

(Regional/Local) of the State, or an officer not below the rank of Deputy Director authorized by him in writing shall be the competent authority to approve the institution or sanction the institution of levy of penalty for an offence under the Code as mentioned in the relevant sections of chapter-XII

63. Issue of guidelines: For implementation of provision of Code on Social Security 2020 in the State of Jharkhand relating to Chapter XIII and rules thereof, the Government of Jharkhand may issue guidelines as it thinks fit in the official gazette, as and when needed as per the local needs of the State in consistence with the Social Security Code 2020.

Form-I

(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 (1).....

.....

.....

.....

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

.....

Signature

Date

Place

FORM II

(See Rule-6 (3))

Employee's Insurance Court at

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

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

Form-III

[See sub-rule (1) of Rule 10]

Nomination

To

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

(Name in full here)

I, Shri/Shrimati/Kumari.....whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name (s) of the nominee(s).

2. I, hereby certify that the person (s) mentioned is a/are member (s) of my family within the meaning of sub-section (33) of Section 2 of the Code on Social Security, 2020, No. 36 of 2020.

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

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

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

NOMINEE(S)

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

1.

2.

3.

4.

so on

STATEMENT

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

Village _____, thana _____, sub-division _____

Post office _____, district _____, state _____

Place _____ signature/thumb-impression _____

Date _____ of the employee.

Declaration by witness

Nomination signed/thumb-impressed before me

Name in full and full address _____

Of witness _____ signature of witness _____

1. _____ 1. _____

2. _____ 2. _____

Certificate by the employer

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

Employer's reference no., _____

If any. _____

Signature of the employer/officer authorized

Designation

Date

name and the address of the establishment

Or rubber stamp thereof.

Acknowledgment by the employee

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

Date

signature of the employee.

Form-IV

[See sub-rule (3) of Rule 10]

Fresh Nomination

To

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

I, sri/srimati.....(name in full here) whose particulars are given in the statement below, have acquired a family within the meaning of sub-section (33) of Section 2 of the Code on Social Security, 2020, No. 36 of 2020..... with effect from the (date here)..... in the matter indicated below and therefore nominate a fresh person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid, direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify the person(s) nominated is a/are member(s) of my family within the meaning of clause(h) of section 2 of the said act.

3.(a) my father/mother/parents is/are not dependent on me.

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

4. I have excluded my husband from my family by a notice, dated the to the controlling authority in terms of the proviso to clause (h) of section 2 of the said act.

NOMINEE(S)

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

Manner of acquiring a 'family'

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

STATEMENT

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

Village ,thana ,sub-division

Post office ,district ,state

Place signature/thum-impression

Date of the employee

Declaration by witnesses

Fresh nomination signed/thum-impressed before me.

Name in full and full address of witness.

Signature of witnesses

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

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 .

Name and address of the establishment

Or rubber stamp thereof.

Acknowledgment by the employee

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

Date

signature of the employee

FORM-V

[SEE SUB-RULE (4) OF RULE 10]

MODIFICATION OF NOMINATION

To

[Give here name or description of the establishment with full address]

I, Shri/Shrimati/Kumari.....[Name in full here] whose particulars are given in the statement below, hereby give notice that the nomination filed by me on [date] and recorded under your reference No.dated.....shall stand modified in the following manner. [Here give details of modifications intended]

STATEMENT

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

Place

Signature/Thumb impression of the employer

Date

DECLARATION BY WITNESSES

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

1.

1.

2.

2.

Place

Date

CERTIFICATE BY THE EMPLOYER

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

Signature of the employer/ officer authorised

Designation

Name and address of the Establishment
or rubber stamp thereof.

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date

Signature of the employee

Note

FORM-VI

[(See Rule 11(1)]

Application for Gratuity by an Employee/Nominee/Legal Heir

(Strike out the words not applicable)

To,.....

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

Sir/Madam,

I,(name of employee/nominee/legal heir) /nominee of late.....(Name of the employee)/ as a legal heir of late.....(Name of the employee), beg to apply for Payment of gratuity to which I am entitled under sub-section (1) of section 53 of the Code on Social Security, 2020 on account of-

(a) my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease/ on termination of contract period under fixed term employment with effect from the.....or;

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

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

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

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

a. Marital status of employee(unmarried/married/widow/widower)

b. Address in full of employee

or

2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)

a. Name of Employee

b. Marital status of nominee/legal heir(unmarried/married/widow/widower)

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

Yours faithfully,

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

Place:

Date:

FORM VI-A

[SEE SUB-RULE (2) OF RULE-11]

APPLICATION FOR GRATUITY BY A NOMINEE

To

[Give here name or description of the establishment with full address]

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 53 of Code on Social Security, 2020 as a nominee of late.....[Name of the employee] who was an employee of your establishment and died on the.....The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on.....retirement or/resignation of the aforesaid employee on.....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 claim given in the statement below:

STATEMENT

1. Name of applicant nominee.
2. Address in full of the applicant nominee.
3. Marital status of the applicant nominee (unmarried/married/widow/widower)
4. Name in full of the employee.
5. Marital status of employee.
6. Relationship of the nominee with employee.

7. Total period of service of the employee.

8. Date of appointment of the employee.
9. Date and cause of termination of service of the employee.
10. Department /Branch/Section where the employee last worked.
11. Post last held by the employee with Ticket or Serial No. if any.
12. Total wages last drawn by the employee.

13. Date of death and evidence/witness as proof of death of the employee.

14. Reference No. of recorded nomination, if available.

15. Total gratuity claimed.

16. Share of gratuity claimed.

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

3. Payment may please be made in cash/crossed or open bank cheque.

4. As the amount payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting Postal Money Order commission therefrom.

Signature/Thumb
the applicant employee.

impression

of

Yours faithfully,
Place
Date

FORM VI-B

[SEE SUB-RULE (2) OF RULE 11]

APPLICATION FOR GRATUITY BY A LEGAL HEIR

To

[Give here name or description of the establishment with full address]

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under subsection (1) of section 53 of the code on Social security 2020 as a legal heir of late.....[Name of the employee] who was an employee of your establishment and died on the.....without making any nomination. The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on the..... retirement or resignation of the aforesaid employee on the..... after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the.....Necessary particulars relating to my claim given in the statement below:

STATEMENT

1. Name of applicant legal heir.
2. Address in full of the applicant legal heir.
3. Marital status of the applicant legal heir (unmarried/married/widow/widower)
4. Name in full of the employee.
5. Relationship of the applicant with employee.
6. Religion of both the applicant and the employee.
7. Date of appointment and total period of service of the employee.
8. Department /Branch/Section where the employee worked last.
9. Post last held by the employee with Ticket or Serial No. if any.
10. Total wages last drawn by the employee.
11. Date and cause of termination of service of the employee (death or otherwise).
12. Date of death of the employee and evidence/witness in support thereof.
13. Total gratuity payable to employee.
14. Percentage of the gratuity claimed.
15. Basis of the claim and evidence/witness in support thereof.
2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/crossed or open bank cheque.
4. As the amount payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above, after deducting Postal Money Order commission therefrom.

Yours faithfully,

Signature/Thumb impression of Date

Place

the applicant employee

FORM-VII

[(See Rule 12 (1)(a) and (b)]

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 12 of the Code on Social Security (Jharkhand)

Rules, 2021, that your claim for payments of gratuity as indicated on your application in **Form-.....** 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 35 the Code on Social Security (Jharkhand) Rules, 2021 that a sum of Rs.(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made byonand.....recorded in thisas a legal heir of.....an employee of this establishment.

2. *Please call aton..... (Here specify place).....(date) at.....(time) for collecting your payment of gratuity crossed cheque.

3. Amount payable shall be sent to you through demand draft or shall be credited in your bank account as desired by you.

4. Brief statement of calculation

(a) Date of appointment.

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

(c) Total period of service of the employee concerned:years.....months.

(d) Wages last drawn:

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

(f) Amount payable:

**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: The Competent Authority in case of denial of gratuity.

FORM VIII

[See Sub-Rule (I) Of Rule 14]

APPLICATION FOR DIRECTION

Before the Competent Authority 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 latean employee of the above mentioned employer /a legal heir of lateand 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 employee’s resignation on..... [date] after completion of.....years of continuous service/his own/aforesaid employee’s total disablement with effect from[date] due to accident/disease/death of the aforesaid employee on.....

2. The applicant submitted an application under ruleof the Code on Social Security, 2020 on the.....but the above-mentioned employer refused to entertain it/issued a notice dated the offering an amount of gratuity which is less than my due/issued a notice dated the rejecting my eligibility to payment of gratuity. The 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 of the applicant/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].
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 employed [if known].
7. Post held by the employee with Ticket or Serial 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.]
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 a nominee/legal heir.
18. Amount of gratuity claimed by the applicant.

Place
impression of the applicant

Signature of the applicant/Thumb Date

FORM-IX

[(See Rule 15 (a) and 18)]

Notice for Appearance before the Competent Authority/Summon

(Strike out the words not applicable)

To,

(Name and address of the employer/applicant)

Whereas Shri.....an employee under you/a nominee(s)/ legal heir(s) of Shri.....an employee under the above-mentioned employer, has/have filed an application under sub-rule.....of rule.....of the Code on Social Security (Jharkhand) 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/ tp 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 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, this.....day of.....20.....

Competent Authority

Under the Code on Social Security Code, 2020

Note:1. Strike out the words and paragraphs not applicable.

2. The portion not applicable to be deleted.
3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.
4. In case the summons is issued only for producing a document and not to give evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

FORM – X

[(See Rule 22) (8)]

Notice for Payment of Gratuity as Determined by Competent/Appellate Authority

(Strike out the words not applicable)

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumari..... of an employee (address)under you/a nominee(s)/legal heir(s) of late an employee under you, filed an application under section 56 of the Code on Social Security, 2020, before me; or

Whereas a notice was given to you onrequiring you to make payment of Rs..... to Shri/Smt./Kumari.....as gratuity under the Code on Social Security, 2020.

2. And whereas the application was heard in your presence on.....and after the hearing have come to the finding

that the said Shri/Smt./Kumari..... is entitled to a payment of Rs..... as gratuity under the Code on Social Security, 2020; or

Whereas you/the applicant went in appeal before the appellate authority, who has decided that an amount of Rs..... is due to be paid to Shri/Smt./Kumari.....as gratuity due under the Code on Social Security, 2020.

Now, therefore, I hereby direct you to pay the said sum of Rs.to Shri/Smt./Kumari within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, thisday of.....20.....

Competent Authority under the Code on Social Security Code, 2020

Copy to:

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

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

FORM – XI

[(See Rule 23)]

Application for Recovery of Gratuity

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

Application No. _____ Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer/Trust/Insurer concerned with full address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above mentioned employer/a legal heir of latean employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the of Code on Social Security (Jharkhand) 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 XII

(Notice Book of the Accidents)

(See rule 29)

Name of the Establishment.....

Nature of Business

Date of opening.....

Registration no (if any)-.....

Name of the employer/occupier.....

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
1	2	3	4	5	6	7	8	9	10

FORM-XIII

(See Rule 31)

Statement of Fatal Accidents

To ,

Competent Authority,

.....

Sir,

1. I have the honour to submit the following statement of an accident which occurred in (date), at (here enter details of premises) and which resulted in the death of the employee/employees of whom particulars are given in the statement annexed.
2. The circumstances relating to the death of the employee/employees were as under: -
 - (a) Time of accident.
 - (b) Place where the accident occurred.
 - (c) Manner in which deceased was/were employed at the time.
 - (d) Cause of the accident.
 - (e) Any other relevant particulars.
3. I am responsible for payment of compensation
4. Details of employee
 - (a) Name of the employee
 - (b) Age of the employee
 - (c) Wages of the employee
5. The establishment is not responsible for payment of compensation due to reasons mentioned below.....

.....

(Signature and designation
of person making the statement)

FORM XIV

(See Rule 32)

Memorandum of Agreement

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

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

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

Rs. on Rs. on

Rs. on Rs. on

Rs. on Rs. on

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

Dated20..... .

Signature of employer

Witness

Witness

Signature or employee

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

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

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

Dated20.... .

Employee

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

Witness

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

FORM XIV-A

(See Rule 32)

Memorandum of Agreement

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

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

It is further submitted that the employer of the employee has agreed to pay and on behalf of the said employee has agreed to accept half-monthly payments at the rate of Rs. for the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with provisions of the said Act on account of an alteration in the earnings of the said employee during disablement. It is further stipulated that all rights of commutation under Section 7 of the said Act are unaffected by this agreement it is therefore requested that this memorandum be duly recorded.

Dated 20.... .

Signature of employer

Witness

Signature of employee

Witness

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

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

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

Employee

Dated20 .

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

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

FORM-XIV-B

(See Rule 32)

Memorandum of Agreement

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

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

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

Rs. on Rs. on

Rs. on Rs. on

Rs. on Rs. on

It is further submitted that the employer of the said employee has agreed to pay, and dependent (s) of the said employee has agreed to accept, the sum of Rs. in full settlement of all and every claim under the Code on Social Security, 2020 in receipt of death stated above. It is therefore requested that this memorandum be duly recorded.

Dated20..... .

Signature of employer

Witness

Witness

Signature or dependant(s)

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

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

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

Dated20.... .

Dependant(s)

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

Witness

FORM XV

(See Rule 33(1))

Whereas an agreement to pay compensation is said to have been reached between and and whereas has/have applied for registration of the agreement under Section 89 of the Code of Social Security, 2020 notice is hereby given that said agreement will be taken into consideration on 20 and that any objections to the registration of the said agreement should be made on that date. In the absence of valid objections it is my intention to proceed to the registration of the agreement.

Dated20

Competent Authority

FORM XVI

(See Rule 34)

Register of Agreement for year 20.....

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

FORM-XVII

[(See Rule 52 (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 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 wage paid on account of leave under section 65 (1) & 65 (3)
16. Date with the amount of wages paid on account of leave under section 65 (2) and period of leave granted.
17. Name of the person nominated by the woman under section 62.
18. If the woman dies, the date of her death, the name of the person to whom maternity benefits and/or other amount was paid, the amount thereof, and the date of payment.
19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.

20. Signature of the employer of the establishment authenticating the entries in the register of women employees.
21. Remarks column for the use of the Inspector-cum-Facilitator.

FORM-XVIII

[(See Rule 52 (3) (a)]

Unified Annual Return

A. General Part :-

(a) Name of the establishment-----

Address of the establishment :

House No./Flat No----- Street No./Plot No-----

Town----- District ----- State----- Pin Code-----

(b) Name of the employer-----

Address of the employer :

House No./Flat No----- Street No./Plot No-----

Town----- District ----- State----- Pin Code-----E-

mail ID----- Telephone Number----- Mobile Number-----

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

Address :

House No./Flat No----- Street No./Plot No-----

Town----- District ----- State----- Pin Code-----E-

mail ID----- Telephone Number----- Mobile Number-----

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

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

S.No.	Name	Registration	If yes (Registration No.)
1/41 1/2	1/42 1/2	1/43 1/2	1/44 1/2
01-	The Code on Occupational Safety Health and working.		
02-	The Code on Social Security 2020.		

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

03. C. Details of Employer, Contractor 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 Contactors engaged in the establishment during the year.		
04-	Total Number of days during the year on which Contract Labour was emp.		
05-	Total Number of man-days worked by Contract Labour during the year.		
06-	Name of the Manager or Agent (in case of mines).		
07-	Address : House No./Flat No----- Street No./Plot No----- Town----- District ----- State----- Pin Code----- --E-mail ID----- Telephone Number----- Mobile Number-----		

D. Working hours and weekly rest day :

01-	Number of days worked during the year.	
02-	Number of man days 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 :

Si. no.	Male	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
Higly									
Skilled									
Skilled									
Semiskilled									
Unskilled									

G. (a) Details of Payment :

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 granted leave with wages during the year :

Si. No.	During the year	Number of workers	Granted with wages

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

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

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

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

01-	Date of opening of establishment	
02-	Date of closing, if close	
03	Name of Medical Officer	
03 ¹ / ₄ i ¹ / ₂	Qualification of Medical Officer	
03 ¹ / ₄ ii ¹ / ₂	Is Medical Officer at (the mines or circus) ?	
03 ¹ / ₄ iii ¹ / ₂	If a part time, how often does he/she pay visit to establishment ?	
03 ¹ / ₄ iv ¹ / ₂	Is there any Hospital ?	
03 ¹ / ₄ v ¹ / ₂	If so, how many beds are provided ?	
03 ¹ / ₄ vi ¹ / ₂	Is there, a lady Doctor ?	
03 ¹ / ₄ vii ¹ / ₂	If so, what is her qualification ?	
03 ¹ / ₄ viii ¹ / ₂	Is there a qualified mid-wife ?	
03 ¹ / ₄ ix ¹ / ₂	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 Law applicable to my establishments.

Place

Date

Sign. Here

Form XIX

[See rule-53(1)]

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

To,

.....,
.....
.....

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

(i) Treasury Head

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

Or

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

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

Form XX
[See rule-53(2)]

APPLICATION UNDER SUB-SECTION (1) OF SECTION 53 FOR COMPOSITION OF OFFENCE

To,

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

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

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

Dated:

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

(Signature)
Name of the Applicant

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

FORM-XXI

[See Rule 57(2)]

Form for Reporting Vacancies to Career Centers

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

1	Particulars of the employer: Name: Address with pin code: Telephone No. : Mobile No.: Email address : Name & Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc) Registration No of establishment under Code: Economic activity details:		
2.	Particulars of the indenting Officer: Name: Designation: Telephone No. : Mobile No.: Email address :		
3.	Particulars of vacancy(ies): (a) Designation/nomenclature of the vacancy(ies) to be filled		
	(b) Description of duties of the post (job role/functional role)		
	(c) Qualifications/Skills required (educational, technical, experience)	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), Scheduled Tribe(ST), Economically Weaker Sections(EWS), Other Backward Classes(OBC), Ex-serviceman and persons with disabilities (pwd) , etc, in filling up the vacancies: Yes/No (if yes, give the number of vacancies to be filled by such categories of persons as detailed below)		
5.	Category	Number of vacancies to be filled	

	(a) ScheduledCaste (b) ScheduledTribe (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 prefer submission of list of eligible candidates registered with Career Centre	Yes/No	
12.	Any other relevant information		
13.	Name, address, email id of the Career Centre		
14.	Date of receipt of Vacancies		
15.	NIC Code of the establishment/		
16.	NCO Code of the post		
17.	Unique Vacancy ID(number)		

Signature, Name & Designation
of 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 58 (3)]

Form for Reporting of Result to Regional /Local Career Centres

Establishment / Company Name :-

Address :-

Phone no. :-

Email ID :-

Unique Vacancy Reporting No. :-

Name of the Post :-

Date of Submission of Vacancy :-

Concerned Career Centre Name :-

Part -1 : Number of Candidates Participated and selected

Number of candidates Sponsored by career centre	Number of candidates invited for interview/ test		Number of candidates participated in interview / test invited for interview/ test		No. of finally selected candidates	Remark
	From Career Centre	From other source	From Career Centre	From other source		

Part -2 : Number of Candidates Participated and selected

Sl. No.	Candidate Name	Registration no. of the career centre	Mobile no.	Date of Joining	Remark

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

Signature of the Employer (with Seal) :-

Designation :-

Place :-

Date :

FORM-XXIII

(See rule 60)

Form EIR (Employment Information Return)

Half Yearly Return to be submitted to the Regional /Local career Centre for the Half Year ended as on 30th September/31st March

The following information is required to be submitted under the Jharkhand Employment Information Monitoring Rule 2021 as per social security code 2020.

Name & Address of the Employer			
Whether – head Office			
Branch Office			
Type of Establishment (Government/Public Sector/Local bodies /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 or out-sourced workers through vendor or third party payroll excluding part – time workers and apprentices. (The figures should include every person whose wage, salary or remuneration is paid).			
Category	On the last working day of the previous half Year	On the last working day of the Half Year under port	
MEN			
WOMEN			
Others (Transgender)			
Total:			
PWD (Persons With disabilities) Out of above total			
2. Number of Vacancies* occurred and reported to regional/local Career During the half Year and the number of Vacancy filled during the half year			
Occurred	Reported	Filled	Source (Career Centre / NCS

	Career Centre (Regional / local)	Career Centre (Central)		PORTAL/ Govt. Recruiting Agencies/ Private Placement Organisations/Others)
1	2	3	4	5

*As Per Provisions of Code on Social Security, 2020 (Chapter XIII) and Rules made there under,

3. MANPOWER SHORTAGES:

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

Name of the occupation or designation of the post	Number of unfilled Vacancies/ posts		
	Skill/ Qualification (Educational/Technical/ Experience) Prescribed	Essential	Desirable
1	2	3	4

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

4. Estimated Manpower Requirement by Occupational Classification during the next half 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 half year due to retirement/expansion or re-organization.				
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 Authorized Signatory

Of establishment/employer with seal & date

To,

The Career Centre In charge,

.....

Note:-

1. This return is to be rendered to the Career Centre Regional/Local within 30days after the end of the half year concerned by establishments/employers vide their obligation under the Code on Social Security,2020 (Chapter XIII-Employment Information and Monitoring) & Jharkhand Employment Information and Monitoring Rule 2021

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 will also get suitable candidates from the list of the candidates forwarded by concerned career centre.

संचिका संख्या-02/श्रमा0का0-विविध (SS Code-20)-57/2020 श्र0नि0-803, राँची, दिनांक-03.08.2021

झारखण्ड राज्यपाल के आदेश से,

सरकार के अवर सचिव,

संचिका संख्या-02/श्रमा0का0-विविध (SS Code-20)-57/2020 श्र0नि0-803, राँची, दिनांक-03.08.2021

प्रतिलिपि:-सहायक अधीक्षक, ई-गजट, राजकीय मुद्राणालय, डोरण्डा,राँची को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित। 200 (दो सौ) अतिरिक्त प्रतियाँ विभाग को उपलब्ध कराने की कृपा की जाय।

सरकार के अवर सचिव,