate of ESI Scheme, Odisha by IMP on monthly basis.

1. Annexure-VI.
2. Annexure-VII.
3. Annexure-VIII.

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**  
**Director, ESI Scheme, Odisha/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.

**MEDICAL FITNESS CERTIFICATE FOR IMP**

**(To be issued by IMO, ES Dispensary/Hospital)**

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

.....  
Signature of IMPs

.....  
Signature attested

Dated:.....

**Signature of IMP**  
**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:-**

S.No.	Article Name of the Article	Availability Yes/No
1	Bandages assorted	
2	Dressing drum	
3	Foley's Catheter	
4	1-0 Sterilized Silk Suture	
5	Kramer wire or Gooch's 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"x10yds	
14	Reflex hammer	
15	Weighing machine	
16	Scalpel	
17	Scissors	
18	Scissors, straight curved	
19	Sheeting, waterproof 1R	
20	POP Bandage	
21	Spatula	
22	BP Apparatus	
23	Spud, eye	
24	Sterilizer portable	
25	Stethoscope	
26	BP Instrument	
27	Syringes 2cc, 5cc & 10 cc	
28	Tap 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	Tonguedepressor	
36	TraySSInstrument	
37	TraySSKidneyshaped	
38	TraySSInstrument	
39	Wool,Cotton	
40	Uristix	
41	Glucometerwithstrips	

## **ANNEXURE– V**

### **Indicativelistof medicinesrequiredto beavailablewiththeIMP**

1. TabParacetamol500mg
2. TabChlorphenaramineMaleate,25/50
3. TabIbuprofen200/400MG
4. TabDeclofinacsodium50 MG
5. TabDeclofinacSR100MG
6. TabAspirin75/150/325mg
7. DeclofinacGel
8. Tab Ranitidine150MG
9. TabPantoprazole40MG
10. TabDomeperidone
11. TabProchlorperazine
12. TabNorfloxacin400mg
13. TabMetronidazole200/400
14. TabLoperamide
15. TabMeftalspas
16. TabBuscopan(HyoscineButylbromide)
17. TabCetirizine10MG
18. TabPheniraminemaleate 25MG
19. SyrupDigene
20. TabDeriphyllinretard150/300
21. TabDeriphiline
22. TabUnicontin(SRTheophylline)
23. TabAlbendazolSupPyrantelpalmoate
24. CoughSyrup
25. Syp.Paracetemaol
26. TabCo-trimoxazole
27. SypCo-trimodazole
28. TabCiprofloxacin250/500MG
29. CapDoxicycline
30. CapGynaeCVP
31. Tab Tranexamicacid 250/500mg
32. TabDuvadilan(Isoxsuprine)
33. TabMethergin()Methylergonovine)
34. SoframicinCream
35. SilverSulfadiazine(2%)Ointment
36. BetadineOintment(PovidoneIodine)

37. Betadinelotion
38. Savlonlotion
39. Gammexenelotion
40. CapsuleAmoxycillin250/500mg
41. SyrAmoxycillin
42. TabAugmentin625
43. SyrAugmentin
44. TabPerinorm(Metoclopramide)5/10mg
45. TabletDomstal(Domperidone)10mg
46. TabEmset(ondansetron)4/8mg
47. TabletMebendazole
48. TabOfloxacin 200/400
49. SyrOfloxacin
50. SyrDomstal
51. SyrPerinorm
52. SyrEmset
53. TabletZifi(Cefixime)200/400
54. SyrZifi
55. TabletCombiflam(Ibuprofen/Paracetamol)
56. SyrupCombiflam
57. SyrPhenergan(Promethazine)
58. InjVoveran
59. InjRantac(Ranitidine)
60. InjBuscopan
61. InjParacetamol
62. InjTranexa
63. InjStemetil
64. InjPerinorm
65. InjEmset
66. InjTetanusToxoid
67. InhalerAsthalin(Salbutamol)
68. InhalerSeroFlo(Salmeterol/Fluticasone)125,250
69. InhalerTiova(TiotropiumBromide)
70. Rotahaler
71. Asthalinrotacap
72. SeroFlorotacap
73. Tiovarotacap
74. InhalerFloHale(Fluticasone)125/250

## ANNEXURE-VI

## VISITREGISTER

**Monthly Return to be submitted to AMO/Director, ESIS**

(Month.....Year.....)

[illegible]

**Signatureandstampof IMP**

**ANNEXURE -VII**

**Record of Distribution of Medicines to individual patients**

**Monthly Return to be submitted to AMO/Director, ESIS**

**(Month..... Year.....)**

Sl.No.	Date of visit	Name of patient	Ins.No.	IP/Family member	Age & Sex	Diagnosis	Medicines Issued	Remark

**Signature and stamp of IMP**

**ANNEXURE-VIII**

**Monthly Proforma for record of Medicines(Stock Register)**

**(Month.....Year.....)**

<b>Sl.No.</b>	<b>Name of Medicine</b>	<b>Stock position</b>	<b>Medicine Indented</b>	<b>Medicine Received</b>	<b>Medicine Issued to IP during the month</b>	<b>Balance</b>

**Signature and stamp of IMP**



**(Signboard should be 5ft. long and 3ft. wide)**

## **NOTICEBOARD**

**I.M.P. CLINIC FOR ESIBENEFICIARIES**

**Name of the IMP Dr.....**

**TIMINGS : MORNING EVENING**

**Weekly Off :**

### **AVAILABILITY OF SERVICES**

- 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 upto 7 days  
at a time
- Phone No. for Complaint:
- Complaint Register : Available with IMP

**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.....**

<b>Sl.No</b>	<b>Parameter to be evaluated</b>	<b>Assessment</b>	<b>Remarks</b>
1	Patient satisfaction based on interviews and complaint register.	Satisfied/dissatisfied	
2	Distribution of medicines	Yes/No	
3	Underprescription (Attendance and consumption compared with other IMPs)	Yes/No	
4	Overprescription (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**  
**Directorate of ESI Scheme, Odisha/**  
**His representative**