FORM-I

(*See Rule 6)*

Name of the Banké é é é é é é é é .

Account Noé é é é é é é é é é ..

Application for Educational Assistance for Education up to 12th Standard Examination

1. Name of the Registered manual worker/parentage/address with PIN Code — Name..... Parentage..... Address.....
2. Registration Number and date of initial registration — Aadhaar number.....
3. Bank details:
   i. Name of the Bank with Bank Branch
   ii. IFSC Code.
   iii. Account No.
4. Mobile No.

A. Details of the Son or Daughter for whom educational assistance is sought forð

S. No.	Name of the Children	Relationship	Aadhaar No.	Date of Birth	Examination passed	Session	Name of the school
1	2	3	4	5	6	7	8

Note :ð Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazette Officer should be enclosed.

B. Details of the children for whom the educational assistance have already been availed from the Board.

S No.	Name of the Children	Class for which assistance availed	Session	Amount of assistance	Date of receipt

Mobile Noé é é é

Phone Noé é é é é ..

Signature of the Registered Construction Workers.

Declaration by the Applicant

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Board constituted by the Government of Jammu and Kashmir or Government of India.

Dated :

Place :

Signature of the Registered
Construction Worker.

Certificate from the Principal/Headmaster of the concerned School

Photograph of the students to be attested by the Principal/Student

Photograph of the students to be attested by the Principal/Student

I hereby certify that_____ and_____S/o, D/o_____ R/o_____is/are reading in the _____ class and_____Class under Roll No._____and_____ respectively and the information furnished by the applicant at Column A is Correct.

Further, I certify that our school is Government recognized bearing recognition No._____ dated_____issued by the _____.

Signature of Principal/ Headmaster.

For Office Use

After thorough examination of the application of the applicant with respect to the records available with this office following observations made :ð

1. That the applicant is registered manual workers under Reg. No._____dated_____.
2. That the applicant has already availed Educational Assistance for his children namely_____ and _____for an amount of Rs._____ for the year _____ hence he is not entitled again for the year_____ for the same purpose.

3. That the applicant has not availed Educational Assistance for the children namely_____ and _____ for the year_____hence entitled for Educational Assistance for the year_____.
4. That the children are students of Class_____ and_____hence entitled for Rs._____as per guidelines of the Building and Other Construction Workers Welfare Board as Educational Assistance for the year_____.

Scrutiny Officer/DEO.

Recommendations

I hereby recommended, after due verification a sum of Rsé é é é . (Rupees é é é é é é é é é é é é ..) as Educational Assistance in favour of Sh./Smté é é é é é é é é .a registered worker under registration No. é é é é é é é é é ..datedé é é é é é é é é é ..

Labour Officer/Labour Inspector.

Upon the recommendation of the Labour Officer/Labour Inspector, Circleé é é é é é .. I approve an amount of Rsé é é é é ..in favour of the registered manual worker applied for and the incharge of the B. C. Section is directed to prepared the applicants case accordingly for release of payment.

Assistant Labour Commissioner,
é é é é é é é é District.

An amount of Rsé é é é é é é é é é é é .paid to the applicant vide payees Account Cheque No. .....é é é é é é é é .. datedé é é é é é é é é .or online credit to his Account through J&K Banké é é é é é é vide authority letter No. .....é é é datedé é é é é é é é é é é é .

Scrutiny Officer/Incharge BOC Section/DEO.

_____

FORM-II

(*See Rule 6)*

Name of the Banké é é é é é é é é .

Account No. é é é é é é é é é ..

Application for Educational Assistance for Higher Education

1. Name of the Registered manual worker/parentage/address with PIN Code	Name..... Parentage..... Address.....
2. Registration Number and date of initial registration	Aadhaar number.....

3. Bank details:
   i. Name of the Bank with Bank Branch
   ii. IFSC Code.
   iii. Account No.
4. Mobile No.

A. Details of the Son or Daughter for whom educational assistance is sought forð

S. No.	Name of the Children	Relationship	Aadhaar	Date of Birth	Examination No.	Session passed	Name of the College/ University
1	2	3	4	5	6	7	8

Note :ð Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazette Officer should be enclosed.

B. Details of the children for whom the educational assistance have already been availed from the Board.

S No.	Name of the Children	Class for which assistance availed	Session	Amount of assistance	Date of receipt

Mobile Noé é é é

Phone Noé é é é é ..

Signature of the Registered Construction Workers.

Declaration by the Applicant

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Board constituted by the Government of Jammu and Kashmir or Government of India.

Dated :

Place :

Signature of the Registered
Construction Worker.

Certificate from the Principal/Head of the Institution/ Authorized Officer of the concerned College/University

Photograph of the students to be attested by the Principal/Student

Photograph of the students to be attested by the Principal/Student

I hereby certify that_____ and_____S/o, D/o_____ R/o_____is/are reading in the _____ class and_____Class under Roll No._____and_____ respectively and the information furnished by the applicant at Column A is Correct.

Further, I certify that our school is College/ University recognized bearing recognition No._____ dated_____issued by the _____.

Signature of Principal/ Head of the Institution/Authorized Officer.

For Office Use

After thorough examination of the application of the applicant with respect to the records available with this office following observations made :

1. That the applicant is registered manual workers under Reg. No._____dated_____.
2. That the applicant has already availed Educational Assistance for his children namely_____ and _____for an amount of Rs._____ for the year _____ hence he is not entitled again for the year_____ for the same purpose.

3. That the applicant has not availed Educational Assistance for the children namely_____ and _____ for the year_____hence entitled for Educational Assistance for the year_____.
4. That the children are students of Class_____ and_____hence entitled for Rs._____as per guidelines of the Building and Other Construction Workers Welfare Board as Educational Assistance for the year_____.

Scrutiny Officer/DEO.

Recommendations

I hereby recommended, after due verification a sum of Rsé é é é . (Rupees é é é é é é é é é é é é ..) as Educational Assistance in favour of Sh./Smté é é é é é é é é .a registered worker under registration No. é é é é é é é é é ..datedé é é é é é é é é é ..

Labour Officer/Labour Inspector.

Upon the recommendation of the Labour Officer/Labour Inspector, Circleé é é é é é .. I approve an amount of Rs. é é é é é ..in favour of the registered manual worker applied for and the incharge of the B. C. Section is directed to prepared the applicants case accordingly for release of payment.

Assistant Labour Commissioner,
……District.

An amount of Rsé é é é é é é é é é é é .paid to the applicant vide payees Account Cheque No. .....é é é é é é é é .. datedé é é é é é é é é .or online credit to his Account through J&K Banké é é é é é é vide authority letter No. .....é é é datedé é é é é é é é é é é é .

Scrutiny Officer/Incharge BOC Section/DEO.

_____

FORM-III

(*See Rule 10)*

In the Employees Insurance Court até é é é é é é é é é

1. Name with full address Applicant

Against

2. Name with full address Opposite party.

Other particulars of the application specified in rule-10.

Date

Signature of the Applicant.

(Verification by the Applicant)

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

Date

Signature.

FORM-IV

(*See Rule 12)*

List of documents produced by applicant/opposite party.

1. In the case titled :
2. Name of the court :
3. Number, etc. :

Number	Description	Date, if any, which the documents bear	Signature of party or pleader or any authorized representative
1	2	3	4

Date of presentation of application
Number of Proceeding
Name
Description
Place of residence

Name
Description
Place of residence

Particulars
Amount or value, if any
When the cause of action occurred

FORM-V

(*See Rule 13)*

Register of Proceedings

Employees Insurance Court até é é .é é é é é ..

Applicant	Opposite Party	Claim
Day for parties to appear Applicant Opposite party	Date For whom For what, or amount	Date of application Against whom For what, and amount of money Amount of costs Date of order transferring to another civil court of at Other remarks, if any

Date of decision of appeal, if any
Judgment in appeal

Appearance Final order Appeal Execution

FORM-VI

(*See Rule 17)*

Summons for disposal of proceedings

1. Title of the Case :

To

(Name, description and place of residence)

Whereasé é é é é é .has instituted proceedings against you foré é é é é é é é .you are hereby summoned to appear in this court in person or by authorized agent duly instructed and able to answer all material questions relating to the case, or who shall be accompanied by some person able to answer all such questions até é é é é .oôclock in theé é é é noon on the day ofé é é é é ..20é é .to answer the claim and as the day fixed for your appearance is appointed for the final disposal of the proceedings, you must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence.

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

Given under my hand and the seal of the court, this day ofé é é é .20é é é court.

Notice :ð (1) Should you apprehend your witnesses will not attend of their own accord, you can have a summons from this court to compel the attendance of any witness, and the production of any document that you have a right to call on the witness to produce, on applying to the court and on depositing the necessary expenses.

(2) If you admit the claim you should pay the money into court together with the costs of the proceedings, to avoid execution of the decree, which may be against your person or property or both.

FORM-VII

(*See Rule 17)*

Summons for settlement of issues

Case Titled:

To

(Name, description and place of residence)

Whereasé é é é é . has instituted proceedings against you foré é é é é .. you are hereby summoned to appear in this court in person or by authorized agent duly instructed, and able to answer all material questions relating to the case, or who shall be accompanied by some person able to answer all such questions até é é é . oôclock in theé é é é é noon on the day ofé é é é ..20é é é é to answer the claim and as the day fixed for your appearance is appointed for the final disposal of the proceedings, you must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence.

Take notice, that, in default of your appearance on the day before mentioned, the case will be heard and determined in you absence.

Given under my hand and the seal of the court, this day ofé é é é é ..20é é é é .court.

Notice :ð (1) Should you apprehend your witnesses will not attend of their own accord, you can have a summons from this court to compel the attendance of any witness, and the production of any document that you have a right to call on the witness to produce, on applying to the court and on depositing the necessary expenses.

(2) If you admit the claim you should pay the money into court together with the costs of the proceedings, to avoid execution of the decree, which may be against your person or property or both.

FORM-VIII

[*See Rule 24(5)*]

Subject :ð Application for setting aside theé é é é é é . order dated é é é é é é é é ..

(the grounds of application should be stated)

Date Signature of the Applicant.

Verification by the applicant

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

Date :

Place :

Signature

FORM-IX

[*See Rule 24(5) & (6)*]

General Form

Case Titled:

To

Whereas the above named has made application to this court that you are hereby warned to appear in this court in person or by a pleader duly instructed até é é é é oôclock in the noon, on theé é é é é ..day ofé é é é 20é é é . to show cause against the application failing wherein, the said application will be heard and determined *ex parte*.

Given under my hand and the seal of the court, thisé é é é day of.....20é é é .court.

———————

FORM-X

(*See Rule 25*)

Summons to witness

Titled :

Whereas your attendance is required toé é é é é é é on behalf of theé é é é é é é é é in the above proceedings, you are hereby required (personally) to appear before this court on theé é é é é é é é day of.....é é é 20..... até é é é ..oôclock in the noon, and to bring with you (or to send to thisé é é é é é .. court).

A sum of Rsé é é é é é .being your travelling and other expenses and subsistence allowance for one day, is deposited with this court and will be tendered to you on the day you appear before the court. If you fail to comply with this order without lawful excuse, you will be subject to the consequences of non-attendance laid down in the rule-12 of order XVI of the Code of Civil Procedure, 1908 (V of 1908).

Given under my hand and the seal of the court, thisé é é é é é .. day ofé é é é é é 20é é é é é é court.

Notice :ð (1) If you are summoned only to produce a document and not to give evidence, you shall be deemed to have complied with the summons if you cause such document to be produced in this court on the day and hour aforesaid.

(2) If you are detained beyond the day aforesaid, a sum of Rsé é é é é é é é é é é é ..will be tendered to you for each dayôs attendance beyond the day specified.

———

FORM-XI

(*See Rule 38*)

Decree in Case

Claim for

This case coming on this day for final disposal beforeé é é é .. in the presence of.....é é é ..for the applicant and ofé é é .....for the opposite party, it is ordered AND DECREED that..é é ...and that the sum of Rs. .....é ..be paid by the to the.....é é ..on account of the costs of this suit, with interest thereon at the rate of *per cent* per annum from this date to the date of realization.

Given under my hand and the seal of the Court, this dayé é é é ..20é é é é é é é é . court.

Costs of Suits

	Rs. P.		Rs. P.
1. Stamp for application		Stamp for power	
2. Stamp for power		Stamp for written statement	
3. Stamp for exhibits		Pleaderôs feeé	
4. Pleaderôs fee		Subsistence for witnesses	
5. Subsistence for witnesses		Service of summons and notice	
6. Commissionerôs fee		Commissionerôs fee	
7. Service of summons and notice			
Total :-		Total :-	

FORM-XII

(*See Rule 40*)

Application for the execution of a decree

In the Court of.....

I, é é é é é . Decree holder, hereby apply for execution of the decree herein below set forth :ð

Number of proceeding	Name/s of party/ies	Date of decree	Whether any appeal preferred form decree	Payment or adjustment made, if any	Previous application, if any, with date and result	Amount with interest due upon the decree or other relief granted thereby together with particulars of any cross decree	Amount of costs, if any, awarded	Against whom to be executed	Mode in which the assistance of the c ourt is required

Applicant:

Opposite party:

Dated:

No.

Rsé é é é .. recorded on application, dated é é é é é .

Rsé é é é é é é principal é é .. (interest at é é é é é per cent per annum, from the date of order till payment)

As awarded in the decree subsequently incurred Total :é é é é ..

Against the opposite party :

(when attachment and sale of movable property is sought). I pray that the total amount of Rsé é é é é é é .(together with interest on the principal sum up to date of payment) and the costs of taking out this execution, be realized by attachment and sale of the opposite partyôs movable property as per annexed list pad to me.

(when attachment and sale of immovable property is sought)

I pray that the total amount of Rsé é é é é é (together with the interest on the principal sum up to date of payment) and the costs of taking out this execution be realized by the attachment and sale of the opposite partyôs immovable properly specified at the fees of this application and paid to me.

I declare that what is stated herein is true to the best of my knowledge and belief.

Signed

Decree holder

Dateé é é é ..

FORM-XIII

(*See Rule 45*)

Nomination/Fresh Nomination/Modification of Nomination

(*Strike out the words not applicable*)

Toé é é é .....é ..

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

I, Shri/Shrimati/Kumarié é é é é é é é é é é é (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 é é é é é é é (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/Kumarié é é é é é é é é é é (Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date é é é é and recorded under your reference

Noé é é é é .datedé é é é é é . shall stand modified in the following manner :ð

*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 husbandôs father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated theé é é é é é 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)

S. 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 :

Villageé é é é é é é .....Thanaé é .....
Sub-divisioné é é é é é é ..Post Officeé é é é é é é é é é
PIN Codeé é é é Districté é é é é é é Stateé é é é é é é é é
E-mail IDé é é .....Mobile Numberé .....é é é é é é é

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-III filed by me and duly certified by the employer.

Date: é é é é é é é .

Signature of the Employee

FORM-XIV

[*See Rule 46(1) (a), (b) & (c)*]

Application for gratuity by an Employee/Nominee/Legal Heir

(*Strike out the words not applicable*)

To é é .....é ..

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

Sir/Madam,

I, é é é é é é é é é ..(name of employee/nominee/legal heir)/ nominee of lateé é é é é é é é é é .(Name of the employee)/ as a legal heir of lateé é é é é é é é é é .(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 ofð

(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 theé é é é é é é .. ; or

(b) death of the aforesaid employee while in service/ superannuation oné é é é é é after completion ofé é é é ..years of service/total disablement of the aforesaid employee due to accident or disease whilein service with effect from theé é é é ; or

(c) death of aforesaid employee of your establishment whilein service/superannuation oné é é é é é é é é é (date) without making any nomination after completion of é é é é é ..years of service/total disablement of the aforesaid employee due to accident or disease whilein service with effect fromé é é é é é é é

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

1. Name of employee in full (if, the gratuity is claimed by an employee)ð

   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)ð

   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 Noé ...

Yours faithfully,

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

Place :

Date :

FORM-XV

[*See Rule 46(2) (a) (i), (ii), (b) (d) & (e)*]

Notice for payment/rejecting claim of Gratuity

(*Strike out the words not applicable*)

To,é é é é .....é ..

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

1. You are hereby informed thatð

(a) *as required under rule 46 of the Code on Social Security, Jammu and Kashmir Rules, 2020, that your claim for payments of gratuity as indicated on your application in Form-XIV under the said rules is not admissible for the reasons stated below :ð

Reasons (Here specify the reasons) ; or

(b) *as required under rule 46 of the Code on Social Security, Jammu and Kashmir, Rules, 2020 that a sum of Rs. é é é ..(Rupeesé é é é é é é) is payable to you as gratuity/as your share of gratuity in terms of nomination made byé é é é é é .. on ….é é é é é é é andé é é é é recorded in this é é é é é é é as a legal heir ofé é é é é é é .an employee of this establishment.

2. *Please call até é é é é é é é .. on é é é é é é é é é é (Here specify place)é é é é é é é é .. (date) até é é é é é . (time) for collecting your payment of gratuity by 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 calculationð

(a) Date of appointment ;

(b) Date of termination/superannuation/resignation/disablement/ death ;

(c) Total period of service of the employee concerned é é é é é é é .yearsé é é é é months..... ;

(d) Wages last drawn ;

(e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir ;

(f) Amount payable: *strike out para, if, not applicable.

Place:

Date:

Signature of the Employer/authorised officer.

Name or description of establishment or rubber stamp thereof.

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

FORM-XVI

[*See Rule 46(4) (a) (iii)*]

Application for Direction

Before the Competent Authority for Chpater V under the Code on Social Security, 2020

Application No. Date

BETWEEN

(Name in full of the applicant with full address)

AND

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

1. The applicant is an employee of the above-mentioned employer/a nominee of lateé é é é é é é é é é an employee of the above-mentioned employer/a legal heir of lateé é é é é é é é é é 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 employeeôs superannuation oné é é é é é é é é é é (date)/his own retirement/aforesaid employees resignation oné é é é (date) completion ofé é é é é é é years of continuous service/his own/aforesaid employeesô total disablement with effect fromé é é é é é é .(date)due to accident/disease death of aforesaid employee oné é é é é é .

2. The applicant submitted an application under Ruleé é é é é é é é of the Code on Social Security, Jammu and Kashmir Rules, 2020 on theé é é é é é .but the above-mentioned employer refused to entertain it/issued a notice dated theé é é é é . under clause é é é of sub-rule of ruleé é é é é é .offering an amount of gratuity which is less than my due/issued a notice datedé é é é é é ..the under clauseé é é é .of sub-rule.....of ruleé é é é é é .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-XVII

[*See Rule 46(5) (a) (8)*]

Notice for Apperance before the Competent Authority/Summon

(*Strike out the words not applicable*)

To,

(Name and address of the employee/applicant)

Whereas, Shri é é é é é é é é é é ..an employee under you/ a nominee(s)/legal heir(s) of Shrié é é é é é é é é é é é é .an employee under the above-mentioned employer, has/have filed an application under rule 46 of the Code on Social Security, Jammu and Kashmir Rules, 2020 alleging that----

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

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at é é é é é é é ..(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 é .. day of é é é é 20é .. at é é é é é .óOô 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 é é é .. in the case arising out of the claim for gratuity byé é é . Formé é é é .. 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 é é . day of é é ..20é é é é é .. at é é é é óOôclock 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, this é é é é ..day of é é é é ..20é ..

Competent Authority

under the Code on Social Security Code, 2020

Note :ð 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-XVIII

[*See Rule 46(11) (12) (h)*]

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./Kumarié é é é é é é é é é é é é é of an employeeé (address) under you/a nominee(s)/legal heir(s) of late é é é é ....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 on é é é é é é é é . requiring you to make payment of Rsé é é é é é é é to Shri/Smt./Kumarié é é é é é é é é é é é as gratuity under the Code on Social Security, 2020.

2. And whereas the application was heard in your presence oné é é ..and after the hearing have come to the finding that the said Shri/Smt./Kumarié é é é é é é é é is entitled to a payment of Rsé é é é é é 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 Rsé é é é é é é .. is due to be paid to Shri/Smt./Kumarié é é é é é é é é . 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./Kumarié é é é é é é é é é é é . within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, this é é é é é .day ofé é é é é é .20é é é ...

Competent Authority

under the Code on Social Security Code, 2020

Copy to :ð

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

Note :ð (Strike out paragraphs if not applicable)

ïïïïïïïï

FORM-XIX

[*See Rule 46(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 lateé é é é é é é an employee of the above-mentioned employer/a legal heir of late é é é é é é an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the é é é é é é é é é ..under sub-rule (11) or sub-rule (12) of rule 46 of Code on Social Security (Central) Rules, 2020 for payment of a sum of Rsé é é é é é é .. 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.é é é é é é é é é . due to me as gratuity in terms of your direction.

Signature/Thumb impression of applicant.

Place:

Date:

Note :ð Strike out the words not applicable.

FORM-XX

[*See Rule 47(3) (i)*]

Application for Registration of an Establishment with the Controlling Authority under section 57

01. Name of the Establishment

02. Address of the Establishment

03. Name of the Employer

04. Address of the Employer

05. No. of Employees Insured

06. Details of the Insurance Companyð

    (a) No. of Insurance Policy ;

    (b) Date of Commencement of Insurance Policy ;

    (c) terms of Insurance Policy (copy of the Insurance Policy to be enclosed ;

    (d) details of employees insured details for employees shall be furnished in Form-III.

07. If the employer had already established an Approved Gratuity Fund before notification of the rules, details of board of trustees of the gratuity fund may be furnishedð

    (a) Date of constitution of the Board of Trustees ;

    (b) Names and Addresses of the Board of Trustees.

Station :

Date :

Signature of the Employer

Name:

Designation and Address

FORM-XXI

[*See Rule 47(4)*]

Option to continue under the Existing Insurance under section 57

In hereby opt to continue the existing insurance scheme in lieu of the compulsory insurance notified under section 57 of the Code on Social Security, 2020. The details of existing Insurance Scheme areð

(a) No. of Insurance Policy :

(b) Date of commencement of Insurance Policy :

(c) Terms and conditions of Insurance Policy (Copy of the Insurance Policy to be enclosed):

(d) No. of employees covered (details of employees to be furnished in Form-III:

(e) Details of registration of the trust:

(f) Name and address of the trustees:

(g)

Station :

Date :

Signature of the Employer

Name :

Designation and Address

FORM-XXII

[*See Rule 47(3) (i) & (ii)*]

Details of Employees of the Establishment covered under the Compulsory Insurance under section 57 of the Code

(a) Name of the employee :

(b) Name of Father/Husband :

(c) Designation/Category :

(d) Date of Joining/appointment :

(e) Wages of the Employees :

(f) Date of Admission to Compulsory Insurance :

(g) Date of Retirement :

Station :

Date :

Signature of the Employer

Name :

Designation and Address

FORM-XXIII

(*See Rule 49)*

Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator

(Under The Code on Social Security, 2020)

Sir,

Ié é ..... (Name of woman) employed iné é .....(name and full address of the establishment) or Ié é (name), a person nominated under section 62 by or a legal representative ofé é (name of woman) employed iné é .(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 Rsé é being maternity benefit and/or Rs...é .....é being the medical bonus and/or Rsé ..é é .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.

Dateé é é é

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-XXIV

[*See Rule 49(2) (b)*]

Appeal

To,

The Authority,

(Appointed under the Code on Social Security , 2020)

é é é é é é é é é é é é é é é é (Address)

Sir,

Ié é é , the undersigned, woman employee ofé é é (name and full address of the establishment)

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

or

*Shrié é , Inspector-cum-Facilitator, having directed under sub-section (2) of section 72 to pay the maternity benefit or other amount beingé é é (Nature of amount) to whiché é é (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.

Dateé é é

é é é é é é é é é é é é é é é é ..

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-XXV

(*See Rule 53)*

Notice Book

1. Name of the Establishment :

2. Postal Address :

3. Name of the Employer/Manager/Occupier : (with full Particulars)

S. No.	Name of the Employee	Employee Code/No.	Time/ date of Injury/ accident	Place of Injury	Cause of Injury	Any other relevant information	Sign. of Employee/ a person acting *bona fide*

FORM-XXVI

(*See Rule 55)*

REPORT OF FATAL ACCIDENTS

To,

.....

Sir,

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

The circumstances attending the death of the employee/employees were as under :

(a) Time of the accident :

(b) Place where the accident occurred :

(c) Manner in which deceased was/were employed at the time :

(d) Cause of the accident :

(e) Any other relevant particulars (I have etc.)

Signature and designation of person
Making the report.

STATEMENT

Name	Sex	Age	Name of Employment	Full Postal Address
1	2	3	4	5

FORM XXVII

[*See Rule 56 (1)*]

MEMORANDUM OF AGREEMENT

It is hereby submitted that on the _____day of _____ previous for period of _____months. The said employee has in receipt of half-monthly payments which have continued from the _____day of 20____ until the day 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 full settlement of all and every claim under the Chapter VII of the Code on Social Security, 2020 in respect of all disablement of temporary nature arising out of the said accident, whether now or hereafter to become a manifest, it is, therefore requested that this memorandum be duly recorded.

Dated _____ 20_____

Signature of the employer_____

Witness_____

Signature of the employer_____

Witness_____

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

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

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

Employee

Dated _____ 20_____

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

_____Witness.

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

_____

FORM –XXVIII

[*See Rule 56 (1)*]

MEMORANDUM OF AGREEMENT

It is hereby submitted that on the _____ day of 20_____ personal injury was caused to ____ residing at _____ by accident arising out of 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 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 this agreement, received the following payment, namely :—

Rs._____ on _____Rs._____ on _____

Rs._____on_____Rs._____on _____

Rs._____on_____Rs._____on _____

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

Dated _____ 20_____

Signature of the employer_____

Witness_____

Signature of the employer_____

Witness_____

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

Receipt (To be filled in when the money has been actually 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 diseases, agreement when employee is under legal disability, etc.).

FORM-XXIX

[*See Rule 56 (1)*]

MEMORANDUM OF AGREEMENT

It is hereby submitted that on the _____ day of 20_____ personal injury was caused to ____ residing at _____ by accident arising out of and in the course of his 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._____ on wages per month.

The said employee 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 employers of the employee, has agreed to pay and _____on the behalf of the said employee, has agreed to accept half monthly payments @ of Rs. _____ for the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half monthly payments may be varied in accordance with the provision of the Chapter VII of the Code on Social Security, 2020, on account of an alternation in the earning of the said employee during disablement .It is further, stipulated that all rights of communication under section 80 of the code are unaffected by this agreement. It is, therefore, requested that this memorandum be duly recorded. Dated _____ 20_____

Signature of the employer_____

Signature of the employee_____

Witness_____

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

Receipt (To be filled in when the money has been actually 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 diseases, etc.).

FORM –XXX

[*See Rule 56 (2) (i)*]

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, notice is hereby given that the said agreement will be taken into consideration on _____ 20___ and that any objection to the registration of the said agreement should be made on that date. In the absence of valid objections, it is my intension to proceed to the registration of the agreement.

Dated_____20_____

Competent Authority

FORM –XXXI

[*See Rule 56 (2)(iii) & (3) (iv)*]

Take notice that registration of the agreement to pay compensation said to have been reached between you _____ and _____ on the _____20___ have been refused for the following reasons namely .....

Dated_____20_____

Competent Authority

_____

FORM (XXXII)

[See Rule 56 (3) (ii)]

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 and whereas it appears to me that the said agreement ought not to be registered for following reasons, namely:-.....

_____ an opportunity will be afforded to you of showing cause on _____20_____ by the said agreement should be registered. If no adequate cause as shown on that date, registration of the agreement will be refused.

Competent Authority

_____

FORM (XXXIII)

[*See Rule 56 (3) (ii)*]

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 and whereas it appears to me that the said agreement ought not to be registered for following reasons, namely _____an opportunity will be afforded to the said _____of showing cause on _____20_____ by the said agreement should not be registered.

Any representation which you have to make with regard to the said agreement should be made on that date. If adequate cause is then shown the agreement may be registered.

Dated_____20_____

Competent Authority

_____

FORM (XXXIV)

(*See Rule 60*)

Register of agreements for the year_____20_____

S. No.	Date of agreement	Date of registration	employer	Employee	Initial of Competent Authority	Reference order rectifying the register
1	2	3	4	5	6	7

_____

FORM – XXXV

[*See Rule 66 (1) (a)*]

REGISTER OF WOMEN EMPLOYEES

Name of establishment

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

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

6. Date on which the woman gives notice under section 62.
7. Date of discharge/dismissal, if any.
8. Date of production of proof of pregnancy under section 62.
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage/Medical Termination of pregnancy/tubectomy operation/death/adoption of child.
11. Date of production of proof of illness referred to in section 65.

12. Date with the amount of maternity benefit paid in advance of expected delivery.

13. Date with the amount of subsequent payment of maternity benefit.

14. Date with the amount of bonus, if paid, under section 64.

15. Date with the amount of wages paid on account of leave under section 65(1) and 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 XXXVI

[*See Rule 66 (3) (a) & (b)*]

Unified Annual Return A. General Part :

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

Address of the establishment: House No./Flat No. …….

Street No./Plot No. …….....……t4321……

Town…….District…….State……PIN code……

(b) Name of the employer……..……

Address of the employer :

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

Town…….District…….State……PIN code……

E-mail ID……Telephone Number……..Mobile number….

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

Address:

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

Town…….District…….State……PIN code……

E-mail ID……Telephone Number……..Mobile number….

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

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

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

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									

F. (a) Details of Payments:

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

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

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

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

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

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

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

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

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

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

Declaration

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

Place Date

Sign. Here

FORM-XXXVII

(See Rule 67)

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-XXXVIII

[*See Rule 68 (4) (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.: Email address : Name & Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc) Registration No of establishment under Code: Economic activity details:	
2.	**Particulars of the indenting Officer:** Name: Designation: Telephone No. : Mobile No.: Email address :	
3.	**Particulars of vacancy(ies):** (a) Designation/nomenclature of the vacancy(ies) to be filled (b) Description of duties of the post (job role/functional role)	

	(c) Qualifications/Skills required (educational, technical, experience)	Essential	Desirable/Preferable
	(i) Educational Qualifications (ii) Technical Qualifications (iii) Skills (iv) Experience		
	(d) Age Limits, if any (Age as on last date of application)		
	(e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc.) if any		
	(f) duration of employment (i) 3-6 months	Number of posts	
	(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 Caste(SC), ScheduledTribe(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 Jammu and Kashmir 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 prefer submission of 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 and Designation of
Authorised 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-XXXIX

[*See Rule 68 (7)*]

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 and Monitoring) 2020.

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 *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/other
	Career Centre (Regional)	Career Centre (Central)		
1	2	3	4	5

*As per provisions of 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 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.