

FORM G-1
 [(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.
- 4 (a) My father/mother/parents is/are not dependent on me.
 (b) My husband's father/mother/parents is/are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the..... to the Competent authority in terms of clause (33) of section 2 of the said Code.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

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.				
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 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 authorised
Designation
Date: Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date:

Signature of the Employee

FORM G-2

[(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 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. Relationship of 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-impresion of the applicant employee/nominee/legal heir.

Place:

Date:

FORM G-3
[(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)

1. 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 (Haryana) Rules, 2021, that your claim for payments of gratuity as indicated on your application in **Form G-2** 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 3 of the Code on Social Security (Haryana) 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 thisas 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 G-4
[(See Rule 5(4))]
Application for Direction

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 rule..... of the Code on Social Security (Haryana) 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

Place:

Date:

Signature/Thumb-impression
of the applicant

FORM G –5
[(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 Shrian employee under you/a nominee(s)/legal heir(s) Of Shri.....an employee under the above-mentioned employer, has/have filed an application under sub-rule (4) of rule 3 of the Code on Social Security (Haryana) 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 G-6

[(See Rule 5(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, 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)

FORM G-7

[(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 latean employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated theunder sub-rule (11) or sub-rule (12) of rule 3 of the Code on Social Security (Haryana) 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:

FORM M-1

[See Rule 7(1)(a) and (d)]

**Certificate of Medical Officer/Medical Practitioner for confinement/miscarriage/
Medical termination of pregnancy or tubectomy operation/ delivery of a child/adoption
of child**

This is to certify that-

1. I examined.....wife/ daughter of Woman employee in..... (Name of the establishment) on..... (Date) and found/ cannot discover that she is pregnant and is expected to be delivered of a child within (month and/days) from the above mentioned date/ has undergone miscarriage/ Medical termination of pregnancy or tubectomy operation/has been delivered of a child on..... (Date) or is suffering from.....(date) from illness arising out of pregnancy/delivery/ premature birth of a child or miscarriage/ Medical termination of pregnancy or tubectomy operation.
2. Smt..... wife/daughter of..... employed in..... (Name of the establishment) expired onbefore/during/ after confinement. The child died on...../survives her.
3. I examined....wife/ daughter of....a woman employed in..... (Name of establishment) and found that she has been delivered of a child/ has undergone miscarriage on..... (date).

Strike out unnecessary portion.

Signature, qualifications and designation of
Medical Officer/Medical Practitioner/Midwife

Date.....

Definitions of "child" and "miscarriage" as in the Code on Social Security, 2020.-

1. "Child" includes a still-born child.
2. "Miscarriage" means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

FORM M2-A

[See Rule 7(2)(a) and (c)]

(Notice of Claim for Maternity Benefit and Payment thereof under section 62 and 63) To
..... (name of establishment)

Notice

[See Rule 7(2)(a)]

1. I (name of woman) wife/ daughter of..... employed as..... at.....(name of establishment), hereby give notice that I expect to be confined within six weeks next following from the date of this notice/ have given birth to a child on.....(date) and shall be absent from work from.....(date). I shall not work in any establishment during the period for which I receive maternity benefit.
2. For the purpose of section 63, I hereby nominate..... (Here enter name and address of the nominee) to receive maternity benefit and/ or any other amount due to me under the Code in case of my death.

Signature of an Attester in case
the woman is not able to sign
and affix thumb impression.

Signature or impression of
woman

Date.....

FORM M2-B
FORM OF RECEIPT OF MATERNITY BENEFIT
[See Rule 7(2)(c)]

I,....., the undersigned, a woman employee/ the nominee of..... woman employee/ legal representative of..... woman employee deceased in.....(name of establishment) at..... in..... district received maternity benefit and/or other amount due under the Code on Social Security, 2020 from the employer of the establishment referred to above, as detailed below:-

Rs..... being the first installment of maternity benefit paid on.....

Rs..... being the second installment of maternity benefit after delivery paid on.....

Rs..... being the medical bonus under section 64 of the Code paid on.....

Rs.....being the wages for the leave period from..... to..... mentioned under section 65.

My/Her confinement/miscarriage Medical termination of pregnancy or tubectomy operation took place on.....or I/she fell ill because of pregnancy, delivery, premature birth of a child or miscarriage Medical termination of pregnancy or tubectomy operation on..... In consequence I..... her nominee/legal representative has received the aforesaid amounts prescribed in sections 60, 64 and 65 of the Code on Social Security, 2020.

Signature or thumb impression
of..... Woman employee or her
nominee or legal representative

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

Date.....

Strike out unnecessary portion.

FORM M-3
[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 there under, 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 M-4
Appeal
[See Rule 10(2) and 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 M-5

[See Rule 12(4)]

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

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. (a) 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 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.

- (b) 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 M-1 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 in Form M-1 stating 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. (a) Any woman employed in an establishment and entitled to maternity benefit under the provisions of this Code may give notice in writing in Form M-2 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.

- (b) 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.
 - (c) Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after the delivery.
 - (d) 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. (a) Every woman entitled to maternity benefit under the Code shall also be entitled to receive from her employer a medical bonus of rupees three thousand and five hundred, 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.
- (b) In case of miscarriage/medical termination of pregnancy, a woman shall, on production of a certificate in Form M-1 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 M-1.
 - (c) 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 M-1, 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. 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
 - (iv) 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 M-4 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 M-4 as the case may be.
 - (2) The Inspector-cum-Facilitators may, on his own motion or on receipt of a complaint in Form M-3, 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 woman employed by him at her request free of cost copies of Forms M-1, M-2, M-3 and M-4.
 - (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 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 A-1** of Code on Social Security, 2020 (Central rules) and shall enter therein particulars of all women workers in the establishment.
 - (2) All entries in the register of women employees 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-A-2** of Code on Social Security, 2020

(Central rules) online on the web portal of the Central Government in the Ministry of Labour and Employment, giving information as to the particulars specified, in respect of the preceding year:

Provided that during inspection, the Inspector-cum-Facilitator 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 E-1
(See Rule 13)
Report of Fatal Accidents

To

.....
.....

Sir,

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

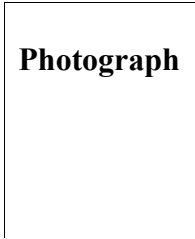
2. The circumstances relating to the death of the employee/employee were as under: -
 - (a) Time of accident.
 - (b) Place where the accident occurred.
 - (c) Manner in which deceased was/were employed at the time.
 - (d) Cause of the accident.
 - (e) Any other relevant particulars.

I have etc.
(Signature and designation of person making the report)

Statement

Employee Name / Employee Id/ aadhar card no	Sex	Age	Nature of Employment	Full postal address

FORM E-2
[See rule 18(1)]
Deposit of Compensation for Fatal Accident



1. Compensation amounting to Rs. _____ is hereby presented for deposit in respect of injuries resulting in the death of the employee, whose particulars are given below, which occurred on _____.

Name _____

Father's Name (Husband's name in case of married woman and widow) _____

Caste _____

Local address _____

Permanent address _____

Aadhar No. _____

Mobile No. _____

Employee's Code _____

His/her monthly wages are estimated at Rs. _____ He/She was over/under the age of 15 years at the time of his/her death _____

2. The said employee had prior to the date of his/her death received the following payments, namely,

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

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

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

Amounting to all to Rs. _____.

3. An advance of Rs. _____ has been made on account of compensation to _____ being his / her dependent.

4. I do not desire to be made a party to the proceedings for distribution of the aforesaid compensation.

Dated ____ 20

(Employer)

FROM E-3
[See rule 18(1)]
Receipt of compensation

Book No..... Receipt No.....
Register No.....
Depositor..... Deceased or injured employee

Employee's Code

Aadhar No.

Mobile No.

Date of deposit.....

Sum deposited, Rs.

(Competent Authority)

FORM E-4
[See rule 18(1)]
**Deposit of Compensation for Non-Fatal Accident to a Woman or person under
Legal Disability.**

1. Compensation amounting to Rs.is hereby presented for deposit in respect of injuries sustained by deceased name....., Aadhar No., Employee's Code..... residing at..... on..... loss of..... temporary disablement. His / her monthly wages are estimated at Rs He / She was over / under the age of 15 years at the time of the accident.
2. The said injured employee has prior to the date of the deposit received the following half-monthly payments, namely:

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

FORM E-5
[See rule 18(3)]
Statement of Disbursements

Serial No
 Depositor
 Aadhar No
 Bank Details
 Date
 Amount deposited

1. An employee desiring to be made a party to the proceedings should strike out the words 'do not'.

Amount deducted and repaid to the employer under the proviso to Section 81(1). Funeral expenses paid

Compensation paid to the following dependants:

Name	Relationship
.....
.....

Dated

Total

Competent Authority

FORM E-6
[See rule 20]
Deposit of Compensation for Non-fatal Accidents, other than to a woman or person under Legal Disability

Compensating amounting to Rs. is hereby presented for deposit in respect of permanent/temporary injuries sustained by, Aadhar No., Employee's Code, Mobile No. residing at, which occurred on 20.....

Dated 20.....

Employer

FORM E-7

[See rule 19]

Application for order to Deposit Compensation

To

The Competent Authority

..... residing at applicant,

Versus

..... residing at opposite party.

It is hereby submitted that: -

- (1) An employee employed by (a) contractor with the opposite party on the day of 20.... , received personal injury by accident arising out of an in the course of employment resulting in his death on the day of 20.... The cause of injury was (here insert briefly in ordinary language the cause of the injury)
- (2) The applicant(s) is/are dependant(s) of the deceased employee being his
- (3) The monthly wages of the deceased amount Rs.
The deceased was over/under the age of 15 years at the time of his death.
- * (4) (a) Notice of the accident was served on the day 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 deceased before his death received as compensation the total sum of Rs.

The applicant(s) is/are accordingly entitled to receive a lump sum payment of Rs.

You are, therefore, requested to award to the applicant the said compensation or any other compensation to which he may be entitled.

Dated.....20....

Applicant.

* Strike out the clauses which are not applicable.

FORM E-8
[See rule 39]
Application for Compensation By Employee

To

The Competent Authority for Employee’s Compensation,

Applicant..... residing at.....

Versus

Opposite party..... residing at

It is hereby submitted that: -

- (1) The applicant, an employee employed by a (contractor with) the opposite party on the dateof.....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 amount of Rs.

The applicant is over/under the age of 15 years.

- (4) (a) Notice of the accident was served on the day of.
 (b) Notice was served as soon as possible.
 (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 the20.... to

(b) A lump sum payment of Rs.....

- (6) The applicant has taken the following steps to secure a settlement, namely, _____ but it has proved impossible to settle the question 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 Act;
 (b) Whether the accident arose out of or in the course of the applicants employment;

- (c) Whether the a amount of compensation claimed is due, or any part of that amount;
- (d) Whether the opposite party is liable to pay such compensation as is due;
- (e) etc., (as required)

Dated.....

Applicant

FORM E-9
[See rule 17]
Application for Commutation of half monthly payments

To

The Competent Authority for Employees 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 payment from to..... in respect of temporary disablement by accident arising out of and in the course of his employment.
- (2) The application 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 payment 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.

Dated_____

Applicant

FORM E-10
[See rule 28]
Notice

Whereas a claim for compensation has been made by applicant, against _____ and the said has claimed that you are liable under Section 85 (2) of the Chapter VII of 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 claims for indemnity made by the opposite party. In default of your appearance you will be deemed to admit the validity of any award made against the opposite party and your liability to indemnify the opposite party for the compensation recovered from him.

Dated _____.

Competent Authority

FORM E-11
[See rule 28(3) and (4)]
Notice

Whereas a claim for compensation has been made by _____ applicant against _____ and the said _____ has claimed that _____ is liable under Section 85 (2) of the chapter VII of the code, 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 you _____ stand 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 admit the validity of any award made against the opposite party _____ and your liability to indemnify the opposite party for any compensation recovered from him.

Dated _____

Competent Authority

FORM E-12
[See rule 34(3)]

Whereas a claim for compensation has been made by..... (applicant) against and the said applicant has claimed that he is entitled to file an application under clause (b) or (c) of section 92(1) of the Chapter -VII, The Code on Social Security, 2020.

And whereas the undersigned is satisfied that the said applicant is entitled to file the aforesaid claim;

Now, therefore, the Competent Authority for Employee's Compensation/ Government of..... is hereby given notice that the undersigned proposes to settle the claim of the applicant as provided under the Code.

Date

Competent Authority

FORM E-13
[See rule 30]
Memorandum of
Agreement

It is hereby submitted on the _____ day of ____ 20__ personal injury was caused to _____, Aadhar No. _____, Mobile No. _____ Employee's Code _____ residing at _____ by accident arising out of and in the course of employment in _____. The said injury has resulted in temporary disablement to the said employee whereby it is estimated that he will be prevented from earning more than of previous/any wages for a period of _____ months. The said employee has been in receipt of half-monthly payment, which have continued from the ____ day of 20__ until the day of _____ 20__ amounting to Rs. _____ in all. The said Employee's monthly wages are estimated at Rs. _____. The employee is over the age of 15 years will reach the age of 15 years on _____. It is further submitted that the _____ employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs. _____ in settlement of all and every claim under the Code on Social Security (Haryana) Rules, 2021, chapter VII, in respect of all disablement of a temporary nature arising out of the said accident, whether now or hereafter to become manifest. It is therefore requested that this memorandum be duly recorded.

Dated _____

Signature of employer _____

Witness _____

Signature or employee _____

Witness _____

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

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

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



Dated _____

.....Employee

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

.....Witness

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

FORM E-14
[See rule 30]
Memorandum of Agreement

It is hereby submitted that on the _____ day of 20__ personal injury was caused to Name _____ Adhaar No. _____ Mobile No. _____ Employee's code _____ residing at _____ by accident arising out of and in the course of his employment in _____. The said injury has resulted in permanent disablement to the said employee of the following nature, namely:.....

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

The employee is over the age of 15 years will reach the age of 15 years on _____. The said employee has, prior to the date of the agreement, received the following payments, namely: -

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

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

Dated _____ 20__ .

Signature of employer.....

Witness.....

Signature or employee.....

Witness.....

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. _____.

Reven _____ 11/20__

.....Employee

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

.....Witness.

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

FORM E-15
[See rule 30]
Memorandum of Agreement

It is hereby submitted that on the _____ day of 20__ personal injuries 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 Code on Social Security, 2020 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 80 of the said Code, chapter VII are unaffected by this agreement it is therefore requested that this memorandum be duly recorded.

Dated.....

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. _____.

Revenu

.....Employee

Dated _____

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 E-16
[See rule 31]

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 on Social Security, 2020, chapter VII, notice is hereby given that said agreement will be taken into consideration on _____ and that any objections to the registration of the said agreement should be made on that date. In the absence of valid objections it is my intention to proceed to the registration of the agreement.

Dated _____
Authority

Competent

FORM E-17
[See rule 32(4)]

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

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

Dated.....

Competent
Authority

FORM E-18
[See rule 32(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 on Social Security, 2020, chapter VII, 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 _why the said agreement should be registered. Any representation, which you have to make with regard to the said agreement, should be made on that date. If adequate cause in them shown, the agreement may be registered.

Dated_____

Competent Authority

FORM E-19
[See rule 34]

Register of Agreement for year 20__.

Sr. No.	Date of agreement	Date of registration	Employer Name/ establishment name	Employee name/Employee Id/ aadhar card no/ mobile no	Initial of Competent authority	Reference to orders rectifying the register
1	2	3	4	5	6	7

FORM E-20
 [See rule 35(5)]

To,

.....

Sir,

The report about an accident which occurred on at... (here enter details of premises) and which resulted in death/ disablement of the employee is furnished as given below:

1. (a) Name of the employee/ Employee name/Employee Id/ Aadhar card no.....
- (b) Sex, age and monthly wage.....
- (c) Nature of employment.....
- (d) Name of the employer.....
- (e) Full postal address of the employee/ dependants (local and permanent both.)
- (f) Full postal address of the factory I establishment where its registered office is located.

2. The circumstances leading to death/ disablement of the employee.
 - (a) Time of the accident.
 - (b) Place where the accident occurred.
 - (c) Manner in which deceased was/were employed at that time.
 - (d) Cause of the accident.

3. The amount of money deposited by the employer with the Competent Authority under section 81.
4. (a) Details of compensation paid, if ;any.
- (b) Particulars of money invested for the benefit of dependants of deceased employee.

5. Documents forwarded (in original) as under:
 - (a) Death certificate.
 - (b) Disablement certificate from the Competent medical authority.
 - (c) Receipt for Deposit of Compensation by the employer.
 - (d) Statement of Disbursement.
 - (e) Receipt of compensation from the employee/dependants.
 - (f) Memorandum of Agreement, if any.

Date
 Authority

Competent

FORM S-1

[See Rule 63(1)(a)]

Format for Self- assessment of Cess for Building or other Construction Work to be furnished by Employer

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

	14.1	1 st year	
	14.2	2 nd year	
	14.3	3 rd year	
15.	Total cess of the paid (srl. No. 13 +14)		

Declaration

1. I/We hear by declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hear by declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**Certified by Chartered Engineer
Along with his registration number, duly stamp.**

FORM S-2

[See Rule 63(2)]

Information for commencement or modification in respect of Building or Other Construction Work by the Employer

1.	Name and address (permanent) of the establishment	
2.	Name of the employer and address details	
3.	Name and address/ location of place where the building and other construction is proposed to be carried on	
4.	Name, designation and address of the authorised Person along with contact details	
5.	Correspondence address for the proposed building or other construction work may be sent	
6.	Nature of proposed construction work	
7.	Date of commencement of work(in case construction has started)	
8.	Approximate duration of work	
9.	Details of any change /modifications in the proposed construction work	

I/we hereby intimate that the building or other construction work (name of work) have you registration number dated is likely to commence/ is likely to modify with effect from (date)/ [on(date)].

Signature of employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

FORM S-3

[See Rule 63 (2) (d)]

Notice for stoppage or reduction of Building or Other Construction Work

1.	Name of Establishment		
2.	Registration number of Establishment		
3.	Address of establishment		
4.	Date of commencement of work		DD MM YYYY
5.	Approximate proposed period of work		DD MM YYYY
6.	Date of stoppage or reduction of the building or other construction work		
7.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates as the case may be) along with documents (original) as per Rule 2.		
8.	Total incurred cost of the construction work		
9.	Total amount of cess payable %age of total incurred cost of the construction as notified by the Central Government Total cess payable (in Rs.)	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
10.	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
11.	Details of cess paid (when duration of the proposed construction work was more than one year)		
	Sr. No.	Year	Amount in Rs....
	11.1	1 st year	
	11.2	2 nd year	
	11.3	3 rd year	
12.	Total of the cess paid (Srl.No. 10 + Srl.No 11)		
13.	Amount of outstanding cess (Srl.No. 13 – Srl.No .16)		
14.	Proof of payment of outstanding Cess, if applicable		
15.	Amount of overpaid cess, if applicable		
16.	In case overpaid, details of the bank account in which excess		

	amount is to be refunded	
17.	Remark, if any	

Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hereby declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**Certified by Chartered Engineer
Along with his registration number, duly stamp.**

FORM S-4

[See Rule 63(2) (e)]

Return on completion of building or other construction work submitted by employer

1.	Name and address (permanent) of the establishment		
2.	Name of the employer and address details.		
3.	Name and address/ location of place where the building and other construction is proposed to be carried on		
4.	Name, designation and address of the authorised Person along with contact details		
5.	Correspondence address for the proposed building or other construction work may be sent		
6.	Nature of proposed construction work		
7.	Date of commencement of work(in case construction has started)		
8.	Date of completion of work		
9.	Duration of work		
10.	Total completed area of construction work		
11.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates as the case may be) along with documents (original) as per Rule 2.		
12.	Total incurred cost of the construction work		
13.	Total amount of cess payable	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
14.	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
15.	Details of cess paid (when duration of the proposed construction work is more than one year)		
	Sr. No.		Year
	14.1		1 st Year
	14.2		2 nd Year
	14.3		3 rd Year

16.	Total of the cess paid (Sr. No. 14 + 15)	
17.	Amount of outstanding cess (Sr. No. 13 – Sl. No.16)	
18.	Proof of payment of outstanding Cess, if any	
19.	Amount of overpaid cess, if applicable	
20.	In case overpaid, details of the bank account in which excess amount is to be refunded	
21.	Remark, if any	

Declaration

1. I/We hear by declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hear by declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of
employer
Name:
Date:
Place:
Mobile Number:
E-mail (if any):

**Certified by Chartered Engineer
Along with his registration number, duly stamp.**

FORM S-5

[See Rule 66(1) and section 105 of the Code on Social Security, 2020]

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

1.	Name and address (permanent) of the establishment		
2.	Name of the employer and address details		
3.	Name and address/ location of place where the building and other construction is proposed to be carried on.		
4.	Name, designation and address of the authorised Person along with contact details		
5.	Correspondence address for the proposed building or other construction work may be sent		
6.	Nature of proposed construction work		
7.	Date of commencement of work(in case construction has started)		
8.	Date of completion of work		
9.	Duration of work		
10.	Total completed area of construction work		
11.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates as the case may be) along with documents (original) as per Rule 2.		
12.	Total incurred cost of the construction work		
13.	Total amount of cess payable	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
14.	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
15.	Details of cess paid (when duration of the proposed construction work is more than one year)		
	Sr. No.		Year
	14.1		1 st
	14.2		2 nd
	14.3		3 rd
16.	Total of the cess paid (Sr. No. 14 + 15)		

17.	Amount of outstanding cess (Sr. No. 13 – Sr. No.16)	
18.	Proof of payment of outstanding Cess, if any	
19.	Amount of overpaid cess, if applicable	
20.	Amount of cess assessed by the Assessing Officer	
21.	Amount of outstanding cess to be paid by the employer	
22.	Amount of penalty for non-payment of cess imposed / outstanding cess claimed by the Assessing Officer.	
23.	Ground for Appeal with supporting documents	
24.	Remark, if any	

Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hereby declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

FORM U-1

[See Rule 72(3)(a)]

Format for Self- assessment of contribution by Aggregators of gig workers and platform workers (to be submitted by 30th June of the current year in which the contribution is payable.)

1.	Registration number of Aggregator / platform		
2.	Registration number of Aggregator / platform		
3.	Name and address of the authorised person along with contact details		
4.	Number of gig workers and platform workers associated with the Aggregator / platform / as on opening day of the current financial year, i.e. 1st day of April in the year in which contribution is payable.		
5.	Annual turn-over of such Aggregator / platform of the preceding year		
6.	Liability of the aggregator, payable to gig workers and platform workers, during the preceding year		
7.	Provisional Contribution assessment		(Amount in Rs.)
	7.1	% of the annual turnover as notified under subsection (4) of section 114 for the preceding year	
	7.2	5% of the liability of the aggregator to gig workers and platform workers	
8.	Amount of contribution payable (minimum of 7.1 and 7.2) (in Rs.)		
9.	Payment of provisional contribution as assessed above.		
10.	Details of the Provisional payment		
11.	Remark, if any		

Note-1: For purposes of calculating contribution, turnover of an aggregator as defined under sub-section (91) under Section 2 of the Companies Act, 2013, means the gross amount of revenue recognised in the profit and loss account from the sale, supply, or distribution of goods or on account of services rendered, or both, by a company during a financial year.

Note-2: For this purpose, the annual turnover of an aggregator shall not include any tax, levy and cess paid or payable to the Central Government.

Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hear by declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of contribution amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of contribution amount is found, punitive action may be taken against me/us.

Signature of authorized person
Along with seal and stamp

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

FORM U-2

[See Rule 72(3)(b) and (c)]

Format for return to be submitted by Aggregators of gig workers and platform workers (to be submitted by 31st October, of the current year in which the contribution is payable.)

1.	Registration number of Aggregator / platform		
2.	Name of the Aggregator / platform and address/ location of Aggregator / platform		
3.	Name and address of the authorised person along with contact details		
4.	Number of gig workers and platform workers associated with the Aggregator / platform / as on opening day of the current financial year, i.e. 1st day of April in the year in which contribution is payable.		
5.	Annual turn-over of such Aggregator / platform of the preceding year		
6.	Liability of the aggregator, payable to gig workers and platform workers, during the preceding year		
7.	Final Contribution assessment after audited statement of account		(Amount in Rs.)
	7.1	% of the annual turnover as notified under subsection (4) of section 114 for the preceding year	
	7.2	5% of the liability of the aggregator to gig workers and platform workers	
8.	Amount of contribution payable (minimum of 7.1 and 7.2) (in Rs.)		
9.	Amount paid as provisional contribution based on self-assessment.		
10.	Details of the Provisional payment (along with receipt)		
11.	Amount of outstanding contribution to be paid (Srl. No. 8-Srl.No.9)		
12.	Proof of payment of outstanding contribution, if any		
13.	Amount of excess paid contribution, if any		
14.	In case excess paid, details of the bank account in which refund amount is to be refunded		
15.	Remark, if any		

Note-1: For purposes of calculating contribution, turnover of an aggregator as defined under sub-section (91) under section 2 of the Companies Act, 2013, means the gross amount of revenue recognised in the profit and loss account from the sale, supply, or distribution of goods or on account of services rendered, or both, by a company during a financial year.

Note-2: For this purpose, the annual turnover of an aggregator shall not include any tax, levy and cess paid or payable to the Central Government.

Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hereby declare that I/We are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of contribution amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of contribution amount is found, punitive action may be taken against me/us.

Signature of authorized person
Along with seal and stamp

Name:
Date:
Place:
Mobile Number:
E-mail (if any):

FORM A-1*[(See Rule 73 (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	No. of days laid off	No. of days not employed	Remarks

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 A-2
[(See Rule 73(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:**

Sr. No.	Name	Registration		If yes (Registration No.)
(1)	(2)	(3)		(4)
01	The Code on Occupational Safety, Health and Working Conditions, 2020			
02	The Code on Social Security, 2020.			
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 of age.)	Total

F. Wage rates (Category Wise):

Category	Rates of Wages	No. of workers							
		Regular				Contract			
		Male	Female	Children	Adolescent	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 for damage or loss	Others	In cash	In kind

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

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

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

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

I. Maternity Benefit under the Code on Social Security, 2020:

(a) Details of establishment, medical and para-medical staff:

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

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

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

Declaration

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

Place

Date

Sign. Here

FORM A-3*[See Rule 74(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:**

PART – III**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****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 A-4
[See Rule 76(3)(b)]
Form for Reporting Vacancies to Career Centres
 (Separate forms to be used for each type of posts)

1.	Particulars of the employer : Name: Address with pin code: Telephone No.: Mobile No.: E-mail Address: Name and 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.: E-mail 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)	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) Durations of employment (i) 03-06 months (ii) 06-12 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)		
	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		
7.	Place of work (Name of the town / village and district, pin code, etc. in which it is situated)		
8.	Mode of Application (email, online, in writing, etc) and Last date for receipt of applications.		
9.	Particulars of officer to whom the applications be sent / candidates should approach (Mention Name, designation, email id, address, telephone No., website address in case of online)		
10.	Mode of Recruitment {Through Career Centre, Placement Agency, self management, any other mode(specify) }		
11.	Would like to prefer submission of list of eligible candidates registered with Career Centre		Yes / No
12.	Any other relevant information		

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

(For Official Use- to be filled by Career Centre)

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 Authority Signatory
of Career Centre 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 and convey it to the employer in writing, through email or digitally or through any other such media immediately but in any case not later than 3 working days from the date of receipt of reporting of vacancies.
2. An employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, may invariably quote that unique vacancy reporting number in that advertisement or recruitment process.
3. Any change in the particulars already furnished to the Career Centre, shall be reported in writing or through valid official email or digitally(including through a portal) as the case may be, to the appropriate Career Centre.

FORM A-5
[See Rule 76(6)]
Form EIR (Employment Information Return)

Yearly Return to be submitted to the Career Centre (Regional) for the Year ended.....

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

Name & Address of the Employer			
Whether – Head Office			
Branch Office			
Type of Establishment (Public /Private Sector)			
Nature of business/Principal activity			
Establishment Registration No. under the Code			
1. (a) EMPLOYMENT			
Total number of manpower of establishment including working proprietors / partners / contingent paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary is paid).			
Category	On the last working day of the previous Year	On the last working day of the Year under report	
Men			
Women			
Other (Transgender)			
TOTAL:			
PWD (persons with disabilities) out of above total			

(EIR-continued)

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 Organisations / others)
	Career Centre (Regional)	Career Centre (Central)		
1	2	3	4	5

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*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	Desireable
1	2	3	4

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

4. Estimated Manpower Requirement by Occupational Classification during the next calendar year (Please give below the number of employees in each occupation separately).

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

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

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

To

The Career Centre,
.....

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

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

Dr. Raja Sekhar Vundru, IAS
Additional Chief Secretary to Govt. Haryana
Labour Department