

FORM-I

[(see rule 4(1),(2), (3) and (4)]

Nomination/Fresh Nomination/Modification of Nomination

(Strike out the words not applicable)

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 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,-

**Strike out unnecessary portion.*

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.
 - (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 competent authority in terms of clause (33) of section 2 of the said Code.
5. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sr.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. 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 No. or Serial No., if any
7. Date of appointment

8. Permanent address:

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

Office.....

Pin-Code..... District..... State.....

E.mail ID..... Mobile Number.....

Place: Date:

Signature/Thumb-impression of the
Employee

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 authorized

Date:

Designation

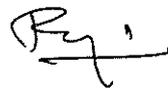
Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date:

Signature of the Employee



FORM-II

[[see rule 5(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)

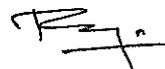
Sir/Madam,

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 of years 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
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

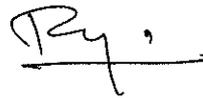


3. Department/Branch/Section where last employed
4. Post held by employee.
5. Date of appointment.
6. Date and cause of termination of service
7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee.
10. Total gratuity payable to the employee/ share of gratuity 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-III

[(see rule 5(2))]

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 5 of the Code on Social Security (State) 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 5 the Code on Social Security (Gujarat) Rules, 2021 that a sum of Rs.(Rupees....) is payable to you as gratuity/as your share of gratuity in terms of nomination made byonand. 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: yearsmonths.

d. Wages last drawn:

e. Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:

f. Amount payable:

*strike out para, if, not applicable

Ry.

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.

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line and a small dot above it.

FORM-IV

[(see rule 5(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 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 (Gujarat) Rules, 2021 on thebut the above-mentioned employer refused to entertain it/issued a notice dated the..... under clauseof sub-rule of rule offering 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.

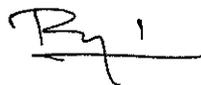


ANNEXURE

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 SI. 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 — V

[(see rule 5 (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 Shri.....an 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 5 of the Code on Social Security(Gujarat) 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

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 give 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.

A handwritten signature in black ink, appearing to be 'Py', with a horizontal line underneath it.

FORM — VI

[(see rule5(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 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

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.

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

R.

FORM — VII

[(see rule 5(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)

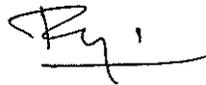
1. The applicant is an employee of the above-mentioned employer/a nominee of late.....an employee of the above mentioned employer/a legal heir of late an employee of the above –mentioned employer, and you were pleased to direct the said employer in your notice dated the under sub-rule (11) or sub-rule (12) of rule 3 of Code on Social Security (Gujarat) Rules, 2021 for payment of a sum of Rs. as gratuity payable under the Code on Social Security, 2020.
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 VIII
Appeal
(see rule 7(b))

To.

The Authority.

(Appointed under the Social Security Code, 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 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 Social Security Code, 2019(*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 IX

(Abstract for the Maternity Benefit, and the rules made under the Social Security Code,
2020).

[See Rule 11]

1. No employer shall knowingly employ a woman during the six weeks immediately following the day of her delivery of miscarriage/ Medical termination of pregnancy and no woman shall work in any establishment during the said period.
2. No pregnant woman shall, on a request being made by her in this behalf, be required by her employer to do during the period of one month immediately preceding the period of six weeks before the date of her expected delivery and also for any period during this period of six weeks for which she does not avail of leave of absence, any work which is of an arduous nature or which involves long hours of standing, or which in way is likely to interfere with her pregnancy or the normal development of the foetus, or is likely to cause her miscarriage or otherwise to adversely affect her health.
3. (1) Subject to the provisions of the Code, every woman who has actually worked in an establishment of the employer from whom she claims maternity benefit for a period of not less than eighty days, including the days during which she was laid off, shall be entitled to, and her employer shall be liable for, the payment of maternity benefit at the rate of her average daily wages, or **the minimum rate of wage fixed or revised under the Code on wages 2019 or Two hundred rupees a day**, whichever is higher, for the period of her actual absence not exceeding six weeks immediately preceding the day of delivery and the remaining period immediately following that day:

Provided further that where a woman dies during the period for which maternity benefit is payable, to her, the benefit shall be payable only for the days up to and including the day of her death. However, where the woman having been delivered of a child, dies during her

By,

delivery or during the remaining period of maternity benefit leaving behind in either case the child, the employer shall be liable for the payment of maternity benefit for the entire period of maternity benefit following the day of her delivery but if the child also dies during the said period, then, for the days up to and including the day of the death of the child.

(2) The amount of maternity benefit for the period preceding the date of her expected delivery shall be paid in advance by the employer to the woman on production of a certificate in **Form X (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** stating that she is pregnant and is expected to be delivered of a child within six weeks of the date of production of the certificate, and the amount due for the subsequent period shall be paid by the employer to the woman within forty-eight hours of production of the certificate issued in **Form X (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** that she has been delivered of a child or production of a certified extract from a Birth Register maintained under the provisions of any law for the time being in force.

4. (1) Any woman employed in an establishment and entitled to maternity benefit under the provisions of this Code may give notice in writing in **Form XI (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** to her employer, stating that her maternity benefit and any other amount to which she may be entitled under this Code may be paid to her or to such person as she may nominate in the notice and that she will not work in any establishment during the period for which she receives maternity benefit.

(2) In the case of a woman who is pregnant, such notice shall state the date from which she will be absent from work, not being a date earlier than six weeks from the date of her expected delivery.

(3) Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after the delivery.

Py.

- (4) On receipt of the notice, the employer shall permit such woman to absent herself from establishment until the expiry of the remaining period of maternity benefit after the day of her delivery.
5. (1) Every woman entitled to maternity benefit under the Code shall also be entitled to receive from her employer a medical bonus of Three Thousand and Five Hundred Rupees, if no pre-natal, confinement and post-natal care is provided for by the employer free of charge. The medical bonus shall be paid along with the second installment of the maternity benefit.
- (2) In case of miscarriage/medical termination of pregnancy, a woman shall, on production of a certificate in **Form X (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** be entitled to leave with wages at the rate of maternity benefit, for a period of six weeks immediately following the day of her miscarriage. The wages shall be paid within 48 hours of production of the certificate in **Form X (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)**.
- (3) A woman suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage/ medical termination of pregnancy or tubectomy operation shall, on production of a certificate in **Form X (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** be entitled, in addition to the period of absence allowed to her on account of maternity or miscarriage/ medical termination of pregnancy or tubectomy operation, as the case may be, to leave with wages at the rate of maternity benefit for a maximum period of one month. The wages for the leave period shall be paid within 48 hours of the expiry of that period.
6. Every woman delivered of a child who returns to duty after such delivery shall, in addition to the interval for rest allowed to her, be allowed in the course of her daily work two breaks of 15 minutes' duration for nursing the child until the child attains the age of fifteen months.

Ry!

An extra sufficient period, depending upon the distance to be covered, shall be allowed for the purpose of the journey to and from the creche or the place where the children are left by women while on duty, provided that such extra period shall not be less than 5 minutes and more than 15 minutes' duration.

7. (1) When a woman absents herself from work in accordance with the provisions of the Code, it shall be unlawful for her employer to discharge or dismiss her during or on account of such absence or to give notice of discharge or dismissal on such a day that the notice will expire during such absence, or to vary to her disadvantage any of the conditions of her service.

(2) (a) The discharge or dismissal of a woman at any time during her pregnancy, if the woman but for which discharge or dismissal would have been entitled to maternity benefit or medical bonus shall not have the effect of depriving her of the maternity benefit or medical bonus:

Provided that where the dismissal is for one or more of the following acts, the employer may, by order in writing communicate to the woman, deprive her of the maternity benefit or medical bonus or both-

- (i) Willful destruction of employer's goods or property;
- (ii) Assaulting any superior or co-employee at the place of work;
- (iii) Criminal offence involving moral turpitude resulting in conviction in a court of law;
- (iv) theft, fraud, or dishonesty in connection with the employer's business or property; and
- (v) Willful non-observance of safety measures or rules on the subject or willful interference with safety devices or with fire-fighting equipment.

(b) Any woman deprived of maternity benefit or medical bonus or both, may within sixty days from the date on which the order of such deprivation is communicated to her, appeal in **Form VIII** to the Competent Authority and his decision on such appeal whether the woman



- should or should not be deprived of maternity benefit or medical bonus or both, shall be final.
8. If a woman works in any establishment after she has been permitted by her employer to absent herself under the provisions of the Act, she shall forfeit her claim to the maternity benefit for such period.
9. (1) Any woman claiming the maternity benefit or any other amount to which she is entitled under the Act and any person claiming that payment due has been improperly withheld may make complaint to the Inspector cum facilitators in writing in **Form XII (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)** as the case may be.
- (2) The Inspector may, of his own motion or on receipt of a complaint in **Form XII (appended to the Code on Social Security Central Rules, 2020 made by the Central Government)**, make an inquiry or cause an enquiry to be made and if satisfied that payment has been wrongfully withheld, may direct the payment to be made in accordance with his orders.
- (3) Any person aggrieved by the decision of the Inspector-cum-Facilitator may, within, thirty days from the date on which such decision is communicated to such person, appeal to the Authority prescribed by the Appropriate Government.
- (4) The decision of Authority where an appeal has been preferred to him or of the Inspector-cum-Facilitator where no such appeal has been preferred shall be final.
10. (a) The employer shall supply to every women employed by him at her request free of cost copies of **Forms X, XI, XII and XIII** appended to the Code on Social Security Central Rules, 2020 made by the Central Government.
- (b) The failure to submit a notice, appeal or complaint in the prescribed form will not affect the right of a woman entitled to receive maternity benefit or any other amount due under the Code. Where a notice, appeal or complaint has been received in a form other than the prescribed form, the authority concerned shall within fifteen days of the receipt of such

By

notice, appeal or complaint, require the woman to submit the notice, appeal or complaint, as the case may be in the prescribed form.

11. (a)(1) The employer of the establishment in which women are employed shall prepare and maintain a register of women employees in **Form XXXII** and shall enter therein particulars of all women workers in the establishment.

(2) All entries in the muster-roll shall be made in ink and maintained up-to-date and it shall always be available for inspection by the Inspector-cum-Facilitator during working hours.

(b) The employer to which the Code applies, on or before the 1st day of February in each year, upload a unified annual return in **Form XXXIII** online on the web portal of the State Government, Labour and Employment Department, giving information as to the particulars specified, in respect of the preceding year:

Provided that during inspection, the inspector may require the production of accounts, books, register and other documents maintained in electronic form or otherwise. Explanation.- For the purposes of this sub-rule, the expression "electronic form" shall have the same meaning as assigned to it in clause (r) of section 2 of the Information Technology Act, 2000 (21 of 2000).



FORM XIV
(See Rule 20(1))

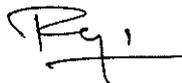
Whereas I have received information that
(1).....employees employed by you in
(2)..... I died as the result of an accident arising out of and in the course
of his employment, I hereby require you in accordance with section 82 of the Social
Security Code, 2020 to submit to me within third party days of the receipt of this notice the
enclosed **Form XV** with the particulars required in paragraphs 1,2,3 and the particulars
required in either paragraph 4 or 5 duly field in. In the event of your admitting liability to
pay compensation, the necessary deposit must, under sub-section (2) of the said section 88
be made within thirty days of the receipt of this notice.

Dated..... 20.....

Competent Authority

(1) Here insert the name of the employees.....

(2) Here insert the name of the establishment.....



Form XV

(See rule 20(1), (2))

1. In reply to your notice dated the.....20.....which was received by me on the20.....it is submitted that residinga work met with an accident on.....20.....

The monthly wages of the deceased amounted to Rs.....

2. The circumstances in which the death of the employee occurred were as follows:

3. The deceased left the following dependants (s) namely:

4. *I admit liability to pay as compensations, on account of the deceased's death, the amount of Rs.....which will be deposited with you on the20.....wasbefore.....

5. I disclaim liability to pay compensation on account of the deceased's death on the following grounds:-

Employer

(1) Here insert the name of the employee.....

(2) Here insert the name of the establishment.....

(3) Here insert the name(s) and address(es) where, known

.....
.....

(3) *Strike out the paragraph which is not applicable



FORM XVI
 (See Rule 21)
Report of Fatal Accidents on Serious Bodily Inquiry

To

Sir,

I hereby submit submit the following report of an accident which occurred on..... (date), at..... (here enter details of premises)..... and which resulted in the death of / serious bodily injury to / the employee of whose particulars are given in the statement annexed.

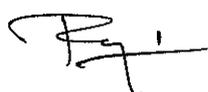
2. The circumstances in which the death / serious bodily injury / occurred / to the employee/ employees were as under:

- (a) Time of the 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:

Yours faithfully,
 (Signature and designation of
 person making the report)

STATEMENT

Name	Sex	Age	Nature of employment	Full postal address



FORM XVII
(See Rule 23)
Memorandum of Agreement

It is hereby submitted that on the..... day of..... 20..... personal injury was caused toresiding at by accident arising out of and in the course of his employment in The said injury has resulted in temporary disablement to the said employees whereby it is estimated that he will be prevented from earning more than his previous any wage for a period ofmonths. The said employees has been in respect of half-monthly payments which continued from the.....day of20 until the day of20.....amounting to Rs.....in all. The said employee's monthly wages are estimated at Rs..... in all. The said employee's monthly wages are estimated at Rs..... The workman 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 full settlement of all and every claim under the Social Security Code, 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.

Dated20.....

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 signature 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 that sum of
Rs.....

Employees

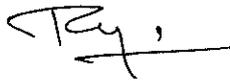
Seal

Dated20.....

This 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.

A handwritten signature in black ink, appearing to be 'Ry', with a horizontal line extending to the right from the bottom of the signature.

FORM XVIII
(See Rule 23)
Memorandum of Agreement

It is hereby submitted that on theday 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 employees of the following nature, namely:

The said employee's monthly wages are estimated at Rs.....

The employees is over the age of 15 years/ will reach the age of 15 years on..... The said employees has, prior to the date of this agreement's 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 employees, has agreed to pay, and the said workman has agreed to accept the sum of Rs..... in full settlement of all and every claim under the Social Security Code, 2020, in respect of the disablement stated above and all disablement now manifest. It is, therefore, requested that this memorandum be duly recorded.

Dated20.....

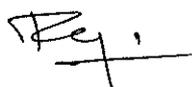
Signature of employer.....

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 signature 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 that sum of

Rs.....

Dated20.....

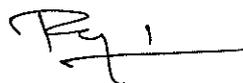
Employees

Seal

This 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.

A handwritten signature in black ink, appearing to be 'Ry', with a horizontal line extending to the right.

FORM XIX
(See Rule 23)
Memorandum of Agreement

It is hereby submitted that on the..... day of..... 20..... personal injury was caused toresiding at by accident arising out of and in the course of his employment in The said injury has resulted in temporary disablement to the said workman, 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 employees, has agreed to pay, andon behalf of the said employees 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 the provisions of the Social Security Code, 2020 on account of an alternation in the earnings of the said workman during disablement. It is further stipulated that all rights of communication under section 97 of the said Code are unaffected by this agreement. It is therefore requested that this memorandum be duly recorded.

Dated20.....

Signature of employer.....

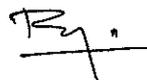
Seal.....

Witness.....

Signature of employees.....

Witness.....

(Note:--An application for registration of an agreement can be presented under the signature of one party, provided that the other party has agreed to the terms. But both signature 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 that sum of
Rs.....

Employees

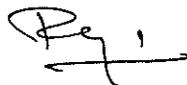
Seal

Dated20.....

This 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.

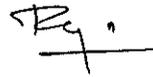
A handwritten signature in black ink, appearing to be 'P. J.', with a horizontal line extending to the right from the bottom of the signature.

FORM XX
(See Rule 24(1))

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 Social Security Code, 2020 notice is hereby given that the 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

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line and a vertical stroke.

FORM XXI

(See Rule 24(3))

Take notice that registration of the agreement to pay compensation said to have been reached between you.....and.....on the20.....has been refused for the following reasons, namely:-

Dated20.....

Competent Authority

Rg 1

FORM XXII

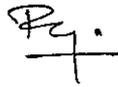
(See Rule 25 (2))

Whereas an agreement to pay compensation is said to have been reached between..... andand whereas..... has/had applied for registration of the agreement under Section 89 of the Social Security Code, 2020, and whereas it appears to me that the said agreement ought not to be registered for the following reasons, namely:-.....

An opportunity will not be afforded to you of showing of cause on20..... why the said agreement should be registered. If no adequate cause is shown on that date, registration of the agreement will be refused.

Dated20.....

Competent Authority

A handwritten signature in black ink, consisting of a stylized 'P' followed by a horizontal line and a vertical stroke.

FORM XXIII

(See Rule 25(2))

Whereas an agreement to pay compensation is said to have been reached betweenandand whereas.....has/have applied for registration of the agreement under Section 89 of the Social Security Code, 2020, 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.....20..... , why the said agreement should be registered. Any representation which you may have to make with regard to the said agreement should be made on that date. If adequate cause is then shown, the agreement may be registered.

Dated20.....

Competent Authority



FORM XXIV

(See Rule 27)

Register of Agreements for the year 20.....

Serial number	Date of agreement	Date of registration	Employer	Employees	Initials of Competent Authority	Reference to orders rectifying the register
1	2	3	4	5	6	7

Pg.

FORM XXV
(See Rule 29(1))
Application for Compensation by employee

To Competent Authority for Employee's
Compensation,.....,residing
at,.....applicant,
Versus

.....
residing at,..... opposite party.

It is hereby submitted that--

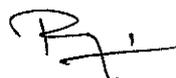
- (1) The applicant, an employee employed by (a contractor with) the opposite party on the..... day of 20....., received personal injury by accident arising out of and in the course of his employment.
The cause of the injury was (here insert briefly in ordinary language the cause of the injury).....
- (2) The applicant sustained the following injuries, namely:
.....
- (3) The monthly wages of the applicant amounts to Rs.....the applicant is over/under the age of 15 years.
- (4) (a) Notice of the accident was served on theday of.....
(b) Notice was served as soon as practicable.
(c) Notice of the accident was not served (in due time) by reason of.....
- (5) The applicant is accordingly entitled to receive--
(a) Half-monthly payment of Rs.....from the..... day of 20....., to.....day of.....20
(b) A lump sum payment of Rs.....
- (6) The applicant has taken the following steps to secure a settlement by agreement, namely.....but it has proved impossible to settle the questions in dispute because.....

*You are therefore, requested to determine the following questions in dispute, namely--

- (a) whether the applicant is a employee within the meaning of the code;
- (b) whether the accident arose out of or in the course of the applicant's employment;
- (c) whether the whole or any part of the amount of compensation claimed is due;
- (d) whether the opposite party is liable to pay such compensation as is due;
- (e) etc. (*as required*).

Dated20.....

..... Applicant



FORM XXVI
(See Rule 29(1),48(4))
Application for commutations

To Competent Authority for Employee's

Compensation,.....,

Residing..... At.....applicant

Versus

.....residing

at..... , opposite party.

It is hereby submitted that--

- (1) The applicant/opposite party has been in receipt of half-monthly payments fromto..... in respect of temporary disablement by accident arising out of and in the course of his employment.
- (2) The applicant is desirous that the right to receive half-monthly payments should be redeemed.
- (3) (a) The opposite party is unwilling to agree to the redemption of the right to receive half-monthly payments.
(b) The parties have been unable to agree regarding the sum for which the right to receive half-monthly payments should be redeemed.

You are, therefore, requested to pass order—

- (a) directing that the right to receive half-monthly payments should be redeemed;
- (b) fixing a sum for the redemption of the right to receive half-monthly payments.

Dated20.....

..... Applicant



FORM XXVII

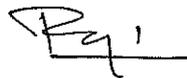
(See Rule 48(1))

Notice

Whereas a claim for compensation has been made by..... applicant, against..... and the saidhas claimed that..... is liable under Section 82 of the Social Security Code, 2020 to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim, you are hereby informed that you may appear before me on.....and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party. In default of your appearance you will be deemed to have admitted the validity of any award which may be made against the opposite party, and your liability to indemnify the opposite party for any compensation which may be recovered from him.

Dated20.....

..... Competent Authority

A handwritten signature in black ink, appearing to be 'Ry', with a horizontal line extending to the right from the bottom of the 'y'.

FORM XXVIII

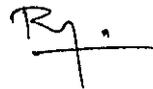
(See Rule 48(3))

Notice

Whereas a claim for compensation has been made by..... applicant, against..... and the saidhas claimed that..... is liable under Section 82(3) of the Social Security Code, 2020, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim, and whereas the said..... on notice served has claimed that youstand to him in the relation of a contractor from whom the applicant..... could have recovered compensation, you are hereby informed that you may appear before me on.....and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party..... In default of your appearance you will be deemed to have admitted the validity of any award which may be made against the opposite party..... and your liability to indemnify the opposite party..... for any compensation which may be recovered from him.

Dated20.....

..... Competent Authority

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line and a vertical stroke extending downwards.

FORM - XXIX

[See rule - 56]

REGISTER OF BENEFICIARIES TO BE MAINTAINED BY THE
EMPLOYER FOR THE MONTH OF.....

Sr. No.	Name and Full Address of the beneficiaries	Age & Date of Birth	Sex Male/Female	Name of Work	Designation	Date of commencement and Completion of Employment
1	2	3	4	5	6	7

Wage Per Day /Per Month	No. Hours of work.	Leave, Leave Wages, Overtime	Date and No. of regn. As a beneficiary	Remarks
8	9	10	11	12

.....
Employer's Signature

By _____

FORM - XXX

[See rule - 66]

BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE BOARD, GUJARAT

Annual Report for the Year.....

I. Board:

1. Full Registered Address
2. Date of Constitution
3. Name of Chairperson
4. Member of Board
5. Regional Offices with address, (if any)
6. No. of Staff of the Board with Grade wise (including Regional Offices)

II. Membership:

1. No. of beneficiaries registered with the Board,
2. No. of Registered Employers.
3. No. of beneficiaries Registered during the Audit Period.

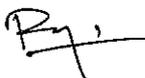
III. Meetings: State the No. of meetings held with dates during the year and names of the members remaining absent.

IV. Audit:

1. Date of the Last Audit.
2. Have any irregularities been mentioned in the Previous Audit?
If so, state the position Regarding Compliance thereof.

V. Internal Audit:

- (a) Is there a formal internal audit system in operation?
- (b) Any special areas which are taken up by the internal auditor? If yes, List them.
- (c) Who had done the internal Audit? Whether the internal Auditor is from the panel of Auditor?
- (d) State whether there is proper co-ordination between the Government Auditor and the internal Auditor.
- (e) Whether recommendations made by the internal auditor have been complied with by the Board, if no, specify them.



VI. Cash, Bank Balance and Securities:

(a) Cash:

- (a) Whether the cash is counted physically by the auditor? If yes, give the date.
- (b) Who produced the cash for counting? Give his Name & Designation. Is he Authorised to keep cash? Whether the cash balance was within the limits stipulated?
- (c) Is it correct according to cash book?
- (d) Are arrangements for safety of cash in safe and cash in transit adequate?
- (e) Whether any insurance policy for money in transit, cash in safe and fidelity guarantee is taken out? If yes, specify the sum insured against each category.

(b) Bank Balance:

- (a) Do the Bank balance shown in bank statement/passbook tally with the bank book? If not, whether any reconciliation statement is prepared? Attach Statement.
- (b) Whether confirmations of balance are obtained from all the banks?

(c) Securities:

- (a) Verify securities physically and see whether they are in the name of the board?
- (b) Are dividends and / all interest being duly collected and whether provision of accrued interest is calculated correctly?
- (c) If securities are lodged with the bank, are relevant certificates obtained?
- (d) Is investment register kept and written up to date?
- (e) Whether the aggregate amount as per the register tallies with the ledger? If not what is the quantum of difference?
- (f) Amount not received upon maturity.

VII. Moveable and immovable property:

- (a) Are relevant registers maintained up to date?
- (b) Verify properly physically and obtain list. Do the balances tally with balance sheet figures?
- (c) In case of immovable properties including land, verify title deeds and see whether they are in the name of the board.
- (d) Is the property duly insured where necessary? If so give details.
- (e) Depreciation:

(i) Is due depreciation charges?

(ii) State the rates of depreciation charged on various assets.

VIII. Receipts during the year under report:

(1) Amount of grants/ loans received from the Central Govt.

(2) Amount of contribution received from the beneficiaries.

(3) Amount of cess received.

(4) Amount of registration fees received from the beneficiaries.

(5) Any other source.

IX. Expenditure during- the year under report:

(1) Financial assistance provided to the beneficiaries (give the details scheme-wise).

(2) Administrative expenditure (including salary)

(3) Expenditure on other heads (specify the heads).

X. Activities:

(1) State the various activities of the Board.

(2) Proposals for the future scheme.

XI. General:

1. Ligations.

(a) No. of court cases against board.

(b) No. of court cases filed by the Board.

2. Inspection.

(a) Whether any inspection has been carried out by any Central/ State Govt. authority.

(b) orders/ directions issued if any.

3. Proposals:

Pending proposals if any with the Government.



FORM XXXI

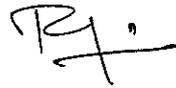
[See rule -69]

1. Name of Establishment
2. Address
3. Date of commencement of work (DD/MM/YYYY)
4. Estimated period of work (MM/YYYY)
5. Estimated cost of work:
6. Amount of Cess to be paid:
7. Whether work is being handed over to any other person/agency for completion.
8. If yes, Name/ Address of such person/agency.

Signature of Employer

Name of Establishment

Date

A handwritten signature in black ink, appearing to be 'R. H.', is written in the center of the page.

FORM XXXII

[(See rule 80(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.

P. J.

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.

Py,

FORM XXXIII
Unified Annual Return
(See Rule 80(3))

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 Acts mentioned in column (2) of the table below:

S. 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.		

Handwritten signature

03. Any other Law for the time being in force.

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 employed.

05. Total number of man-days worked by Contract Labour during the year.

06. Name of the Manager or Agent (in case of mines).

07.	Address House No./Flat No.	Street/Plot No.	Town
	District	State	Pin Code
	E-mail ID	Telephone Number	Moblie Number

D. Working hours and weekly rest day:

01. Number of days worked during the year.

02. Number of mandays worked during the year.

03. Daily hours of work.

04. Weekly day of rest.

E. Maximum number of persons employed in any day during the year:

Sl. No.	Males	Females	Adolescents (between the age of 14 to 18 years.)	Children (below 14 years.)	Total
---------	-------	---------	--	----------------------------	-------

F. Wage rates (Category Wise):

Category	Rates of Wages	No. of workers			
		Regular		Contract	
		Male	Female	Children	Adolescent

Highly

Skilled

Skilled

Semiskilled

Unskilled

G. (a) Details of Payments:

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

A handwritten signature in black ink, appearing to be 'R. H.', is written in the center of the page.

FORM-XXXIV
[see rule 81 (1),(2),(3)]

**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:

Py.

PART – III

[see rule 81(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:

PART – IV

[see rule 81(3)]

Composition Certificate

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 Sh..... (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-XXXV
[see rule 82 (3)(b)]

Vacancy Notification Form

(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 : Registration No. allotted by Career Centre : Sector: Functional Area:		
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(jobrole/functional role)		
	(c) Qualifications/Skills required(educational,technical, experience)	Essential	Desirable/Preferable
	(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 (ii) 6-12 months (iii) 12 months and more	Number of posts	

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4	<p>(a) Total No. of Vacancies:</p> <p>(b) Whether there is any obligation for arrangement for giving reservation/preference to any category of persons such as the 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</p> <p>(if yes, give the bifurcation of vacancies mentioned in (a))</p>		
	Category	Number of vacancies to be filled	
	<p>(a) Scheduled Caste</p> <p>(b) Scheduled Tribe</p> <p>(c) SEBC</p> <p>(d)OBC</p> <p>(e)EWS</p> <p>(f) Ex-Serviceman</p> <p>(g) Persons with disabilities (pwd)</p> <p>(h) Women</p> <p>(i) Others(specify)</p>	Total	*By Priority candidates (Applicable for Central Government vacancies)
5	<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>		
6	Place of work (Name of the town/village/city and district in which it is situated) (Mention place of initial posting in case of transferable)		
7	Mode of Application(email, online, in writing, etc) and Last date for receipt of applications		
8	Date of interview or test		
9	Particulars of officer to whom the applications be sent/candidates should approach		

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	(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	

Signature, Name and Designation
of Authorized Signatory of
establishment/ employer with seal
and date

NOTE:

1. Career Centre to which the vacancies are reported, would provide a unique vacancy reporting number for the vacancy reported to the employer in writing, through email or digitally or through any other such media within ten working days from the date of receipt of reporting of vacancies.
2. Employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, shall 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.
4. Sector as mentioned in, but not restricted to annexure-A
5. Functional Area as mentioned in, but not restricted to annexure-B

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FORM-XXXVI

[see rule 82 (6)]

Form EIR(Employment Information Return)

Yearly Return to be submitted to the Career Centre for the Financial Year.....

The following information is required to be submitted under the Code on Social Security (Chapter XIII – Employment Information & Monitoring) 2020.

Name and Address of the Employer		
Whether – Head Office		
Branch Office		
Type of Establishment (Public /Private Sector)		
*Sector		
**Functional Area		
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 Financial Year	On the last working day of the Financial Year under report
MEN		
WOMEN		
Others (Transgender)		

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2. Number of vacancies*** occurred and reported to Career Centre during the year and the number of vacancies filled during the year				
Occurred	Reported		Filled	Source (Career Centre/ NCS Portal/ Govt. Recruiting Agencies/ Private Placement Organizations/ others)
	Career Centre	Central Career (Central)		
1	2	3	4	5

*Sector as mentioned in, but not restricted to annexure-A

** Functional Area as mentioned in, but not restricted to annexure-B

***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.)

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4. Estimated Manpower Recruitment by Occupational classification the next financial 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-organization.			
Description	Men	Women	Others (trans-gender)	Total
1	2	3	4	5
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.

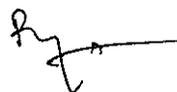
Signature, Name and Designation of Authorized Signatory of establishment/ employer with seal and date

To

The Career Centre,
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Note:- 1. This return is to be rendered to the Career Centre up to 31st May after the end of concerned Financial year by establishments/employers vide their obligation under the Code on Social Security 2020 (Chapter XIII-Employment Information and Monitoring).

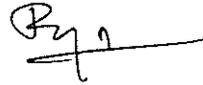
2. The main purpose in obtaining the information from employers is to know (i) the vacancies/employment opportunities available; (ii) type of personnel who are in



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 Centers for getting suitable candidates as per their requirements.

3. Sector as mentioned in but not restricted to Annexure-A

4. Functional Area as mentioned in but not restricted to Annexure-B

A handwritten signature in black ink, consisting of a stylized 'P' followed by a horizontal line and a vertical stroke.