

FORM – I

[See clause (iii), sub-rule (1) of rule 26]

In the Employees Insurance Court Act

A B (add description and residence)

Applicant

Against

C D (add description and residence

Opposite party. Other particulars of the application specified in rule 13

Date

.....
Signature of the applicant

(Verification by the Applicant)

The statement of facts contained in this application is, to the best of my knowledge and belief, true and correct.

Date

.....
Signature of the applicant

FORM – II
[See sub-rule (2) of rule 26]

List of document produced by applicant/Opposite party (title), e.g. Description, Subject, Name of the court, no. etc.

No.	Description of document	The date which the document bears	Signature of the party or pleader or any authorized representative
(1)	(2)	(3)	(4)

FORM - III
[See sub-rule (3) of rule 26]
Register of Proceedings

Employees' Insurance Court at Register of Proceedings in the year 20

Date of Presentation of application	No. of Proceedings	Name	Application description	Place of residence	Name	Opposite party	Date	Fine or for whom	For what unit	Appeal				Execution			Order							
										Date of description	Place of residence	Particulars	Claim amount of value, if any	With whom the case is pending	Day for the parties to appear	Appearance of applicant		Opposite party	Date	Fine or for whom	For what unit	Date of description of appeal, if any	Judgment of appeal	Date of application
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)

FORM-IV**[See sub-rules (1)(2)(3)(4) of rule 30]****Nomination/Fresh Nomination/Modification of Nomination****(Strike out the words not applicable)**To.....08.....
...

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari..... (Name in full here) whose particulars are given in the

Statement below, hereby nominate the person(s) mentioned below/ have acquired a family within the meaning of clause (33) of section 2 of Code on Social Security, 2020 with effect from the (date here) in the

manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

or

I, Shri /Shrimati / Kumari..... (Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date and recorded under your reference No.....dated..... shall stand modified in the following manner-

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020.

3. I hereby declare that I have no family within the meaning of clause (33) of section 2 of the said Code.

4 (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the..... to the competent authority in terms of clause (33) of section 2 of the said Code.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sl. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.				
2.				
3.				
So on				

Manner of acquiring a "Family"

(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption)

Statement

- 1.1. Name of employee in full
- 2.2. Sex
- 3.3. Religion
- 4.4. Whether unmarried/married/widow/widower
- 5.5. Department/Branch/Section where employed
- 6.6. Post held with Ticket No. or Serial No., if any
- 7.7. Date of appointment
8. Permanent address:

Village..... Thana..... Sub-division..... Post Office

Pin-Code..... District..... State..... Email-ID.....

Mobile Number.....

Place:

Date:

Signature/Thumb impression of the Employee

DECLARATION BY WITNESSES.

Nomination signed / thumb impression before me.

Name in full and address of witnesses.

Signature.

1.

1.

2.

2.

Date:

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded in this establishment. Employer's Reference No., if any

Signature of the employer/Officer authorised

Designation

Date:

Name and address of the establishment
or rubber stamp thereof.

Acknowledgement by the Employee

Received the duplicate copy of nomination in **Form-1** filed by me and duly certified by the employer.

Date:

Signature of the Employee

FORM-V

[See clauses (i),(ii),(iii) sub-rule (1) of rule 31]

Application for Gratuity by an Employee/Nominee/Legal Heir

(Strike out the words not applicable)

To,

(Give here name or description of the establishment with full address)

Sir/Madam,

I, (name of employee/nominee/legal heir) /nominee of
late..... (Name of the employee)/ as a legal heir of
late.....(Name of the employee), beg to apply for payment of gratuity to
which I am entitled under sub-section (1) of section 53 of the Code
on Social Security, 2020 on account of-

- a) my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease/ on termination of contract period under fixed term employment with effect from the.....or;
- b) death of the aforesaid employee while in service/superannuation on.....after completion of.....years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the..... or;
- (c) death of aforesaid employee of your establishment while in service/superannuation on.....(date) without making any nomination after completion ofyears of Service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....

Necessary particulars relating to my appointment are given in the statement below.

1. Name of employee in full, (if, the gratuity is claimed by an employee)
 - a) Marital status of employee(unmarried/married/widow/widower)
 - b) Address in full of employee

Or

2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)
 - a) Name of Employee
 - b) Marital status of nominee/legal heir(unmarried/married/widow/widower)
 - c) Relationship of nominee/legal heir with the employee

- d) Address in full of nominee/legal heir
- e) Date of death and proof of death of the employee
- f) Reference No. of recorded nomination if available

3. Department/Branch/Section where last employed

4. Post held by employee.

5. Date of appointment.

6. Date and cause of termination of service

7. Date of Death

8. Total period of service of the employee

9. Total wages last drawn by the employee.

10. Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.

Payment may please be made by crossed bank cheque/credit in my bank account No.....

(Bank details to be provided)

- 1. Name of the account holder.
- 2. Bank branch.
- 3. Account No and IFSC No.
- 4. Other details

Yours faithfully,

Signature/Thumb-impression of the
Applicant employee/nominee/legal heir

Place:

Date:

DECLARATION BY WITNESSES.

Nomination signed / thumb impression before me.

Name in full and address of witnesses.

1.

Signature.

1.

2.

2.

FORM-VI**[See sub-clauses (a)(b) of clauses (i),(ii),(iv) and (v) of sub-rule (2) of rule 31]****Notice for Payment/Rejecting claim of Gratuity***(Strike out the words not applicable)*

To,

.....
.....

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed that

*_

- a) *as required under sub-clause (ii) of clause (a) of sub-rule (2) of rule 35 of the Code on Social Security (Central) Rules, 2020, that your claim for payments of gratuity as indicated on your application in **Form-II** under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

- b) *as required under sub-clause (i) of clause (a) of sub-rule (2) of rule 35 the Code on Social Security (Central) Rules, 2020 that a sum of Rs.(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made byon and recorded in this as a legal heir of an employee of this establishment

2. *Please call at on (Here specify place) (date) at (time) for collecting your payment of gratuity crossed cheque.

3. Amount payable shall be sent to you through demand draft or shall be credited in your bank account as desired by you.

4. Brief statement of calculation

- a) Date of appointment.
 b) Date of termination/superannuation/resignation/ disablement/death.
 c) Total period of service of the employee concerned:
 years..... months.
 d) Wages last drawn:
 e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:
 f) Amount payable:

Place:

Date:

Signature of the Employer/authorized officer.

Name or description of establishment or

Rubber stamp thereof

FORM-VII**[See clause (i) of sub-rule (5) of rule 31]****Application for Direction****Before the Competent Authority for Chapter V under the Code on Social Security, 2020**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer concerned with full address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late.....an employee of the above-mentioned employer/a legal heir of late.....and employee of the above-mentioned employer, and is entitled to payment of gratuity under section 53 of the Code on Social Security, 2020 on account of his own/aforesaid employee's superannuation on.....(date)/his own retirement/aforesaid employees' resignation on.....(date) completion of.....years of continuous service/his own/aforesaid employees' total disablement with effect from(date)due to accident/disease death of aforesaid employee on.....
2. The applicant submitted an application under Rule..... of the Code on Social Security (Central) Rules, 2020 on thebut the above-mentioned employer refused to entertain it/issued a notice dated the..... under clauseof sub-rule of ruleoffering an amount of gratuity which is less than my due/issued a notice datedthe under clause..... of sub-rule.....of rule..... rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.
3. The applicant submits that there is a dispute on the matter (specify the dispute).
4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above-mentioned employer to pay the same to the petitioner.
5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Date:

Signature/Thumb impression of the applicant.

ANNEXURE

1. Name in full of applicant with full address
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment)
3. Name and address in full of the employee
4. Marital status of the employee (unmarried/married/widow/widower)
5. Name and address in full of the employer
6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)
9. Date and cause of termination of service of the employee (Superannuation / retirement / resignation / disablement / death/Completion of contract period under Fixed Term Employment)
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, No. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place:

Date:

Signature/Thumb-impression of the applicant

FORM - VIII**[See sub-rule (11) of rule 31]****Notice for Appearance before the Competent Authority/Summon***(Strike out the words and paragraph not applicable)*

To,

(Name and address of the employer/applicant)

Whereas Shrian employee under you/a nominee(s)/legal heir(s)
 Of Shri.....an employee under the above mentioned employer,
 has/have filed an application under sub-rule (4) of rule 35 of the Code on Social Security(Central)
 Rules, 2020 alleging that-

(A copy of the said application is enclosed, if, summon is issued then copy of application is not
 required)

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority
 at (place) either personally or through a person duly authorized in this behalf for the
 purpose of answering all material questions relating to the application on the day of
20..... at 'O' clock in the forenoon/afternoon in support of/to answer the
 allegation; and as the day fixed for your appearance is appointed for final disposal of the application,
 you must be prepared to produce on that day all the witnesses upon whose evidence, and the
 documents upon which you intend to rely in support of your allegation/defence.

Take notice that in default of your appearance on the day before-mentioned, the
 application will be dismissed/heard and determined in your absence.

Whereas your attendance is required to give evidence/you are required to produce the
 documents mentioned in this list below, on behalf of in the case arising out of
 the claim for gratuity by..... Form..... and referred to this Authority by an
 application under section 56 of the Code on Social Security, 2020, you are hereby
 summoned to appear personally before this Authority on the day of
20..... at 'O' clock in the forenoon/afternoon and to bring with
 you for to send to this Authority) the said documents.

List of documents-

- 1.
- 2.
3. so on

Given under my hand and seal, thisday of20.....

Competent Authority

under the Code on Social Security Code, 2020

Note:

1. The portion not applicable to be deleted.
2. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.
3. In case the summons is issued only for producing a document and not to given evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

FORM – IX**[See clause (iii) of sub-rule 12 of rule 31]****Notice for Payment of Gratuity as Determined by Competent/Appellate Authority***(Strike out the words and paragraph/s not applicable)*

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumari..... of an
 employee..... (address) under you/a
 nominee(s)/legal heir(s) of late
an employee under you, filed an application under
 section 56 of the Code on Social Security, 2020, before me; or

Whereas a notice was given to you onrequiring you to make payment of
 Rs..... to Shri/Smt./Kumari.....as gratuity under the Code
 on Social Security, 2020.

2. And whereas the application was heard in your presence on.....and after the
 hearing have come to the finding that the said
 Shri/Smt./Kumari..... is entitled to a payment of
 Rs..... as gratuity under the Code on Social Security, 2020; or

3. Whereas you/the applicant went in appeal before the appellate authority, who has decided that
 an amount of Rs..... is due to be paid to Shri/Smt./Kumari as gratuity
 due under the Code on Social Security, 2020.

Now, therefore, I hereby direct you to pay the said sum of Rs.
 to Shri/Smt./Kumari within thirty days of
 the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, thisday of.....20.....

Competent Authority
 under the Code on Social Security Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer for collecting payment.
2. The Appellate Authority if applicable.

FORM – X**[See sub-rule (13) of rule 31]****Application for Recovery of Gratuity****Before the Competent Authority for Chapter V under the Social Security Code, 2020**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer/Trust/Insurer concerned with full address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late.....

an employee of the above mentioned employer/a legal heir of latean employee of the above-mentioned

employer, and you were pleased to direct the said employer in your notice dated theunder

sub-rule (11) or sub-rule (12) of rule 35 of Code on Social Security (Central) Rules, 2020 for payment of a sum of Rs..... as gratuity payable under the Code on Social Security, 2020.

9. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.

10. The applicant therefore prays that a certificate may be issued under section 129 of the Code for recovery of the said sum of Rs.due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words not applicable.

FORM – XI
[See sub-rule (3) of rule 32]

Application for Registration of an Establishment under sub-section (3) of Section 57.

A. Establishment Details.

1. Retrieve details of Establishment through LIN/Registration Number:
2. Name of Establishment :
3. Location and Address of the Establishment:
4. Other details of Establishment:
 - a. Total number of employees engaged directly in the establishment:
 - b. Total number of the contract employees engaged:
 - c. Total number of inter-state migrant workers employed:
5. Ownership type/ Sector:
6. Activity as per National Industrial Classification (NIC):
7. Details of selected NIC Code:
8. Identification of the establishment e-sign/digital sign of employer/representative:

B. Details of Employer :-

1. Name & Address of Employer/ Occupier/ Owner/ Agent/ Chief Executive:-
2. Designation:
3. Father's/ Husband's Name of the Employee:
4. Email Address, Telephone & Mobile No:

C. Manager/Agent Details

1. Full Name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment:
2. Address of Manager/ Agent :
3. Email Address, Telephone & Mobile No :

D. Details of Approved Gratuity Fund/ Insurance obtained for liability of payment towards the Gratuity:

E. Other Details :-

Signature/E-sign/digital sign of Employer

Dated:

Place:-

FORM – XII**[See clause (i) of sub-rule (1) of rule 34]****Complaiut to the Iuspector-cum-Facilitator**

To,

The Inspector-cum-Facilitator

(Under the Code on Social Security, 2020),

Sir/Madam

I.....(Name of woman) employed in.....(name and full address of the establishment) or I.....(name), a person nominated under Section 62 by or a legal representative of.....(name of woman) employed in.....(name and full address of the establishment) having fulfilled the conditions laid down in the Code on Social Security, 2020 and the Rules thereunder, am entitled to Rs.....being maternity benefit and/or Rs.....being the medical bonus and/or Rs.....being wages for leave due under Section 65 but the same has been improperly withheld by the employer/discharged or dismissed during or on account of her absence from work in accordance with the provisions of this Chapter VI of Code on Social Security, 2020.

You are therefore requested, to direct the employer to pay the amount to me/ to set aside the discharge or dismissal done by the employer.

Signature or thumb impression of the Woman/
nominee/ legal representative

Date.....

Signature of an attester in case the woman/
nominee/ legal representative is
unable to sign and affixes thumb impression.

Full address of the women/nominee/ legal representative.

FORM – XIII

[See sub-rule (2) of rule 35]
Appeal under Section 72

To,

The Authority,

(Appointed under the Code on Social Security, 2020)

..... (Address)

Sir/Madam,

I..... the undersigned, woman employee of..... (name and full address of the establishment)

* Feel aggrieved by the order of Inspector-cum-Facilitator under sub section (2) of Section 72 for the reasons attached hereto, prefer this appeal under sub-section (2) of section 68 and request that the said employer be ordered to pay the above mentioned amount to me. A copy of the order of Inspector-cum-Facilitator in this behalf is enclosed or,

* Shri....., Inspector-cum-Facilitator, having directed under the sub-section (2) of section 72 to pay the maternity benefit or other amount being.....(Nature of amount) to which.....(Name of woman) is said to be entitled / to set aside my discharge or dismissal during or on account of absence from work in accin accordance with the provision of this Chapter V of the Code on Social Security ,2020 (*Strike out the unnecessary portion*).

I prefer this appeal under sub-section (3) of section 72 . In view of the facts mentioned in the memorandum attached hereto and the documents filed herewith it is submitted that the women is not entitled to the maternity benefit or the said amount and hence the order of the Inspector-cum- Facilitator in the copy of which is enclosed , may be set aside.

(*Strike out the unnecessary portion*).

Date

Signature or Thumb impression of the women/ aggrieved person.

Signature of an attester in case the woman is
not able to sign and affixes thumb impression
Full address of the nominee/ legal representative

FORM – XV**[See rule 39]***STATEMENT OF FATAL ACCIDENTS*

To,
The Competent Authority,
.....

Sir/Madam

1. I have the honour to submit the following report of an accident which occurred in (date), at (here enter details of premises) and which resulted in the death of the workman/workmen of whom particulars are given in the statement annexed.

2. The circumstances relating to the death of the workman/workmen were as under: -

- (a) Time of accident.
- (b) Place where the accident occurred.
- (c) Manner in which deceased was/were employed at the time.
- (d) Cause of the accident.
- (e) Any other relevant particulars.

I have etc.

(Signature and designation of person making the report)

Statement

Name	Sex	Age	Salary/Wage of the employee	Nature of employment	Full postal address	Remarks
1	2	3	4	5	6	7

FORM – XVI**[See sub-rule (1) of rule 40]****MEMORANDUM OF AGREEMENT**

It is hereby submitted on the day of _____ 20 _____ personal injury was caused to _____ resident at _____ by accident arising out of and in the course of employment in _____. The said injury has resulted in temporary disablement to the said employee whereby it is estimated that he will be prevented from earning more than of previous/any wages for a period of _____ months. The said employee has been in receipt of half-monthly payments, which have continued from the _____ day _____ of 20 _____ until the continued from the day _____ of 20 _____ until the _____ day of _____ 20 _____ amounting to Rs. _____ in all. The said employee's monthly wages are estimated at Rs. _____. The employee is over the age of 15 years /will reach the age of 15 years on _____.

It is further submitted that the employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs.in settlement of all and every claim under the Code on Social Security, 2020, in respect of all disablement of a temporary nature arising out of the said accident, whether now or hereafter to become manifest. It is therefore requested that this memorandum be duly recorded.

Dated.....20

Signature of Employer.....*Witness*.....*Signature of Employees*.....*Witness*.....

Note. -- An application to register an agreement can be presented under the signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filed in when the money has actually been paid).

In accordance with the above agreement, I have this day received the sum of Rs. _____.

Dated..... 20 .

Employee.....

The money has been paid and this receipt is signed in my presence.

Witness.....

Note. -- This form may be varied to suit special cases, e.g., injury by occupational disease, agreement when employee is under legal disability, etc.

FORM – XVI-A**[See sub-rule (1) and (4) of rule 40]****MEMORANDUM OF AGREEMENT**

It is hereby submitted that on the _____ day of _____ 20 _____ personal injury was caused to _____ residing at _____ by accident arising out of and in the course of his employment in _____ The said injury has resulted in permanent disablement to the said employee of the following nature, namely: --

The said employee's monthly wages are estimated at Rs. _____ The employee is over the age of 15 years/ will reach the age of 15 years on _____.

The said employee has, prior to the date of the agreement, received the following payments, namely: -

Rs. _____	on _____	Rs. _____	on _____
Rs. _____	on _____	Rs. _____	on _____
Rs. _____	on _____	Rs. _____	on _____

It is further submitted that the employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs. _____ in full settlement of all and every claim under the Code on Social Security, 2020, in receipt of the disablement stated above and all disablement now manifest. It is therefore requested that this memorandum be duly recorded.

Dated 20.

Signature of employer

Witness.....

Signature of Employee

Witness.....

Note. -- Application to register an agreement can be presented under the signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received the sum of Rs. _____.

Dated.....20.

Employee

The money has been paid and this receipt signed in my presence.

Witness

Note. -- This form may be varied to suit special cases, e.g. injury by occupational disease, agreement when employee is under legal disability, etc.

FORM – XVI-B**[See rule 40 (1)]****MEMORANDUM OF AGREEMENT**

It is hereby submitted that on the _____ day of _____ 20_____ personal injury was caused to _____ residing at _____ by accident arising out of said in the course of employment in _____. The said injury has resulted in temporary disablement to the said employee, who is at present in receipt of wages amounting to Rs. _____ per month/no wages.

The said employee's monthly wages prior to the accident are estimated at Rs. _____. The employee is subject to a legal disability by reason of.....

It is further submitted that the employer of the employee has agreed to pay and on behalf of the said employee has agreed to accept half-monthly payments at the rate of Rs. _____ for the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with provisions of the said Code on account of an alteration in the earnings of the said employee during disablement. It is further stipulated that all rights of commutation under sub section I of Section 89 of the said Code are unaffected by this agreement it is therefore requested that this memorandum be duly recorded.

Dated20

Signature of employer.....

Witness

Signature of employee.....

Witness

Note. -- An application to register and agreement can be presented under the signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid).

In accordance with the above agreement, I have this day received the sum of Rs.....

Employee

Dated 20

The money has been paid and this receipt signed in my presence.

Witness.....

Note. -- This form may be varied to suit special cases, e.g., injury by occupational disease, etc.

FORM XVII
[See sub-rule (2),(4)(b) of rule 40]

RECORD OR REFUSE TO RECORD MEMORANDUM

Whereas an agreement to pay compensation is said to have been reached between and and whereas has/have applied for registration of the agreement under Section 28 of the Workmen’s Compensation Act, 1923, notice is hereby given that said agreement will be taken into consideration on 20 and that any objections to the registration of the said agreement should be made on that date. In the absence of valid objections it is my intention to proceed to the registration of the agreement.

Dated 20

Competent Authority

FORM XVII-A
[See rules 39 (4)]

Take notice that registration of the agreement to pay compensation said to have been reached between you on the 20 has been refused for the following reasons namely:

.....
.....

Dated 20

Competent Authority

FORM XVIII
[See rule 40(4)(b)]

Whereas an agreement to pay compensation is said to have been reached between _____ and _____ and whereas _____ has/have applied for registration of the agreement under Section 28 of the Workman's Compensation Act, 1923 and whereas it appears to me that the said agreement ought not to be registered for the following reasons namely: An opportunity will be afforded to you of showing cause on _____ I9 _____ why the said agreement should be registered. If no adequate cause is shown on that date, registration of the agreement will be refused.

Dated 20

Competent Authority

FORM XVIII-A
[See rule 40(4)(b)]

Whereas an agreement to pay compensation is said to have been reached between _____ and _____ and whereas _____ has/have applied for registration of the agreement under Section 28 of the Workman's Compensation Act, 1923, and whereas it appears to me that the said agreement ought not to be registered for the following reasons, namely an opportunity will be afforded to the said _____ of showing cause on _____ I9 _____ why the said agreement should be registered. Any representation, which you have to make with regard to the said agreement, should be made on that date. If adequate cause in them shown, the agreement may be registered.

Dated 20

Competent Authority

FORM XIX
[See rule 40(6)]

Registration of Agreement for year 20

Sl No.	Date of Agreement	Date of registration	Employer	Workman	Initials of Competent Authority	Reference to orders rectifying the register
1						

FORM – XX
[See rule 46(1)]

Proforma for Appeal before the Appellate Authority against Order of Assessment or Order Imposing Penalty

1	Name and address (permanent) of the establishment.		
2	Name of the employer and address details		
3	Name and address/ location of place where the building and other construction is proposed to be carried on.		
4	Name, designation and address of the authorised Person along with contact details		
5	Correspondence address for the proposed building or other construction work may be sent		
6	Nature of proposed construction work		
7	Date of commencement of work (in case construction has started)		
8	Date of completion of work		
9	Duration of work		
10	Total completed area of construction work		
11	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates as the case may be) along with documents (original) as per Rule 43.		
12	Total incurred cost of the construction work		
13	Total amount of cess payable	% age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
14	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
15	Details of cess paid (when duration of the proposed construction work is more than one year)		
16	Sl. No	Year	
17	14.1	1 st Year	

18	14.2	2 nd Year
19	14.3	3 rd Year
20	Total of the cess paid (Sl.No. 14 + 15)	
21	Amount of outstanding cess (Sl. No. 13 – Sl. No.16)	
22	Proof of payment of outstanding Cess, if any	
23	Amount of overpaid cess, if applicable	
24	Amount of cess assessed by the Assessing Officer	
25	Amount of outstanding cess to be paid by the employer	
26	Amount of penalty for non-payment of cess imposed / outstanding cess claimed by the Assessing Officer.	
27	Ground for Appeal with supporting documents	
28	Remark, if any	

Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been misrepresented in the above calculation made by me/us.

2. I/We hereby declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

FORM – XXI
[See rule 48(1)(i)]
REGISTER OF WOMEN EMPLOYEES

Name of establishment

1. Serial Number.
2. Name of woman and her father's (or, if married, husband's) name.
3. Date of appointment.
4. Nature of work.
5. Dates with month and year in which she is employed, laid off and not employed.

Month	No. of days employed	No. of days laid off	No. of days not employed	Remark
a	b	c	d	e

6. Date on which the woman gives notice under section 62.
7. Date of discharge/dismissal, if any.
8. Date of production of proof of pregnancy under section 62.
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage/Medical Termination of pregnancy/tubectomy operation /death / adoption of child.
11. Date of production of proof of illness referred to in section 65.
12. Date with the amount of maternity benefit paid in advance of expected delivery.
13. Date with the amount of subsequent payment of maternity benefit.
14. Date with the amount of bonus, if paid, under section 64.
15. Date with the amount of wages paid on account of leave under section 65(1) & 65(3).
16. Date with the amount of wages paid on account of leave under section 65(2) and period of leave granted.
17. Name of the person nominated by the woman under section 62.
18. If the woman dies, the date of her death, the name of the person to whom maternity benefits and/or other amount was paid, the amount thereof, and the date of payment.
19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.
20. Signature of the employer of the establishment authenticating the entries in the register of women employees.
21. Remarks column for the use of the Inspector-cum-Facilitator.

FORM XXII**[See rule 50(3)(i)(ii)]****Unified Annual Return****A. General Part:**

(a) Name of the establishment.....

Address of the establishment:

House No./Flat No.Street No./Plot No.....

Town District State pin code

(b) Name of the employer

Address of the employer:

House No./Flat No. Street No./Plot No.

Town.....District..... State..... pin code.....

E-mail ID.....Telephone Number.....

Mobile number.....

(c) Name of the manager or person responsible for supervision and control of establishment

Address:

House No./Flat No.....Street No./Plot No.....

Town.....District..... State..... pin code.....

E-mail ID.....Telephone Number.....

Mobile number.....

B. Employer's Registration/Licence number under the Codes mentioned in column (2) of the table below:

Sl. No.	Name	Registration		If yes (Registration No.)
1	2	3		4
01	The Code on Occupational Safety Health and working condition code 2020.			
02	The Code on Social Security 2020.			
03	Any other Law for the time being in force.			

G. (a) Details of Payments:

Gross wages paid		Deductions			Net wages paid	
In cash	In kind	Fines	Deductions for damage or loss	Others	In cash	In kind

(b) Number of workers who were granted leave with wages during the year:

Sl. No.	During the year	Number of workers	Granted leave with wages

H. Details of various welfare amenities provided under the statutory schemes:

Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)

I. Maternity Benefit under the Code on Social Security, 2020:**(a) Details of establishment, medical and para-medical staff:**

01	Date of opening of establishment		
02	Date of closing, if closed		
03	Name of Medical Officer		
03 (i)	Qualification of Medical Officer		
03 (ii)	Is Medical Officer at (the mines or circus) ?		
03 (iii)	If a part time, how often does he/she pay visit to establishment?		
03 (iv)	Is there any Hospital?		
03 (v)	If so, how many beds are provided?		
03 (vi)	Is there a lady Doctor?		
03 (vii)	If so, what is her qualification?		
03 (viii)	Is there a qualified mid-wife?		
03 (ix)	Has any crèche been provided?		

(b) Leave Granted under the Code on Social Security, 2020:

01	Total number of female employees in the establishment	
02	Total number days of leave granted	
03	Number of employees granted maternity leave/benefited by ESI	

Declaration

It is to certify that the above information is true and correct and also I certify that I have complied with the all provisions of Labour Laws applicable to my establishment.

Place

Date

Sign. Here

FORM-XXIII
[See rule 49(1)]

Notice to the Employer who committed an offence for the first time for compounding of offence under subsection (1) of section 138 of the Code on Social Security, 2020.

Notice No

Date:

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the establishment..... (Registration No.....), have committed offence for the violation of provision of the Code or the Schemes or the Rules or the Regulations framed thereunder as per the details given below:-

PART – I

1	Name of the Person:	
2	Name and Address of the Establishment :	
3	Registration No of the Establishment:	
4	Particulars of the offence:	
5	Provisions of the Code/Scheme/Rules/Regulations under which the offence is committed:	
6	Compounding amount required to be paid towards composition of the offence:	
7	Name and Details of Account for depositing the Amount specified in Column 6:	

PART –II

In view of the above, you have an option to pay the above-mentioned amount within fifteen days from the date of issue of this notice and return the application duly filled in Part – III of this notice.

In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

(Signature of the Compounding Officer)

Date:

Place:

FORM – XXIV

[See rule 49(2)]

Application under sub-section (4) of section 138 for compounding of offence**Ref: Notice No****Date:**

The undersigned has deposited the entire amount as specified in Column 6 of Part-I and the details of payment are given below with a request to compound the offences mentioned in Part-I.

1. Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):
2. Details of the prosecution, if filed for the violation of above-mentioned offences may be given:
3. Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then, full details of the offence:
4. Any other information which the applicant desires to provide:

**Signature of the applicant
(Name and Designation)**

Dated:**Place:****FORM- XXV****Composition Certificate**

[See rule 48(1)(i)]

Ref: Notice No**Date:**

This is to certify that the offence under sub-section of section 133 of the Code in respect of which Notice No. Dated: was issued to Shri..... (Applicant), the employer of (Name and Registration Number of establishment) has been compounded on account of remission of full amount of Rs (Rupees) towards the composition of offences to the satisfaction of the said Notice.

**(Signature)
Name and Designation of the Officer**

Date:**Place:**

FORM-XXVI [See rule 51(3)(III)] Form for Reporting Vacancies to Career Centres (Separate forms to be used for each type of posts)				
<p>1 Particulars of the employer:</p> <p>Name:</p> <p>Address with pin code:</p> <p>Telephone No. :</p> <p>Mobile No.:</p> <p>Email address :</p> <p>Name &Type of Establishment:</p> <p>(Central Government, State Government, PSU, Autonomous, Private, etc)</p> <p>Registration No of establishment under Code:</p> <p>Economic activity details:</p>				
<p>2 Particulars of the indenting Officer:</p> <p>Name:</p> <p>Designation:</p> <p>Telephone No. :</p> <p>Mobile No.:</p> <p>Email address :</p>				
<p>3 Particulars of vacancy(ies):</p> <p>(a) Designation/nomenclature of the vacancy(ies) to be filled</p> <p>(b) Description of duties of the post (job role/functional role)</p> <p>(c) Qualifications/Skills required (educational, technical, experience)</p> <p>(i) Educational Qualifications</p> <p>(ii) Technical Qualifications</p> <p>(iii) Skills</p> <p>(iv) Experience</p> <p>(d) Age Limits, if any (Age as on last date of application)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Essential</td> <td style="width: 10%; border: none;"> </td> <td style="width: 40%; border: none;">Desirable/Preferable</td> </tr> </table>	Essential		Desirable/Preferable
Essential		Desirable/Preferable		
<p>(e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc) if any</p> <p>(f) duration of employment</p> <p>(i) 3-6 months</p> <p>(ii) 6-12 months</p> <p>(iii) 12 months and more</p>	<p>Number of Posts</p>			

4	Whether there is any obligation for arrangement for giving reservation/ preference to any category of persons such as Scheduled Caste(SC), Scheduled Tribe(ST), Economically Weaker Sections(EWS), Other Backward Classes(OBC), Ex-serviceman and persons with disabilities (pwd) , etc. in filling up the vacancies: Yes/No (if yes, give the number of vacancies to be filled by such categories of persons as detailed below)																														
5	<table border="1"> <thead> <tr> <th data-bbox="256 423 632 456">Category</th> <th colspan="2" data-bbox="632 423 1359 456">Number of vacancies to be filled</th> </tr> <tr> <td></td> <th data-bbox="794 461 858 483">Total</th> <th data-bbox="1023 461 1259 483">*By Priority candidates</th> </tr> </thead> <tbody> <tr> <td data-bbox="256 667 472 689">(a) Scheduled Caste</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 703 464 725">(b) Scheduled Tribe</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 739 347 761">(c) OBC</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 775 347 797">(d) EWS</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 810 451 833">(e) Ex-Serviceman</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 846 595 869">(f) Persons with disabilities (pwd)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 882 371 904">(g) women</td> <td></td> <td></td> </tr> <tr> <td data-bbox="256 918 451 940">(h) Others(specify)</td> <td></td> <td></td> </tr> </tbody> </table>	Category	Number of vacancies to be filled			Total	*By Priority candidates	(a) Scheduled Caste			(b) Scheduled Tribe			(c) OBC			(d) EWS			(e) Ex-Serviceman			(f) Persons with disabilities (pwd)			(g) women			(h) Others(specify)		
Category	Number of vacancies to be filled																														
	Total	*By Priority candidates																													
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(c) OBC																															
(d) EWS																															
(e) Ex-Serviceman																															
(f) Persons with disabilities (pwd)																															
(g) women																															
(h) Others(specify)																															
6	<p>Pay and Allowances:</p> <p>For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details if any</p> <p>For others: Mention minimum total emoluments per month with other details, if any.</p>																														
7	Place of work (Name of the town/Village and district, pin code ,etc. in which it is situated)																														
8	Mode of Application(email, online, in writing, etc) and Last date for receipt of applications.																														
9	Particulars of officer to whom the applications be sent/candidates should approach(Mention Name, designation, email id, address , telephone No , website address in case of online)																														
10	Mode of Recruitment (Through Career Centre, Placement Agency , self-management, any other mode(specify) }																														

11	Would like to prefer submission of list of eligible candidates registered with Career Centre	
12	Any other relevant information	
13	Name, address, email id of the Career Centre	
14	Date of receipt of Vacancies	
15	NIC Code of the establishment/	
16	NCO Code of the post	
17	Unique Vacancy ID(number)	

**Signature, Name & Designation of Authorised Signatory
of Career Centre with seal & date**

NOTE:

1. Career Centre to which the vacancies are reported, would provide a unique vacancy reporting number for the vacancy reported and convey it to the employer in writing, through email or digitally or through any other such media immediately but in any case not later than 3 working days from the date of receipt of reporting of vacancies.

2. An employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, may invariably quote that unique vacancy reporting number in that advertisement or recruitment process.

3. Any change in the particulars already furnished to the Career Centre, shall be reported in writing or through valid official email or digitally(including through a portal) as the case may be, to the appropriate Career Centre.

FORM-XXVII [See rule 51(6)] Form EIR (Employment Information Return) Yearly Return to be submitted to the Career Centre (Regional) for the Year ended.....				
Name & Address of the Employer				
Whether – Head Office				
Branch Office				
Type of Establishment (Public/ Private Sector)				
Nature of business/ Principal activity				
Establishment Registration No. under the Code				
1. (a) EMPLOYMENT				
Total number of manpower of establishment including working proprietors/partners/contingent paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary is paid).				
Category	On the last working day of the previous Year	On the last working day of the Year under report		
MEN				
WOMEN				
Other (Transgender)				
TOTAL :				
PWD (persons with disabilities) out of above total				
2 Number of vacancies* occurred and reported to Career Centre during the year and the number of vacancies filled during the year				
Occurred	Reported		Filed	Source (Career Centre/ NCS Portal/ Govt. Recruiting Agencies/ Private Placement Organisations/ others)
	Career Centre (Regional)	Central Centre (Central)		
1	2	3	4	5
*As per provisions of Code on Social Security, 2020(Chapter XIII) and Rules made there under.				
3. MANPOWER SHORTAGES:				
Vacancies/posts remained unfilled because of shortage of suitable applicants.				
Name of the occupation or designation of the post	Number of unfilled vacancies/posts			
	Skill/ qualifications (educational / technical/ experience) prescribed	Essential	Desirable	
1	2	3	4	

(Please list any other occupations also for which this establishment had any difficulty in obtaining suitable applicants recently)

4. Estimated Manpower Requirement by Occupational Classification during the next calendar year (Please give below the number of employees in each occupation separately).					
Occupation	Number of employees Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next financial year due to retirement/ expansion or re-organisation.				
Description	Men	Women	Others (transgender)	Total	PWD (persons with disabilities out of total)
1	2	3	4	5	6
Total					

* In the column (description) -Use exact terms such as Engineer (Mechanical), Assistant Director (Metallurgist); Research Officer (Economist); Supervisor (Tailoring), Inspector (Sanitary), Superintendent (Office), Manager(Sales), Manager (Accounts), Executive (Marketing), Data Entry Operator.....so on.

Authorised Signatory

Signature, Name & Designation of
of establishment/ employer with seal & date

To
The Career Centre,
.....

Note:- 1. This return is to be rendered to the Career Centre (Regional) within 30 days after the end of the financial year concerned by establishments/employers vide their obligation under the Code on Social Security, 2020 (Chapter XIII-Employment Information and Monitoring).

2. The main purpose in obtaining the information from employers is to know (i) the vacancies/employment opportunities available; (ii) type of personnel who are in short supply; and (iii) future job opportunities for providing vocational guidance to the jobseekers and connecting them with the employers. This is helpful in ascertaining the skill needs also. Employers too will be able to call on the Career Centres for getting suitable candidates as per their requirements.