

trustees, the quorum at the meeting of the Board, records to be kept of the transaction of business and all such other matters and conditions for the management of the Trust shall be as provided for in the Provident Fund Scheme or the Pension Scheme, as the case may be.

(6) In case of any dispute or doubt on any general issues within the ambit of these terms and conditions, the matter shall be referred to the Regional Provident Fund Commissioner in whose jurisdiction the head office of the establishment is located. The decision of the Regional Provident Fund Commissioner in the matter shall be final and binding.

35. Submission of a copy of the Form to the office of Director General, Labour Bureau under clause (1) of sub-section (2) of section 156.—A copy of **Form VI** (notice for Payment/Rejecting claim of Gratuity) shall be shared electronically with the Director General, Labour Bureau in auto-mode.

FORM-I
(See rule 5)

Appeal to Employees' Insurance Court

To,

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

Sir,

I.....The undersigned, employee of.....(Name and full address of the establishment) feel aggrieved by the order of.....under sub-section 7 (a) of Section 37 for the reasons attached hereto, prefer this second appeal under sub-section 7(b) of section 37 and request that the said.....be ordered.....

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

Signature or thumb impression of the Aggrieved person

Date

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

FORM-II
[See rule 6 (1)]

In the Employees, Insurance Court at

Applicant
(add description and residence)

Against

.....

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

Signature of Applicant**Date****(verification by the applicant)**

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

Date**Signature**

1	2	3	4	5	6	7	8	9	10	11	12	13
Date of presentation of application	No of proceedings	Name	Description	Place of residence	Particulars	Amount of value, if any	place of residence	particulars	amount or value, if any	when the cause of action accrued	day of parties to appear	applicant
		Applicant			opposite party		Claim				appearances	

14	15	16	17	18	19	20	21	22	23	24	25	26
opposite-party	date	for whom		order	Date of Decision of appeal, if any	judgement in appeal	Date of application	against whom	For what, and amount of money	amount of costs	Date of order transferring to another Civil court	other remarks, if any
	final				appeal		execution					

FORM-IV

[(See rule 8(1),(2), (3) and (4)]

Nomination/Fresh Nomination/Modification of Nomination

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

I, Shri/Shrimati/Kumari.....(Name in full here)whose particulars are given in the statement below, hereby 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 member(s) of my family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020.

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

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

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

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

6. Nomination made herein invalidates my previous nomination

Nominee(s)

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

Manner of acquiring a "Family"

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

Statement

1. 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.....Post Office.....Thana.....Sub
Division.....District.....State.....Pin-Code.....
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

Date:

Signature of the employer/Officer authorised
Designation
Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date:

Signature of the Employee

FORM-V

[(See rule 9(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), want 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—

- 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;
- 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;
- death of aforesaid employee of your establishment while in service/superannuation on.....(date) without making any nomination after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....

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

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

or

2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)
 - (a) Name of Employee
 - (b) Marital status of nominee/legal heir(unmarried/married/widow/widower)
 - (c) Relationship of nominee/legal heir with the employee
 - (d) Address in full of nominee/legal heir
 - (e) Date of death and proof of death of the employee
 - (f) Reference No. of recorded nomination if available
3. Department/Branch/Section where last employed
4. Post held by employee
5. Date of appointment
6. Date and cause of termination of service
7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee
10. Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.
11. Payment may please be made by crossed bank cheque/credit in my bank account No.....

Yours faithfully,
Signature/Thumb-impression of the,
applicant employee/nominee/legal heir.

Place:

Date:

FORM-VI
[(See rule 9(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 9 of the Social Security (Himachal Pradesh, Rules), 2021, that your claim for payments of gratuity as indicated on your application in FORM-IV 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 9 the Social Security (Himachal Pradesh), Rules, 2021 that a sum of Rs..... (Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by.....on.....and.....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:
 (g) **strike out para, if, not applicable*

Place:

Date:

*Signature of the Employer/authorised officer,
 Name or description of establishment or
 rubber stamp thereof.*

Copy to:

- (1) The Competent Authority.
 (2) The Director General, Labour Bureau, Ministry of Labour and Employment, Chandigarh.

FORM-VII
 [(See rule 9(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 the Social Security (Himachal Pradesh) Rules, 2021 on thebut the above-mentioned employer refused to entertain it/issued a notice dated the..... under clause.....of sub-rule of ruleoffering an amount of gratuity which is less than my due/issued a notice dated the 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.

Place:

Date:

Signature/Thumb impression of the applicant.

ANNEXURE

1. Name in full of applicant with full address
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment).
3. Name and address in full of the employee
4. Marital status of the employee (unmarried/married/widow/widower)
5. Name and address in full of the employer
6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)

9. Date and cause of termination of service of the employee (Superannuation/retirement /resignation/disablement/death/Completion of contract period under Fixed Term Employment).
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, No. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place:

Date:

*Signature/Thumb-impression of the applicant***FORM – VIII***[(See rule 9 (5) and (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 the Social Security(Himachal Pradesh) 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 – IX

[(See rule 9(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..... 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)

—————
FORM – X
[(See rule 9(13)]

**Application for Recovery of Gratuity 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/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 the Social Security (Himachal Pradesh) 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-X-A
[See rule-10(3)]

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

A. Establishment Details.

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

B. Details of Employer:

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

C. Manager/ Agent Details:

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

D. Details of Approved Gratuity Fund/Insurance obtained for liability of payment towards the Gratuity;**E. Others Details:-**

Signature/ E-sign/digital sign of employer.

Dated:

Place:

FORM-XI
[See rule 12(1)(a)]

Complaint to the Inspector-cum-Facilitator

To,

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

Sir,

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

Place:

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-XII

[See rule 12(2) (b)]

Appeal

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 VI 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.

Place:.....

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-XIII
(See rule 15)
(Notice Book of the Accidents)

Name of the Establishment.....

Nature of Business

Date of opening.....

Registration No. (if any).....

Name of the employer/occupier.....

1	2	3	4	5	6	7	8	9	10
Date of accidents	Short detail of Accident	Name of the injured person	Whether accident result in death	Whether accident result in total disablement	Whether accident result in partial disablement	Whether accident result in Temporary disablement	Amount of Compensation paid to employee or his dependent	Amount of Compensation deposited to Competent Authority	Date of payment or deposit of Compensation

FORM XIV
(See rule 17)

Statement of Fatal Accidents

To

Competent Authority,
.....

Sir,

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

2. The circumstances relating to the death of the employee/employees were as under:—

a. Time of accident

- b. Place where the accident occurred
- c. Manner in which deceased was/were employed at the time
- d. Cause of the accident
- e. Any other relevant particulars
3. I am responsible for payment of compensation
4. Details of employee
- a. Name of the employee
- b. Age of the employee
- c. Wages of the employee
5. The establishment is not responsible for payment of compensation due to reasons mentioned below

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

FORM-XV
(See Rule 18)

Memorandum of Agreement

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

The said employee's monthly wages are estimated at RsThe 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. onRs. on

Rs. onRs. on

Rs. onRs. on

It is further submitted that the employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs.....in full settlement of all and every

claim under the Code on Social Security, 2020 in 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 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.....

Dated20.....

Employee

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

Witness

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

—————
FORM-XV-A
(See rule 18)

Memorandum of Agreement

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

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

It is further submitted that the employer of the employee has agreed to pay and on behalf of the said employee has agreed to accept half-monthly payments at the rate of Rs.....for the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with provisions of the said Act on account of an alteration in the earnings of the said employee during

disablement. It is further stipulated that all rights of commutation under section 7 of the said Act are unaffected by this agreement. It is therefore requested that this memorandum be duly recorded.

Dated 20.... .

Witness

Signature of employer

Signature of employee

Witness

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

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

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

Employee

Dated.....20 .

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

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

FORM-XV-B

(See rule 18)

Memorandum of Agreement

It is hereby submitted that on the day of 20..... personal injury was caused to..... residing at by accident arising out of and in the course of his employment in..... The said injury has resulted in death to the said workman.

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

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

Rs. on Rs. on

Rs..... on Rs. on

Rs. on Rs on

It is further submitted that the employer of the said employee has agreed to pay, and dependent (s) of the said employee has agreed to accept, the sum of Rsin full

settlement of all and every claim under the Code on Social Security, 2020 in receipt of death stated above. It is therefore requested that this memorandum be duly recorded.

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

Signature of employer

Witness

Signature of dependant(s)

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.....

Dated20.... .

Dependant(s)

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

Witness

FORM-XVI

[(See rule 18(2))]

Whereas an agreement to pay compensation is said to have been reached between and..... and whereas has/have applied for registration of the agreement under section 89 of the Code of Social Security, 2020 notice is hereby given that said agreement will be taken into consideration on20..... and that any objections to the registration of the said agreement should be made on that date.

In the absence of valid objections it is my intention to proceed to the registration of the agreement.

Dated20

Competent Authority.

FORM-XVII
[See rule 18(5)]**Register of Agreement for year 20.....**

Sl. No.	Date of agreement	Date of registration	Employer	Employee	Initial of Competent Authority	Reference to orders rectifying the register
1	2	3	4	5	6	7

FORM-XVIII
[(See rule 28(1)(a)(i)]

REGISTER OF WOMEN EMPLOYEES

1. Name of establishment
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	Remarks
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 sub-section (1) and (3) of section 65.
16. Date with the amount of wages paid on account of leave under sub-section (2) of section 65 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-XVIII-A
[(See rule-28(1)(a)(ii)]

**REGISTER OF EMPLOYEES, ATTENDANCE-CUM-MUST ROLLS, WAGES,
OVERTIME, DEDUCTION & DAMAGE OR LOSS**

Name of the Establishment:
Name of the Owner:

Name of the Employer:
PAN/TAN of the
Employer:

Labour Identification Number (LIN):

Sl. No. in Employee Register	Name of the employee	Designation/ Department	Duration of Payment of Wages (Monthly/ Fortnightly / Weekly/Daily/ Piece rated)	Wage Period From..... to.....	Total No. of days worked during the period	Total overtime (hours worked or production in case of piece workers)	Rates of wages		
							Basic	DA	Allowances
1	2	3	4	5	6	7	8	9	10

Overtime earning	Nature of acts and omissions for which fine imposed with date	Amount of fine imposed	Damage or loss caused to the employer by neglect or default of the employee	Amount of deduction from wages	Total amount of wages paid	Date of Payment	Attendance	
							Date	Signature
11	12	13	14	15	16	17	18	19

FORM XIX
[(See rule 28(5)(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.....Town.....District.....
 No.....Street No./Plot No.....
 State.....Pin code.....
 E-mail ID.....Telephone Number.....Mobile number.....

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

House No./Flat No.....Street No./Plot No.....
 Town.....District.....State.....Pin code..... E-mail ID.....
 Telephone Number.....Mobile number.....

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

Sl. No.	Name	Whether Registration obtained (Yes/No)	If yes (Registration No.)
1	2	3	4
1.	The Code on Occupational Safety Health and working condition code, 2020.		
2.	The Code on Social Security, 2020		
3.	Any other Central Labour Law for the time being in force that requires registration.		

C. Details of Employer, Contractor and Contract Labour:

1.	Name of the employer in the case of a contractor's establishment.			
2.	Date of commencement of the establishment			
3.	Number of Contractors engaged in the establishment during the year.			
4.	Total Number of days during the year on which Contract Labour was employed.			
5.	Total number of man-days worked by Contract Labour during the year.			
6.	Name of the Manager or Agent (in case of mines)			
7.	Address District E-mail ID	House No./Flat No.	Street/Plot No. State Telephone Number	Town Pin Code Mobile Number

D. Working hours and weekly rest day:

1.	Number of days worked during the year	
2.	Number of mandays worked during the year	
3.	Daily hours of work	
4.	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

(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:**

1.	Date of opening of establishment	
2.	Date of closing, if closed	
3.	Name of Medical Officer	
3(i)	Qualification of Medical Officer	

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

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

1.	Total number of female employees in the establishment	
2.	Total number days of leave granted	
3.	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 the provisions of Labour Laws applicable to my establishment.

Place :

Sign. Here

Date :

FORM-XX
(See rule 29)

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)*

Date:

Place:

To:

.....(Compounding Officer)

.....(Name of the Office)

.....(Address)

FORM-XXI

[See rule 30 (3)(b)]

Form for Reporting Vacancies to Career Centres

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

1.	<p>Particulars of the employer:</p> <p>Name:</p> <p>Address with pin code:</p> <p>Telephone No. :</p> <p>Mobile No.:</p> <p>Email address :</p> <p>Name and Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc.) Registration No. of establishment under the Code:</p> <p>Economic activity details:</p>	
2.	<p>Particulars of the indenting Officer:</p> <p>Name:</p> <p>Designation:</p> <p>Telephone No. :</p>	

	Mobile No.:		
	Email address :		
3.	Particulars of vacancy(ies):		
	(a) Designation/nomenclature of the vacancy (ies) to be filled.		
	(b) Description of duties of the post (job role/functional role).		
	(c) Qualifications/Skills required (educational, technical, experience).	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	Number of posts	
	(i) 3-6 months (ii) 6-12 months (iii) 12 months and more		
4.	Whether there is any obligation for arrangement for giving reservation/ preference to any category of persons such as Scheduled Castes (SCs), Scheduled Tribes(STs), Economically Weaker Sections(EWSs), Other Backward Classes(OBCs), Ex-serviceman and persons with disabilities (pwd), etc., in filling up the vacancies: Yes/No (if yes, give the number of vacancies to be filled by such categories of persons as detailed below).		
5.	Category	Number of vacancies to be filled	
	(a) Scheduled Caste (b) Scheduled Tribe (c) OBC (d) EWS (e) Ex-Serviceman (f) Persons with disabilities (pwd) (g) women (h) Others(specify)	Total	*By Priority candidates *(Applicable for Central Government vacancies).
6.	Pay and Allowances: For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details, if any. For others: Mention minimum total emoluments per month with other details, if any.		
7.	Place of work (Name of the town/village 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 obtain list of eligible candidates registered with Career Centre	Yes/No
12.	Any other relevant information	

*Signature, Name and Designation of Authorised ,
Signatory of establishment/ employer,
with seal and 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 Authorised Signatory,
of Career Centre with seal & date.*

NOTE:

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

FORM-XXII
[See rule 30(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, 2020 (Chapter XIII – Employment Information and Monitoring).

Name and 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 <i>manpower of establishment</i> including working <i>proprietors/partners/contingent</i> paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary <i>is paid</i>).		
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

*As per the provisions of the Code on Social Security, 2020 (Chapter XIII) and Rules made thereunder.

3. MANPOWER SHORTAGES:

Vacancies/posts remained unfilled because of shortage of suitable applicants.

Name of the occupation or designation of the post	Number of unfilled vacancies/posts		
	Skill/qualifications (educational/technical/experience) prescribed	Essential	Desirable
1	2	3	4

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

4. Estimated Manpower Requirement by Occupational Classification during the next 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-organisation.				
Description	Men	Women	Others (trans-gender)	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 and Designation of Authorised Signatory of establishment/ employer with seal and date.

To.

The Career Centre,

.....