



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
(Ministry of Labour & Employment, Govt. of India)



मुख्यालय / Headquarters  
पंचदीप भवन, सी.आई.जी. मार्ग, नई दिल्ली - 110002  
**Panchdeep Bhawan, C.I.G. Marg,**  
**New Delhi-110002**  
**Phone:- 10011051,**  
**E-mail: jd-admin2@esic.nic.in**

No. A -33/13/1/2022 - E-II

Dated: - 23/9/2024

To,

1. All Regional Directors/Directors(I/C)/DDs(I/C), ROs/SROs
2. Deputy Director(E-V), Hqrs. Office.
3. NTA/D(M)D/D(M) Noida.
4. All Deans, ESIC Medical/Dental/Nursing Colleges/PGIMSR
5. All Medical Superintendents, ESIC Hospitals/ESIC Model Hospitals
6. Concerned Dy. Director (Fin)/Assistant Director (Fin.)
7. WCM for uploading it on ESIC Website.

Subject: - Grant of financial upgradation under MACP Scheme in r/o Personal Assistant cadre - reg.

Sir,

I am directed to refer to the subject cited above and request you to furnish the information in r/o official(s) in the cadre of Personal Assistant of your Region/Office, who are eligible for Grant of financial up-gradation under MACP scheme up to 31-12-2024 in the Prescribed Proforma (Annexure -I and II) (Copy Enclosed). The information should be provided on the basis of service records of the concerned official(s) and duly verified by Regional/Local Finance and Accounts Branch.

Further, complete APAR Dossiers, Vigilance Clearance and Integrity Certificate in r/o concerned official(s) along with the enclosed proforma may also be furnished to this office.

This issues with the approval of Competent Authority.

Encl: As above.

Yours  
faithfully,

Signed by

Mamji Kumar Sahoo  
Assistant Director

Date: 23-09-2024 13:55:35

## Annexure -I

[illegible]

## Annexure-II

Sl. No.	Name of the Official	Present Designation	Vigilance Clearance (Regional)	Date of Charge-sheet(s), if any, issued and pending or on after 09-08-99 against the official(if more than one charge-sheet issued then furnish the required information in each case separately)	Date of order of imposing of penalty with its extent/nature	Date of commencement of penalty	Date of completion of penalty (in case of more than one penalty is imposed, the exact date of commencement/ completion of penalty period in each case may be indicated separately)	Status as on date	Remarks, if any
1	2	3	4	5	6	7	8	9	10