

FORM I
(See Rule 5)
Appeal to Employees' Insurance Court

To,

The Authority,
(Appointed under the Code on Social Security, 2020)
.....(Address)

Sir,

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

*Feel aggrieved by the order of under sub section 7(a) of section 37 for the reasons attached hereto, prefer this second appeal under sub-section 7(b) of section 37 and request that the said be ordered

A copy of the order of in this behalf is enclosed.

**Signature or thumb impression
of the Aggrieved person**

Date

**Signature of an Attester in case the person
is not able to sign and affixes thumb impression.**

Form II
[See rule 6 (2)]

In the Employees, Insurance Court at

.....
.....

Applicant
(add description and residence)
Against

.....
Opposite Party (add description and residence) Other Particulars of Application specified in rule 6(2)

.....

Signature of Applicant

Date

(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

FORM III
[(See Rule 6(2)(iv)]

Employee's Insurance Court at

Register of proceedings in the year 20.....

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	26
	Date of presentation of application	No of proceedings	Name	Description	Place of residence	Particulars	Amount of value, if any	place of residence	particulars	amount or value, if any	when the cause of action accrued	day of parties to appear	applicant	opposite-party	date	for whom	order	Date of Decision of appeal, if any	judgment in appeal,	Date of application	against whom	For what, and amount of money	amount of costs	Date of order yrasferingto another vivil court	other remarkrks, if any
			Applicant		opposite party		Claim				appearances			final				appeal		executive					

Form IV
[See Rule 7 (2)]
Nomination

To

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

I, Shri/Shrimati/Kumari.....whose particulars are given in the statement below, hereby nominate 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).

2. I, hereby certify that the person (s) mentioned is a/are member (s) of my family within the meaning sub section (33) of section 2 of the code.

3. I hereby declare that I have no family within the meaning of sub-section (33) of Section 2 of the 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.

NOMINEE(S)

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	4
1. 2. 3. 4. so on			

STATEMENT

1. Name Of The Employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/branch/section where employed.
6. Post held with ticket no., or serial no., if any
7. Date of appointment
8. Permanent address

Village _____, thana _____, sub-division _____
 Post office _____, district _____, state _____

Place
Date

signature/thumb-impression
of the employee.

Declaration by witness

Nomination signed/thumb-impressed before me

Name in full and full address

Of witness

signature of witness

1.

1.

2.

2.

Certificate by the employer

Certified that the particulars that of the above nomination have been verified and recorded in the establishment.

Employer's reference no.,

If any.

**Signature of the employer/officer authorized
Designation**

Date

**name and the address of the establishment
Or rubber stamp thereof.**

Acknowledgment by the employee

Received the duplicate copy of nomination in form 'f' filed by me and duly certified by the employer.

Date

signature of the employee.

Note-Strike out the words and paragraphs not applicable.

Form V
[See Rule 7 (2)(3)]
Fresh Nomination

To

Give her name or description of the establishment with full address.)

I, sri/srimati.....(name in full here) whose particulars are given in the statement below, have acquired a family within the meaning of sub-section (33) of section 2 of the code with effect from the (date here)..... in the matter indicated below and therefore nominate a fresh 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, direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify the person(s) nominated is a/are member(s) of my family within the meaning of sub-section (33) of section 2 of the code.

3.(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.

4. I have excluded my husband from my family by a notice, dated the to the controlling authority in terms of the proviso to sub-section (33) of section 2 of the code. NOMINEE(S)

Name in full with address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1	2	3	4

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. Name Of The Employee.
2. Sex.
3. Religion
4. Whether unmarried/married/widow/widower
5. Department/branch/section where employed
6. Post held with ticket no., or serial no., if any.
7. Date of appointment
8. Permanent address
- 9.

Village,
Post office,

Thana,
District,

Sub-division,
State

Place
Date

signature/thumb-impression
of the employee

Declaration by witnesses

Fresh nomination signed/thum-impressed before me.

Name in full and full address of witness.

1.
2.

1.
2.

Signature of witnesses

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.

**Designation .
Name and address of the establishment
Or rubber stamp thereof.**

Acknowledgment by the employee

Received the duplicate copy of the nomination in form's' filed by me on..... , duly certified by the employer.

Date

signature of the employee

Note-Strike out the words and paragraphs not applicable.

**FORM VI
[SEE RULE 7 (2) (4)]
MODIFICATION OF NOMINATION**

To
[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 give notice that the nomination filed by me on [date] and recorded under your reference No.dated.....shall stand modified in the following manner. [Here give details of modifications intended]

STATEMENT

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department /Branch/Section where employed.
6. Post held with Ticket or Serial No. if any.
7. Date of appointment.
8. Address in full.

Place

Signature/Thumb impression of the employer

Date

DECLARATION BY WITNESSES

Modification of nomination signed/thumb impressed before me. Name in full and full address of witnesses. Signature of witnesses

- 1.
- 1.
- 2.
- 2.

Place

Date

CERTIFICATE BY THE EMPLOYER

Certified that the above modification have been recorded. Employer's Reference No., if any.

**Signature of the employer/ officer
authorized**

Designation

**Name and address of the Establishment
or rubber stamp thereof.**

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of the notice for modification in Form 'H' filed by me on.....duly certified by the employer.

**Date
Note**

Signature of the employee

FORM-VII

(See Rule 8(1))

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

Yours faithfully,

**Signature/Thumb-impression of the
applicant employee/nominee/legal heir.**

Place:

Date:

FORM-VIII

[(See Rule 8(i)]

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 clause (b) sub-rule (2) of rule 8 of the Code on Social Security Rules, 2020, that your claim for payments of gratuity as indicated on your application in **Form-VII** under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

(b) *as required under clause (a) sub-rule (2) of rule 8 of the Code on Social Security Rules 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 aton..... (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/
authorised officer.**

Name or description of establishment or rubber stamp thereof.

Copy to: The Competent Authority in case of denial of gratuity.

Copy also to: Office of DG Labour Bureau, Ministry of Labour and Employment, Chandigarh.

FORM-IX
 [(See Rule 8(4))]
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)

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 abovementioned 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 Bihar Rule 8(1) of the Code on Social Security (Bihar) Rules, 2021 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

Signature/Thumb-impression of the applicant

Place:

Date:

FORM – X

[(See Rule 8 (5),(8)]

Notice for Appearance before the Competent Authority/Summon

(Strike out the words 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 of rule of the Code on Social Security(Bihar) Rules, 2021 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 of20..... 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 of20..... 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. Strike out the words and paragraphs not applicable.
 2. The portion not applicable to be deleted.
 3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.
 4. 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 – XI

[(See Rule 8(11) and (12)]

Notice for Payment of Gratuity as Determined by Competent/Appellate Authority
(Strike out the words 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 latean 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, 2021.

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

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 and the amount as interest due under The Code on Social Security, 2021.

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, 2021

Copy to:

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

Note--- *(Strike out paragraphs if not applicable)*

FORM – XII

[(See Rule 8(13)]

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 the of Code on Social Security (Bihar) Rules, 2021 for payment of a sum of Rs..... as gratuity payable under the Code on Social Security, 2021.
2. 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.
3. 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-XIII

[See Rule-9(3)]

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. Others 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 Employer:
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. Others Details:-

Signature/ E-sign/digital sign of employer

Dated:-

Place:-

FORM – XIV

[See Rule 11(1)(a)]

Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator
(Under The Code on Social Security, 2020)

Sir,

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-XV
Appeal
[See Rule 11 (2) (b)]

To,

The Authority,
 (Appointed under the Code on Social Security, 2020)
 (Address)

Sir,

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 cum Facilitator in this behalf is enclosed; or

*Shri....., Inspector-cum-Facilitator, having directed under 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 accordance with the provisions of this Chapter V of the Code on Social Security , 2020(*Strike out 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 other documents filed herewith it is submitted that the woman 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 unnecessary portion.*

**Signature or thumb impression of the Women
/Aggrieved person**

Date.....

*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 XVII
(See Rule 16)
Statement of Fatal Accidents

To ,

Competent Authority,
.....

Sir,

1. I have the honor to submit the following statement of an accident which occurred in (date), at (here enter details of premises) and which resulted in the death of the employee/employees of whom particulars are given in the statement annexed.
2. The circumstances relating to the death of the employee/employees 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.
3. I am responsible for payment of compensation.
4. Details of employee
 - a. Name of the employee
 - b. Age of the employee
 - c. Wages of the employee
5. The establishment is not responsible for payment of compensation due to reasons mentioned below

*(Signature and designation
of person making the statement)*

FORM XVIII
(See Rule 17)
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 workman 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.

Dated20.....
Witness

Signature of employer Witness

Signature or employee

Note- Application to register an agreement can be presented under 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.....

Dated20....

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 XVIII-A**(See Rule 17)****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 Act on account of an alteration in the earnings of the said employee during disablement. It is further stipulated that all rights of commutation under Section 7 of the said Act are unaffected by this agreement it is therefore requested that this memorandum be duly recorded.

Dated 20.... .

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

Dated20 .

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

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

FORM XVIII-B

(See Rule 17)

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 death to the said workman.

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 dependent (s) of 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 death stated above. It is therefore requested that this memorandum be duly recorded.

Dated20..... .

Signature of employer

Witness

Witness

Signature or dependant(s)

Note- Application to register an agreement can be presented under 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.....

Dated20.... .

Dependant(s)

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

Witness

FORM XIX
[(See Rule 17(2))]

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 89 of the Code of Social Security, 2020 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.

Dated20

Competent Authority

FORM XX
{See Rule 17(5)}
Register of Agreement for year 20.....

S.No.	Date of agreement	Date of registration	Employer	Employee	Initial of Competent Authority	Reference to orders rectifying the register

FORM – XXI
[(See Rule 26(1)(a))]
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 26(3)(a))]
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:

S. No. Name Registration If yes (Registration No.)

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

03. C. Details of Employer, Contractor and Contract Labour:

01.	Name of the employer in the case of a contractor's establishment.	
02.	Date of commencement of the establishment.	
03.	Number of Contractors engaged in the establishment during the year.	
04.	Total Number of days during the year on which Contract Labour was emp	
05.	Total number of man-days worked by Contract Labour during the year.	

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 close	
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.

Sign. Here

Place
Date

Form XXIII
[See rule-27(1)]

NOTICE FOR UNDER SUB-SECTION (1) OF SECTION 56 FOR COMPOUNDING OF OFFENCE

To,

.....
.....
.....

- (1) Your establishment has been inspected by Inspector-cum-Facilitator on of of 20.....
- (2) In the said inspection you have been found violating Section of the Code.
- (3) As per provisions of sub-section (1) of Section 56 read with Sub-Rule (1) of Rule 38, you are hereby given notice to the effect that if you are willing to apply for composition of offence, you may apply for composition by submitting the application in **Form XXIV** along with deposit of Rupees /- through treasury challan or electronically on the departmental portal of Labour Commissioner. The details of which are given below.-

(i) Treasury Head

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

- (ii) Flow chart of electronic payment.....
.....

(Signature)
Name and designation of the
Officer.....

Form XXIV
[See rule-27(2)]

APPLICATION UNDER SUB-SECTION (1) OF SECTION 56 FOR COMPOUNDING OF OFFENCE

To,

.....
.....
.....

Kindly refer to your notice no. dated I/we hereby applying for composition of Offence and I have deposited Rs...../- as the amount of Composition by depositing through Treasury Challan or electronically through the portal of Labour Commissioner on/...../..... (dd/mm/year).

So please accept my application and close the proceeding under the Code.

Dated:

Enclosure: The Treasury Challan/Payment receipt of electronic Payment.

(Signature)
Name of the Applicant

- (1) Name of the establishment:.....
(2) Address of Establishment :.....

FORM-XXV

[See Rule 28(3)(b)]

Form for Reporting Vacancies to Career Centers

(Separate forms to be used for each type of posts)

1	Particulars of the employer: Name: Address with pin code: Telephone No. : Mobile No.: Email address: Name & Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc) Registration No of establishment under Code: Economic activity details:		
2.	Particulars of the indenting Officer: Name: Designation: Telephone No. : Mobile No.: Email address :		
3.	Particulars of vacancy(ies): (a) Designation/nomenclature of the vacancy(ies) to be filled (b) Description of duties of the post (job role/functional role) (c) Qualifications/Skills required (educational, technical, experience) (i) Educational Qualifications (ii) Technical Qualifications (iii) Skills (iv) Experience (d) Age Limits, if any (Age as on last date of application) (e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc) if any (f) duration of employment (i) 3-6 months	Essential	Desirable/ Preferable
	(ii) 6-12 months (iii) 12 months and more	Number of posts	
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.	Category	Number of vacancies to be filled	
	(a) Scheduled Caste (b) Scheduled Tribe (c) OBC (d) EWS (e) Ex-Serviceman (f) Persons with disabilities (pwd) (g) women (h) Others(specify)	Total	*By Priority candidates *(Applicable for Central Government vacancies)
6.	Pay and Allowances: For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details if any For others: Mention minimum total emoluments per month with other details, if any.		
7.	Place of work (Name of the town/village		
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	Yes/No	
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 Authorized 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.

(सं० 1/COSS 10-01/2021-826/श्र०सं०)
बिहार-राज्यपाल के आदेश से,
सूर्यकान्त मणि,
सरकार के उप सचिव।

अधीक्षक, सचिवालय मुद्रणालय,
बिहार, पटना द्वारा प्रकाशित एवं मुद्रित।
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