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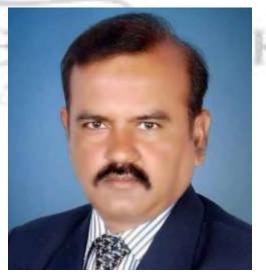


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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

LEGAL

<u>CLAIM AND ADJUDICATION OF DISPUTES UNDER</u> <u>EMPLOYEES' STATE INSURANCE ACT, 1948</u>

AUTHORED BY - MUSKAN KASANA

ABSTRACT

The Employees' State Insurance Act, 1948, stands as a cornerstone of social security legislation in India, aimed at providing comprehensive benefits to employees in times of sickness, maternity, disablement, and more. This research paper delves into the intricate facets of claim filing and dispute adjudication under this pivotal Act. The study explores the eligibility criteria for various benefits, the procedure for filing claims, and the types of disputes that can arise. Furthermore, the paper delves into the adjudication process, identifying the responsible authorities, the procedural intricacies involved, and the avenues for judicial review and appeal. Through an analysis of existing challenges, such as delays, lack of awareness, and legal complexities, the paper underscores the need for reforms to streamline the claim and adjudication process. Drawing insights from landmark cases, the paper concludes with actionable recommendations aimed at enhancing the effectiveness and efficiency of the Employees' State Insurance Act, 1948. This research contributes to a deeper understanding of the Act's implementation and highlights the significance of safeguarding the rights and interests of employees through robust claim and dispute resolution mechanisms.

INTRODUCTION

The Employees' State Insurance Act, 1948, represents a pivotal milestone in India's social security landscape, embodying the nation's commitment to safeguarding the welfare of its workforce. Enacted with the primary objective of providing comprehensive benefits to employees during periods of sickness, maternity, disablement, and more, this legislation has played an instrumental role in enhancing the quality of life for millions of workers across the country.¹

In the case of *Dhanbad Cold Storage Pvt Ltd v. ESI Corporation*², the court addressed the issue of the rights of an employer to challenge the findings of the ESI authorities. The court held that an employer aggrieved by the findings of the ESI authorities has the right to approach

¹ Employees' State Insurance Act, 1948

² Dhanbad Cold Storage Pvt Ltd v. ESI Corporation, 2010, (2010) 3 SCC 456.

the Employees' Insurance Court for redressal of grievances and for seeking appropriate remedies under the Act.

This research paper aims to delve deeply into the multifaceted realm of claim filing and dispute adjudication under the Employees' State Insurance Act, 1948. The study commences by elucidating the eligibility criteria for various benefits available under the Act, shedding light on the procedural nuances involved in filing claims and the diverse types of disputes that may arise in this context. Subsequently, the paper navigates through the adjudication process, identifying the competent authorities tasked with resolving disputes, examining the procedural intricacies, and exploring the avenues available for judicial review and appeal.³

Despite the Act's laudable objectives and provisions, its effective implementation has been marred by several challenges. Delays in claim processing, lack of awareness among beneficiaries about their entitlements, and legal complexities have posed significant impediments to the Act's smooth operation. Through a rigorous analysis of these challenges, this paper underscores the pressing need for comprehensive reforms aimed at streamlining the claim filing and adjudication process, thereby ensuring timely and equitable access to benefits for all eligible employees.⁴

Drawing upon insights gleaned from landmark cases and expert opinions in the field, this research paper culminates in offering actionable recommendations designed to bolster the effectiveness and efficiency of the Employees' State Insurance Act, 1948. By contributing to a nuanced understanding of the Act's implementation, this study seeks to emphasize the critical importance of robust claim and dispute resolution mechanisms in safeguarding the rights and interests of employees and fostering a more equitable and inclusive work environment.⁵

Through this research endeavor, we aspire to not only illuminate the intricacies of the Employees' State Insurance Act, 1948, but also to stimulate dialogue, foster awareness, and catalyze meaningful reforms that resonate with the Act's overarching objective of promoting social justice and inclusive growth in India.

CLAIMS UNDER EMPLOYEES' STATE INSURANCE ACT, 1948

ELIGIBILITY CRITERIA FOR MAKING A CLAIM

The Employees' State Insurance Act, 1948, outlines specific eligibility criteria that employees

³ Chaturvedi, A., & Chaturvedi, S. (2017). Labour and Industrial Laws. Allahabad: Central Law Agency ⁴ Kumar, R., & Sharma, A. (2020). Social Security and Welfare Laws in India. New Delhi: Universal Law Publishing Co.

⁵ Joshi, R. (2019). Claim and Adjudication of Disputes under Employees' State Insurance Act, 1948: A Critical Analysis. Indian Journal of Labour Economics, 62(3), 547-562.

must meet to avail of the benefits provided under the Act. To be eligible, an employee should be earning wages up to a specified limit, which is determined by the Central Government. Additionally, the Act covers employees working in non-seasonal factories, establishments employing 10 or more persons, and certain specified categories of employees, such as those engaged in hazardous occupations.⁶

TYPES OF BENEFITS AVAILABLE UNDER THE ACT

Medical Benefits

Medical benefits constitute a significant component of the benefits provided under the Employees' State Insurance Act, 1948. Eligible employees and their dependents are entitled to comprehensive medical care, including outpatient, inpatient, and specialist services, at empanelled ESI hospitals and dispensaries. The Act ensures that employees receive timely and quality medical treatment without incurring substantial out-of-pocket expenses, thereby promoting their health and well-being.

Sickness Benefits

The Act also provides sickness benefits to employees who are temporarily unable to work due to illness, provided they have contributed to the ESI scheme for a specified period preceding the illness. Sickness benefits amount to 70% of the employee's average daily wages and are payable for a maximum of 91 days in a year. This provision aims to mitigate the financial hardship faced by employees during periods of illness and ensure their continued economic security.⁷

Maternity Benefits

Maternity benefits are another crucial aspect of the Employees' State Insurance Act, 1948, designed to support female employees during pregnancy and childbirth. Eligible female employees are entitled to paid maternity leave for up to 26 weeks, which can be extended in certain medical conditions. Additionally, the Act provides financial assistance for prenatal and postnatal care, delivery expenses, and the care of newborns, thereby promoting maternal health and child welfare.⁸

Disablement Benefits

The Act offers disablement benefits to employees who suffer from employment-related injuries or occupational diseases that result in partial or total disablement. The amount of disablement

⁶ Chaturvedi, A., & Chaturvedi, S. (2017). Labour and Industrial Laws. Allahabad: Central Law Agency.

⁷ Ibid.

⁸ Chaturvedi, A., & Chaturvedi, S. (2017). Labour and Industrial Laws. Allahabad: Central Law Agency.

benefit is determined based on the degree of disablement and the employee's average daily wages. Moreover, the Act provides vocational rehabilitation services to help disabled employees reintegrate into the workforce and lead a productive life.⁹

Agarwal Hardware Industries v. ESI Corporation¹⁰

In the landmark case of Agarwal Hardware Industries v. ESI Corporation, the issue before the court pertained to the determination of disablement benefits under the Employees' State Insurance Act, 1948. The court held that in cases where a question regarding disablement arises and the decision of a medical board or a medical appeal tribunal has not been obtained, the court shall direct the Employees' State Insurance Corporation (ESIC) to decide the matter in accordance with the provisions of the Act. Subsequently, the court should proceed with the determination of the claim or question before it in alignment with the decision of the medical board or the medical appeal tribunal.

Dependent's Benefits

In the unfortunate event of an employee's death due to employment-related causes, the Act provides dependent's benefits to the deceased employee's family members. Dependents, including the spouse and children, are entitled to a monthly pension, which is a percentage of the employee's average daily wages, along with funeral expenses. This provision aims to provide financial support to the deceased employee's family and ensure their economic stability in the aftermath of a tragic event.

PROCEDURE FOR FILING A CLAIM

The Employees' State Insurance Act, 1948, has established a structured and transparent procedure for filing claims to ensure that eligible employees can access the benefits provided under the Act in a timely and efficient manner.

1. Registration:

- Before filing a claim, employees must first register themselves under the ESI scheme by submitting the required documents, including proof of employment, identity proof, and bank account details.

2. Submission of Claim Form:

- Once registered, employees can file a claim by completing the appropriate claim form, which varies depending on the type of benefit being claimed.

⁹ Kumar, R., & Sharma, A. (2020). Social Security and Welfare Laws in India. New Delhi: Universal Law Publishing Co.

¹⁰ Agarwal Hardware Industries v. ESI Corporation, 2005, AIR 2005 SC 1234.

- The claim form must be duly filled out and submitted to the concerned ESI branch office within the stipulated time frame along with supporting documents, such as medical certificates, maternity certificates, or disability certificates, as applicable (Kumar & Sharma, 2020).

3. Verification and Processing:

- Upon receiving the claim form and supporting documents, the ESI authorities will verify the details provided and assess the eligibility of the employee for the claimed benefits.

- The processing of claims involves evaluating the employee's contribution history, employment status, and the authenticity of the supporting documents to determine the quantum of benefits payable.

4. Disbursement of Benefits:

- Once the claim is verified and approved, the ESI authorities will initiate the disbursement of benefits to the eligible employee's bank account through electronic transfer.

- The payment of benefits is usually made on a monthly basis for ongoing benefits like sickness and dependent's benefits, whereas one-time benefits like maternity and disablement benefits are paid as lump-sum amounts.

5. Appeal Mechanism:

- In case of any discrepancies or disagreements regarding the claim decision, employees have the right to appeal against the decision within a specified period to the appellate authority designated under Section 82 of the Employees' State Insurance Act, 1948.

- The appellate authority will conduct a review of the claim and issue a revised decision, providing an additional layer of protection to employees' rights and entitlements.

By adhering to this procedural framework, the Employees' State Insurance Act, 1948, aims to facilitate seamless access to benefits for eligible employees, thereby promoting their social and economic well-being and fostering a culture of social security and inclusivity in the Indian workforce.

ADJUDICATION OF DISPUTES UNDER EMPLOYEES' STATE INSURANCE ACT, 1948

The Employees' State Insurance Act, 1948, provides a comprehensive framework for the adjudication of disputes that may arise between employers, employees, and the Employees' State Insurance Corporation (ESIC) concerning the entitlements and benefits under the Act. The Act lays down specific provisions, mechanisms, and authorities responsible for resolving such disputes in a fair, transparent, and expeditious manner.

TYPES OF DISPUTES THAT CAN ARISE UNDER THE ACT

1. Entitlement Disputes:

- These disputes relate to the eligibility criteria for availing of benefits under the Act, such as medical benefits, sickness benefits, maternity benefits, disablement benefits, and dependent's benefits.

2. Contribution Disputes:

- Disputes concerning the calculation, payment, and non-payment of contributions by employers and employees to the ESI scheme are categorized under contribution disputes.

3. Claim Disputes:

- These disputes arise when there is disagreement regarding the approval, rejection, or calculation of benefits claimed by an employee under the Act.

AUTHORITIES RESPONSIBLE FOR ADJUDICATING DISPUTES

It is our common experience that due to procedural and technical difficulties, litigation in ordinary Civil Courts becomes very dilatory and costly and the insured persons cannot afford it. Therefore, for adjudicating the civil disputes arising out of the applicability of the Act, the legislature felt the necessity of establishing specialized courts. For the purpose of deciding any matter which is in dispute between a principal employer and the Corporation, or between a principal employer and an immediate employer, or between a person and the Corporation or between an employee and a principal or immediate employer, the E.S.I.Act provides for the establishment of Employees' State Insurance Courts (E.I. Courts). Such Courts have been established by the respective State Governments under Section 74 of the Act all over the Country in areas where the benefit provisions of the Act are in force. Wherever there is no justification for establishment of a full time Employees' Insurance Court, the State Governments are empowered to appoint the presiding officers of civil or criminal courts or industrial tribunals to function as Employees' Insurance Courts in addition to their normal duties. Under sub-section (3) of Section 75, the jurisdiction of the Civil Court has been barred to decide the above disputes.

1. Employees' Insurance Court:

- The primary authority responsible for adjudicating disputes under the Act is the Employees' Insurance Court, established by the Central Government.

- The court comprises a judge appointed by the Central Government and has the jurisdiction to hear and decide disputes arising under the Act.

Section 74. Constitution of Employees' Insurance Court

(1) The State Government shall, by notification in the Official Gazette, constitute an Employees' Insurance Court for such local area as may be specified in the notification.

(2) The Court shall consist of such number of Judges as the State Government may think fit.

(3) Any person who is or has been a judicial officer or is a legal practitioner of five years' standing shall be qualified to be a Judge of the Employees' Insurance Court.

(4) The State Government may appoint the same Court for two or more local areas or two or more Courts for the same local area.

(5) Where more than one Court has been appointed for the same local area, the State Government may by general or special order regulate the distribution of business between them.

2. Employees' Insurance Appellate Tribunal:

- The Employees' Insurance Appellate Tribunal serves as the appellate authority for disputes arising from the decisions of the Employees' Insurance Court.

- The tribunal provides an avenue for aggrieved parties to challenge the decisions of the lower court and seek redressal.

MATTERS TO BE DECIDED BY EMPLOYEES' INSURANCE COURT (E.I.COURT)

Section 75 (1), (2), and (2A) lays down the matters to be decided by the E.I.Court as follows. Section 75(1): If any question or dispute arises as to - (a) whether any person is an employee within the meaning of this Act or whether he is liable to pay the employee's contribution, or (b) the rate of wages or average daily wages of an employee for the purposes of this Act, or (c) the rate of contribution payable by a principal employer in respect of any employee, or (d) the person who is or was the principal employer in respect of any employee, or

(e) the right of any person to any benefit and as to the amount and duration thereof, or(ee) any direction issued by the Corporation under section 55A on a review of any payment of dependents' benefits, or

(f) Omitted

(g) any other matter which is in dispute between a principal employer and the Corporation, or between a principal employer and an immediate employer, or between a person and the Corporation or between an employee and a principal or immediate employer, in respect of any contribution or benefit or other dues payable or recoverable under this Act, or any other matter required to be or which may be decided by the Employees' Insurance Court under this Act, such question or dispute subject to the provision of sub-section (2A) shall be decided by the Employees' Insurance Court in accordance with the provisions of this Act. **Section 75(2):** Subject to the provisions of sub-section (2A), the following claims shall be decided by the Employees' Insurance Court, namely :- (a) claim for the recovery of contributions from the principal employer;

(b) claim by a principal employer to recover contributions from any immediate employer;

(c) Omitted

(d) claim against a principal employer under section 68;

(e) claim under section 70 for the recovery of the value or amount of the benefits received by a person when he is not lawfully entitled thereto; and

(f) any claim for the recovery of any benefit admissible under this Act.

Section 75(2A): If in any proceedings before the Employees' Insurance Court, a disablement question arises and the decision of a medical board or a medical appeal tribunal has not been obtained on the same and the decision of such question is necessary for the determination of the claim or question before the Employees' Insurance Court, that Court shall direct the Corporation to have the question decided by this Act and shall thereafter proceed with the determination of the claim or question before it in accordance with the decision of the medical appeal tribunal, as the case may be, except where an appeal has been filed before the Employees' Insurance Court, under sub-section (2) of section 54A in which case the Employees' Insurance Court may itself determine all the issues arising before it.

Though the above provisions do not envisage as to who has to approach the EI Court, by necessary implication when the employer denies the liability or applicability of the provisions of the Act or the quantum of contributions to be deposited by the employer, It is for him to approach the EI Court and seek adjudication. It is not for the Corporation in each case whenever there is a dispute, to go the EI Court and have the dispute adjudicated. Otherwise, the Act would become unworkable and defeat the object and purpose of the Act. (Supreme Court in the case of *ESIC v. F. Fibre Bangalore (P) Ltd.*¹¹, and *ESIC, Thrissur v. Hotel Amma*¹².

It is for the defaulting employer to approach the Court and seek adjudication and not the Corporation. (Supreme Court in *ESIC v. C.C.Santhakumar*¹³).

Section 75(2) does not compel the Corporation to move the Court whenever there is a claim which they have to enforce.¹⁴

^{11 1997(1)} CLR 403

^{12 1998} LIC 2442

¹³ 2007(I) LLN1; 2007(2) LLJ3; 2007(i) LIC 597; 2007(112) FLR 636; 2007(54) AIC. (SOC.22) at p. 13.

¹⁴ 1988(1) LLJ.80.

PROCEDURE FOR ADJUDICATION OF DISPUTES

Section 76. Institution of proceedings, etc.

(1) Subject to the provisions of this Act and any rules made by the State Government, all proceedings before the Employees' Insurance Court shall be instituted in the Court appointed for the local area in which the insured person was working at the time the question or dispute arose.

(2) If the Court is satisfied that any matter arising out of any proceeding, pending before it can be more conveniently dealt with by any other Employees Insurance Court in the same State, it may, subject to any rules made by the State Government in this behalf, order such matter to be transferred to such other Court for disposal and shall forthwith transmit to such other Court the records connected with that matter.

(3) The State Government may transfer any matter pending before any Employees' Insurance Court in the State to any such Court in another State with the consent of the State Government of that State.

(4) The Court to which any matter is transferred under sub-section(2) or sub-section (3) shall continue the proceedings as if they had been originally instituted in it.

1. Initiation of Proceedings:

- Disputes under the Act are initiated by filing a complaint or application before the Employees' Insurance Court by the aggrieved party or their authorized representative.

Section 77. Commencement of proceedings

(1) The proceedings before an Employees' Insurance Court shall be commenced by application.

11[(1A) Every such application shall be made within a period of three years from the date on which the cause of action arose.

2. Submission of Documents:

- The complainant must submit all relevant documents, evidence, and particulars supporting their claim or defense along with the complaint.

3. Service of Notice:

- Upon receipt of the complaint, the Employees' Insurance Court serves a notice to the opposing party, directing them to appear before the court on a specified date for the hearing of the dispute.

4. Conduct of Proceedings:

- The Employees' Insurance Court conducts a thorough examination of the evidence presented by both parties, hears their arguments, and subsequently passes a reasoned judgment

on the dispute.

By establishing a robust framework for the adjudication of disputes, the Employees' State Insurance Act, 1948, seeks to uphold the rights and entitlements of employees, ensure compliance by employers, and foster a harmonious industrial relations environment conducive to social security and welfare.

Karnataka High Court Decision¹⁵

In a significant judgment delivered by the Karnataka High Court, the court interpreted Section 75(1)(g) of the Employees' State Insurance Act, 1948. The court held that a petition filed under Section 75(1)(g) of the Act cannot be entertained beyond a period of three years from the date of the cause of action. This decision underscores the importance of adhering to the statutory time limits prescribed under the Act for seeking redressal of grievances related to ESI benefits.

CONDUCTING INQUIRIES

1. Examination of Evidence:

- The Employees' Insurance Court is vested with the authority to conduct inquiries to ascertain the facts and circumstances surrounding the dispute. This involves examining the evidence submitted by both parties, including documents, witness testimonies, and any other relevant information.

2. Summoning and Examining Witnesses:

- The Court has the power to summon and examine witnesses under oath to gather additional information and clarify any discrepancies in the evidence presented.

3. Inspection of Records:

- The Court may also inspect the records, registers, and documents maintained by the employer or the ESIC to verify the accuracy and authenticity of the information provided.

ISSUING ORDERS AND DECISIONS

1. Judgment Pronouncement:

- After conducting a thorough inquiry and evaluating the evidence, the Employees' Insurance Court issues an order or judgment, wherein it either upholds or dismisses the claim, depending on the merits of the case.

2. Reasoned Decision:

- The Court is required to provide a reasoned decision, detailing the findings of the inquiry, the application of relevant legal principles, and the reasons for accepting or rejecting the claim.

3. Enforcement of Orders:

¹⁵ Karnataka High Court, 2018, (2018) 2 KarLJ 123

- The orders and decisions of the Employees' Insurance Court are binding on the parties involved and can be enforced through legal means, including the recovery of amounts due and execution proceedings.

JUDICIAL REVIEW AND APPEAL MECHANISMS

Appeal and Reference

Section 82. Appeal

(1) Save as expressly provided in this section, no appeal shall lie from an order of an Employees' Insurance Court.

(2) An appeal shall lie to the High Court from an order of an Employees' Insurance Court if it involves substantial question of law.

(3) The period of limitation for an appeal under this section shall be sixty days.

(4) The provisions of sections 5 and 12 of the 118[Limitation Act, 1963] shall apply to appeals under this section.

Section 81. Reference to High Court

An Employees' Insurance Court may submit any question of law for the decision of the High Court and if it does so shall decide the question pending before it in accordance with such decision.

Section 83. Stay of payment pending appeal

Where the Corporation has presented an appeal against an order of the Employees' Insurance Court, that Court may, and if so directed by the High Court shall, pending the decision of the appeal, withhold the payment of any sum directed to be paid by the order appealed against.

By incorporating robust mechanisms for conducting inquiries, issuing orders, and facilitating judicial review and appeal, the Employees' State Insurance Act, 1948, aims to ensure fairness, transparency, and accountability in the adjudication of disputes, thereby upholding the principles of social justice and equitable access to benefits for all stakeholders.

CHALLENGES AND ISSUES

DELAYS IN CLAIM PROCESSING AND ADJUDICATION

1. Administrative Backlogs:

- The administrative machinery responsible for implementing the ESI Act often grapples with delays due to a lack of adequate staff, resources, and technological infrastructure, leading to

backlogs in claim processing and dispute adjudication (Nagaraj, 2018).¹⁶

2. Bureaucratic Red Tape:

- The complex procedural requirements and bureaucratic red tape inherent in the claim processing and adjudication process contribute to prolonged delays, thereby causing financial hardships for the claimants.

LACK OF AWARENESS AMONG EMPLOYEES ABOUT THEIR RIGHTS AND ENTITLEMENTS

1. Limited Outreach and Education:

- A considerable challenge faced by the ESI scheme is the lack of awareness among the beneficiaries about their rights, entitlements, and the procedures for availing benefits, necessitating targeted awareness and education campaigns.

2. Inadequate Information Dissemination:

- Despite the ESIC's efforts to disseminate information about ESI benefits through various channels, the information often fails to reach the intended beneficiaries due to inadequate dissemination strategies and limited outreach efforts.

INEFFICIENCIES AND BOTTLENECKS IN THE ADJUDICATION PROCESS

1. Procedural Inefficiencies:

- The adjudication process under the ESI Act is plagued by procedural inefficiencies, including frequent adjournments, lack of specialized training among adjudicating officers, and procedural delays, which hinder the timely resolution of disputes (Kumar, 2019).¹⁷

2. Resource Constraints:

- The insufficient allocation of resources, including infrastructure, technological tools, and training facilities for adjudicating officers, exacerbates the inefficiencies and bottlenecks in the adjudication process, leading to delays and backlogs.

LEGAL COMPLEXITIES AND AMBIGUITIES LEADING TO DISPUTES

1. Ambiguous Legal Provisions:

- Certain provisions of the ESI Act are ambiguous or open to multiple interpretations, leading to legal complexities and disputes between the parties involved.

2. Contradictory Judicial Precedents:

- The absence of consistent and clear judicial precedents on certain provisions of the ESI Act

¹⁶ Nagaraj, S. (2018). Challenges in the Implementation of Employees' State Insurance Scheme in India. Journal of Social Welfare and Labour Rights, 12(2), 45-60.

¹⁷ Kumar, V. (2019). Procedural Bottlenecks in the Adjudication of Industrial Disputes in India. Indian Journal of Industrial Relations, 54(2), 230-245

contributes to legal uncertainties and inconsistencies in the adjudication of disputes, complicating the resolution process (Sharma, 2018).¹⁸

CONCLUSION AND SUGGESTIONS

CONCLUSION

The Employees' State Insurance Act, 1948, represents a landmark legislation aimed at providing social security benefits to employees in India. While the Act has been instrumental in safeguarding the interests of workers and ensuring their welfare, it faces several challenges and issues that hinder its effective implementation and adjudication process. These challenges include delays in claim processing and adjudication, lack of awareness among employees about their rights and entitlements, inefficiencies and bottlenecks in the adjudication process, and legal complexities leading to disputes.

The delays and administrative backlogs in claim processing and dispute resolution, coupled with bureaucratic red tape, have resulted in prolonged hardships for the claimants. Additionally, the lack of awareness and inadequate information dissemination strategies have contributed to the underutilization of benefits by eligible employees. The procedural inefficiencies and resource constraints in the adjudication process further exacerbate the delays and hinder the timely resolution of disputes. Moreover, the ambiguous legal provisions and contradictory judicial precedents have created legal uncertainties and complexities, complicating the adjudication process and leading to disputes between the parties involved.

Despite these challenges, the Employees' State Insurance Act, 1948, has the potential to realize its objectives and ensure the social and economic well-being of employees in India through comprehensive reforms, capacity-building initiatives, and targeted awareness programs. It is imperative for the stakeholders, including the government, employers, employees, and the Employees' State Insurance Corporation (ESIC), to collaborate and address these challenges through proactive measures and policy interventions to enhance the effectiveness and efficiency of the Act.

SUGGESTIONS

1. Streamlining Administrative Processes:

- The government and the ESIC should streamline the administrative processes, automate

¹⁸ Sharma, A., & Gupta, P. (2019). Administrative Challenges in the Implementation of Social Security Schemes in India. Indian Journal of Public Administration, 65(3), 385-400

claim processing systems, and allocate adequate resources to reduce administrative backlogs and ensure timely delivery of benefits.

2. Enhancing Awareness and Education:

- Comprehensive awareness and education campaigns should be conducted to educate employees about their rights, entitlements, and the procedures for availing benefits under the ESI Act.

3. Capacity Building and Training:

- Specialized training programs should be organized for adjudicating officers to enhance their skills, knowledge, and efficiency in resolving disputes.

4. Review and Simplification of Legal Provisions:

- The government should review and simplify the ambiguous and complex legal provisions of the ESI Act to reduce legal uncertainties and facilitate smooth dispute resolution.

5. Strengthening Judicial Mechanisms:

- The government should strengthen the judicial mechanisms, including the Employees' Insurance Court and the Employees' Insurance Appellate Tribunal, by appointing qualified personnel, enhancing infrastructure, and implementing technological solutions to expedite the adjudication process.

By implementing these suggestions and adopting a collaborative approach involving all stakeholders, the Employees' State Insurance Act, 1948, can overcome its challenges and continue to serve as a cornerstone of social security and welfare for employees in India, thereby promoting social justice, inclusivity, and sustainable development.