

FORM I

[(See Rule 24)]

**Nomination/Fresh Nomination/Modification of
Nomination**

(Strike out the words not applicable)

To.....

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

I, Shri/Shrimati/Kumari (Name in full here) whose particulars are given in the statement below, hereby nominate the person(s) mentioned below/ have acquired a family within the meaning of clause (33) of Section 2 of Code on Social Security, 2020 with effect from the (date here) in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

Or

I, Shri/Shrimati/Kumari (Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date and recorded under your reference No..... dated..... shall stand modified in the following manner-

**Strike out unnecessary portion.*

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the



meaning of clause(33) of section 2 of the Code on Social Security,2020.

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

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

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

5. I have excluded my husband from my family by a notice dated the..... to the

Competent Authority in terms of clause (33) of Section 2 of the said Code.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

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. Full Name of 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..... Taluk..... District.....

State..... Post Office..... Pin.....

ID No..... Mobile No..... Email ID.....

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/Office rauthorised

Designation

Date:

Name and address of the
establishment and

Stamp thereof.

Acknowledgement by the Employee

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

Date:.....

Signature of the Employee

FORM-II

[See Rule 25]

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), hereby 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, three years in case of working journalists, of continuous service/total disablement due to accident/total disablement due to disease/on termination of the contract period under fixed term employment with effect from the or;

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

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

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

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

- c. Name of Employee



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

Place:

Yours faithfully

Date :

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



FORM III**[See Rule26]****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 clause (ii) of sub-rule (1) of rule 24 of Kerala Social Security Rules,2021,that your claim for payments of gratuity as indicated on your application in **Form-II** under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

(b) * as required under clause (i) of sub-rule (1) of Rule 24 of the Kerala Social Security Rules,2021 that a sum of Rs..... (Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by on..... and..... recorded in this as a legal heir of an employee of this establishment.

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

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

(iv) Brief statement of calculation

- Date of appointment.
 - Date of termination/superannuation/resignation/disablement/death.
 - Total period of service of the employee concerned:
- Yearsmonths.



- Wages last drawn:
- Proportion of the admissible gratuity payable in terms of nomination/as a
Legal heir:
- Amount payable:

**strike out para, if, not applicable*

Place:

Date:

Signature of the Employer/authorized officer.

Name or description of establishment or
stamp thereof.

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

FORM-IV

[See Rule 28]

Application for Direction

**Before the Competent Authority for Chapter III under the Code on Social Security,
2020**

Application No.

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
late an employee of the above mentioned employer/ a legal heir of
late and employee of the above- mentioned employer, and is entitled to



payment of gratuity under section 53 of the Code on Social Security, 2020 on account of his own/aforesaid employee's superannuation on date his on retirement/ aforesaid employees resignation on (date) completion of years of continuous service/ his own/aforesaid employees total disablement with effect from (date) due to accident/disease death of aforesaid employee on

2. The applicant submitted an application under Rule..... of the Kerala Social Security Rules,2021 on the(date) but the mentioned employer refused to entertain it/issued a notice dated the under clause of sub-rule..... offering an amount of gratuity which is less than my due/issued a notice dated the under clause of sub-rule of rule rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.

3. The applicant submits that there is a dispute on the matter (specify the dispute).

4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above-mentioned employer to pay the same to the petitioner.

5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Place

Date:

Signature/Thumb impression of the applicant.

ANNEXURE

1. Full name and address of the applicant :
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment)



3. Full Name and address 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 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 theapplicant



FORM V

[See rule 29 & 34]

Notice/Summons for Appearance before the Competent Authority*(strike out the words not applicable)*

To,

(Name and address of the employer/applicant)

Whereas Shri/Smt/Kumari an employee under you/a nominee(s)/legal heir(s) of Shri./Smt/Kumari..... an employee under the above mentioned employer, has/have filed an application under rule 28 Kerala Social Security Rules,2021 alleging that---- (A copy of the said application is enclosed, and if, summons is issued then copy of application is not required)

Now therefore, you are hereby called upon/summon to appear before the Competent Authority at (Place) either personally or through a person duly authorised in this behalf for the purpose of answering all material questions relating to the application on theday of 20..... atO'Clock in the forenoon/afternoon in support of/to answer the allegation; and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence, and the documents upon which you intend to rely in support of your allegation/defence.

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

Whereas your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of in the case arising out of the claim for gratuity by fromand 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 of



20..... 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.

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 or paragraph portions not applicable

2. The summons shall be issued in duplicate. The duplicate is to be signed and

Returned by the persons served before the date fixed.

3. 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



FORM VI*[See rule 36 & 37 (9)]***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 on requiring 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, this the day of 20.....



Competent Authority under the
Code on Social Security Code, 2020

Copy to:

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

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

FORM VII

[See rule 38]

Application Before the Competent Authority Recovery of Gratuity

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/legal heir of late an employee of the above mentioned employer, and you were pleased to direct the said employer in your notice dated the under rule 36/37 Kerala Social Security Rules, 2021 for payment of a sum of Rs..... as gratuity payable under the Code on Social Security,2020.
2. The applicant submits that the said employer failed to pay the said amount of



gratuity to me as directed by you although I approached him for payment.

3. The applicant therefore prays that a certificate may be issued under section 129 of the Code for recovery of the said sum of Rs..... due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note. Strike out the words not applicable.

—

FORM VIII
REGISTER OF GRATUITY
[See Rule 39]

1. Serial No.
2. Date of the application
3. Name and address of the applicant
4. Name and address of the employer
5. Amount of gratuity claimed
6. Dates of hearing
7. Findings with date
8. Amount awarded
9. Cost, if any, awarded
10. Date of Notice issued for payment of gratuity
11. Date of appeal, if any
12. Decision of the appellate authority



13. Date of issue of Final Notice for payment of gratuity
14. Date of payment of Gratuity by employer and mode of payment
15. Date of receipt of application for recovery of gratuity
16. Date of issue of recovery certificate
17. Date of recovery
18. Remarks if, any :
19. Signature
20. Date

FORM IX

[See rule 41]

Notice of Fatal Accidents

To

..... (Competent Authority)

Sir,

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

2. The circumstances relating to serious body injuries / death of the employee/employees were as under:-
 - (a) Time of accident.
 - (b) Place where the accident occurred.
 - (c) Manner in which deceased/injured was/were employed at the time.



- (d) Cause of the accident.
 (e) Any other relevant particulars.

(Signature and
 designation of person
 making the report)

Statement

Name	Sex	Age	Nature of Employment	Full postal address Mobile No & Mail Id
------	-----	-----	-------------------------	--

FORM X

[See sub -rule (1) of rule 46]

Deposit of Compensation of Fatal Accident

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

Name _____

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

Local address _____

Permanent address _____



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

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

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

Amounting to all toRs._____.

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

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

Dated _____20.

(Employer)

FORM XI
[See rule 46 & 49]
Receipt of Compensation

[Deposited under sub section (1) Section 81 of the Social Security Code, 2020]

Book No..... Receipt No..... Register No.....



Depositor.....

Deceased or injured employee Date of deposit 20 Sum deposited Rs.....

Competent Authority

FORM XII

[See sub- rule (1) of rule 46]

Deposit of Compensation for Non-Fatal Accident to a Woman or Person under Legal Disability

1. Compensation amounting to Rs. _____ is hereby presented for deposit in respect of injuries _____ sustained by residing at _____ on loss of _____ temporary _____ disablement. His/her monthly wages are estimated at Rs. _____. He/She was over/under the age of 15 years at the time of the accident.

2. The said injured employee has prior to the date of the deposit received the following half-monthly payments, namely:

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

Dated _____

Employer



FORM XIII**[See sub-rule (3) of rule 46]****Statement of Disbursements**

Serial No.....

Depositor.....

Date.....

Rs..... Amount deposited.....

Amount deducted and repaid to the employer under the proviso to sub section (1) of Section 81.

Funeral expenses paid.....

Compensation paid to the following dependents:

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

....Rs

Dated20

Total

Competent Authority

FORM XIV**(See rule 48]****Application for Order for Deposit of Compensation**

To



The Competent Authority(Place)

residing at..... (Applicant)

Versus

.....Residing at

(OppositeParty)

...

It is hereby submitted that: --

(1)
.....an employee employed by (a) contractor with the opposite party received personal injury by accident on arising out of and in the course of employment resulting in his death on the. day of _____20 The cause of injury was. (here insert briefly in ordinary language the cause of the injury).

(2) The applicant(s) is/are dependents (s) of the deceased employee being his _____.

(3) The monthly wages of the deceased amount is Rs. _____.

The deceased was over/under the age of 15 years at the time of his/her death.

(4) (a) Notice of the accident was served on the day of _____.

(b) Notice was served as soon as practicable on _____.

(c) Notice of the accident was not served (in due time by reason of)



_____.

(5) The deceased before his death received as compensation the total sum of Rs..

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

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

Certified that the statement of facts contained in this application is true to the best of my knowledge and belief.

Dated this the day of20.....

Applicant.

FORM XV

[See rule 49]

Deposit of Compensation for Non-fatal Accidents, other than to a woman or person under Legal Disability

Compensation amounting to Rs._____is hereby presented for depositing with respect of permanent/temporary injuries sustained by.....residing at_____, which occurred on_____20_____.

Dated_____20_____

Employer



FORM XVI
(See rule 69)
CERTIFICATE OF DISABILITY/DEATH

This is to certify that Shri/Smt Son/daughter of
ageyears residing at.....employed in
 Is died on...../was suffering from* due to**
/ not suffering from any disease which is/was attributable to his
 employment.

1. Temporary disablement

The disability is in my opinion of a temporary nature likely to last foryearsmonths.
 He is temporarily unfit for work in his present employment and/or fit for employment in any
 other job where he is not exposed.

2. Permanent disablement

The disability is of a permanent nature and is assessed atpercent.

3. Death

Death is attributable to the contracting of the disease.....

Place.....

Medical Inspector

Date.....

Factories/Certifying Surgeon.

Signature of the

of

* Cancel out portions not applicable.

** Enter the name of the diseases (See Part A, B or C of Schedule III)



FORM XVII

(See rule 69)

**ENDORSEMENT TO BE MADE BY MEDICAL BOARD IN CASE OF PERMANENT
DISABILITY OR DEATH**

This is to certify that Shri/ Smt Son/daughter of
agedyears, residing at.....employed
 in..... is /died on..... /was suffering from*
 which is/was attributable to his being employed on/as**

1. Permanent disablement

The disability is of a permanent nature and is assessed atpercent.

2. Death

This is to certify that the death of Shri/ Smt..... is attributable to contracting of the
 disease..... (name of the disease)

Place.....

Medical Board

Date.....

Signature of the

* Name of the disease

** Process/Occupation



FORM XVIII**[See rule (70)]****Notice to indemnifier**

Whereas a claim for compensation has been made byapplicant, against

_____ and the said..... has claimed that you are liable under Section 85 (2) of the Social Security Code, 2020, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim. You are hereby informed that you may appear before me on----- and contest the claim for compensation made by the said applicant or the claims for indemnity made by the opposite party. In default of your appearance, you will be deemed to admit the validity of any award made against the opposite party and your liability to indemnify the opposite party for the compensation recovered from him.

Dated_____20_____.

Competent Authority

FORM XIX**[See sub-rule (3) of Rule 70]****Notice to Person of Indemnify**

Whereas a claim for compensation has been made by_____applicant against

_____And the said_____has claimed that_____is

liable under Section 85 (2) of the Social Security Code, 2020, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim, and whereas the said_____on notice served has claimed that you

_____stand to him in the relation of a contractor from whom the



applicant could have recovered compensation you are hereby informed that you may appear before me on _____ and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party _____. In default of your appearance you will be deemed to admit the validity of any award made against the opposite party _____ and your liability to indemnify the opposite party for any compensation recovered from him.

Dated _____ 20 _____.

Competent Authority

Form XX

[See rule 72]

Notice Requiring Statement of Accident

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

Dated.....

Competent Authority

(1) Insert name of employee.

(2) Insert name of establishment.



Form XXI**[See rule 72 & 73]****Reply Statement by the Employer**

1. In reply to your notice dated the20
 which received by me on the20..... it is
 submitted that (1) residing at who
 is an employee over/under 15 years of age employed in (2) met with
 an accident on the20 as a result of which he died on
 20 The monthly wages of the deceased amounted to
 Rs.....
2. The circumstances in which deceased met with his death were as follows:-
3. The deceased left the following dependents (3).
- *4. I admit liability to pay as compensation, on account of the deceased's death, the amount
 of Rs....
 which was/will be deposited with you on/before20.....
5. I disclaim liability to pay compensation on account of the deceased's death on the
 following
 grounds.

.....Employer.

.....(Name of Establishment) &

Stamp thereof

-
1. Insert name of employee.



2. Insert name of establishment.
3. Insert names and addresses where known.

* One of these paragraphs to be stuck out.

FORM XXII

[See rule 73]

Memorandum of agreement

It is hereby submitted on the day of _____ 20_____ personal injury was caused to _____ resident at _____ by accident arising out of and in the course of _____ employment in _____. The said injury has resulted in temporary disablement to the said employee whereby it is estimated that he will be prevented from earning more than of his previous/any wages for a period of _____ months. The said employee has been in receipt of half-monthly payments, which have continued from the _____ day of20_ until the continued from the day _____ of.....20_ _____ until the _____ day of _____ 20 amounting to Rs. in all. The said employee's monthly wages are estimated at Rs. _____. The employee is over the age of 15 years will reach the age of 15 years on _____.

It is further submitted that the..... employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs. _____ in full settlement of all and every claim under the Social Security Code, 2020, in respect of all disablement of a temporary nature arising out of the said accident, whether now or hereafter to become manifest. It is therefore requested that this memorandum be duly recorded.



Dated_____20

Signature of employer

Witness

Signature of employee

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

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

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

Dated_____20.Employee

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



Witness

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



FORM XXIII**[See rule 73]****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'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 Social Security Code, 2020 in receipt of the disablement stated above and all disablement now manifest. It is therefore requested that this memorandum be duly recorded.

Dated _____ 20 .

Signature of employer

Witness



Witness

Signature of 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._____.

Dated_____20.

employee

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

Witness

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



FORM XXIV**[See rule 73]****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 Code on account of an alteration in the earnings of the said employee during disablement. It is further stipulated that all rights of commutation under Section 80 of the said Code 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

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 disease, etc.



FORM XXV**[See rule 75]****NOTICE OF HEARING**

Whereas an agreement to pay compensation is said to have been reached between _____ and _____ and whereas has/have applied for registration of the agreement under Section 89 of the Social Security Code, 2020, notice is hereby given that 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.

Dated _____ 20 _____.

Competent Authority

FORM XXVI**[See Rules 75(3) and 76 (4)]****REJECTION ORDER FOR HEARING**

Take notice that registration of the agreement to pay compensation said to have been reached between you _____ on the 20 _____ has been refused for the following reasons namely:-----

Dated this the day of 20.....

Competent Authority



FORM XXVII
[See Rule 76(2)]
NOTICE OF HEARING

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

An opportunity will be afforded to you of showing cause on 20 why the said agreement should be registered. *If no adequate cause is shown on that date, registration of the agreement will be refused/ Any representation, which you have to make with regard to the said agreement, should be made on that date. If adequate cause in them shown, the agreement may be registered.

Dated _____ 20 _____.

Competent Authority

* Strike out whichever is not applicable.

FORM XXVIII

[See Rule 78]

Register of Memorandum accepted for the year....._____.

S.No.	Date of agreement	Date of registration	Employer	Employee	Initial of Competen t	Reference to orders rectifying The register



 Authority

 1 2 3 4 5 6 7

FORM XXIX**[See Rule 80]****Application for Compensation by workman****To the Competent Authority**

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

Versus

Opposite Party.....residing at.....

It is hereby submitted that:-

(1) The applicant, an employee employed by (contractor with) the opposite party on theday of..... 20.....received personal injury by accident arising out of and in the course of his employment.

The cause of the injury was..... (here insert briefly in ordinary language the cause of the injury)

(2) The applicant sustained the following injuries namely:--

(3) The monthly wages of the applicant amount of Rs. _____over/under the age of 15 years.

(4) (a) Notice of the accident was served on



theday of.

The applicant is

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of.

(5) he applicant is accordingly entitled to receive:--

(a) half monthly payment of Rs. _____ From the

_____20_____to

(b) a lump sum payment of Rs.....day of

(6) The applicant has taken the following steps to secure a settlement by agreement, namely, but it has proved impossible to settle the question in dispute because

_____.

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

- (a) Whether the applicant is an employee within the meaning of the Code;
- (b) Whether the accident arose out of or in the course of the applicants employment;
- (c) Whether the a amount of compensation claimed is due, or any part of that amount;
- (d) Whether the opposite party is liable to pay such compensation as is due;
- (e) etc., (as required)

Date_____20.

Applicant



FORM XXX
[See Rule 80 (3)]
Application for Commutation

To

The Competent Authority,

.....

residing at.....Applicant

Versus

.....

residing at..... Opposite Party

It is hereby submitted that—

(1) The applicant/opposite party has been in receipt of half monthly payment from _____ to _____ in respect of temporary disablement by accident arising out of and in the course of his employment.

(2) The applicant is desirous that the right to receive half-monthly payments should be redeemed.

(3) (a) The opposite party is unwilling to agree to the redemption of the right to receive half-monthly payments.

(b) The parties have been unable to agree regarding the sum for which the right to receive half-monthly payment should be redeemed.

You are therefore requested to pass an order—



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

Dated _____ 1 .

Applicant

Form XXXI

[See Rule 93]

REGISTER OF APPLICATIONS FOR THE YEAR 20.....

Name of Application													Order				
Date of presentation of the application	Serial No.	For distribution	For Deposit	For Compensation	For half-monthly payments	For commutation	For review	For recovery	Application for registration of agreement	Miscellaneous	Name and address of applicant	Name and address of the opposite party	Claim	Date	For whom	For what amount	Appeal
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18



Form XXXII

[See Rule 94]

REGISTER OF FATAL ACCIDENTS FOR THE YEAR 20.....

S e r i a l N o .	Dat e o f i n f o r m a t i o n	Date o f a c c i d e n t	Nam e o f d e c e a s e d e m p l o y e e	Nam e o f e m p l o y e r	Depe n d a n t s o f t h e d e c e a s e d e m p l o y e e	Natur e o f a c c i d e n t a n d i n j u r y	Amou n t o f c o m p e n s a t i o n a n d r a t e o f m o n t h l y w a g e s	Date of d i s t r i b u t i o n a m o n g t h e d e p e n d a n t s	Remar k s
1	2	3	4	5	6	7	8	9	10



Form XXXIII

[See Rule 95]

REGISTER OF NON-FATAL ACCIDENTS FOR THE YEAR 20.....

S er ia l N o.	Date of infor matio n	Date of accide nt	Name of emplo yee injure d	Name of emplo yer	Name of Injury		Amount of compensation and monthly wages		Date of disp osal
					Perma nent	Tempo rary	Lump sum	Half mont hly	
1	2	3	4	5	6	7	8	9	10



FORM XXXIV
[See rules 104 (1)(a)]
Register of wages and
Deduction

Em ploy ee cod e	Em ploy ee nam e	Na me of fath er /hus ban d	Se x	Dat e of Birt h	Add ress	Ph oto	Ident ificat ion Mar k	Desi gnat ion	Cat ego ry (H S/S /SS /US)	Desig nation code/ grade as in Gover nment Order	Dat e of join ing	Educat ion Qualifi cation	Date of Exit	Rea son for Exit
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			IF S C C od e	Ban k Acc ount Nu mb er	Day s of atten danc e	Los s of pay day s	Num ber of wee kly off grant ed	Nu mbe r of Lea ve gran ted	Bas ic	DA	HR A	City Compe nsation allowa nces	Gros s Mon thly Wag es	Ove rtim e wag es
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Lea ve wag es	Nati onal & Fest ival	Arr ear paid	B on us	Mat erni ty Ben efit	Othe r Allo wan ces	Ad van ce	Total Amo unt	Emp loye es Prov iden	Em plo yee Stat	Welfa re Fund	Pro fess ion al Tax	Tax Deduct edat Source	Ded ucti on of Fine	Ded ucti on for Los



	Holidays wages							Insurance Fund						s & Da mag es
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Oth er Ded ucti on	Tota l Ded ucti on	Net wag es paid	D at e of pa y m en t	Re mar ks	EPF No	ESI No	Elect ion ID No	Aad har No	Loa n Pay me nt	Loan Recov ery	Sig nat ure/ Thu mb Imp ress ion			
46	47	48	49	50	51	52	53	54	55	56	57			



FORM XXXV

[See rule 104 (1) (b), (c), (d)]

Muster Roll

Name of establishment..... Place

Sl No.	Name	Fathers'/Husbands' Names	Sex	Date of Entry in Service	Designation/ category						Total number of hours work performed
						1	2	3	4	5	



FORM XXXVI

[See rule 104(1)(e)]

REGISTER OF EMPLOYEES

Name of the Establishment-----Name of
Employer-----
---LIN-----

Sl No.	Employee Code	Name	Gender	Father's/ Spouse Name	Date of Birth	National ity	Education Qualificai on	Date of joinin g	Designati on
1	2	3	4	5	6	7	8	9	10

Category (HS/S/S S/US)	Type of Employ ment	Mobi le Num ber	U A N	P A N	E S I C I P	L W F	AAD HAAR	Ba nk A/ c Num ber	Ba nk	Bran ch (IF SC)	Prese nt Addr ess	Perman ent
11	12	13	14	15	16	17	18	19	20	21	22	23

Date of Exi	Reason for Exit	Mark of Identificatio n	Phot o	Specimen Signature/Thu mb	Remar ks
-------------------	-----------------------	-------------------------------	-----------	---------------------------------	-------------



t				Impression	
24	2	2	27	2	29
	5	6		8	

FORM XXXVII

[See rule 104(1)(g)]

REGISTER OF DANGEROUS OCCURRENCES, ACCIDENTS, INJURIES

Name and address of the Establishment:

Name of the Employer / Contractor:

Sl No.	Date & time of accident	Date of information to authorities	Name of employee injured/ deceased	Nature of injury permanent / temporary	Amount of compensation and monthly wages Lump sum / half monthly	Date of disposal & mode of payment: By cheque /Demand Draft/Bank transfer	Remarks

FORM XXXVIII

[See rule 104(1)(h)]

REGISTER OF CESS

Name and address of the Establishment:

Name of the Employer:

Sl	Date of	Type of	Date of	Estimated	Advance	Mode	Balance	Tot	File No
----	---------	---------	---------	-----------	---------	------	---------	-----	---------



No.	Commencement of construction	Construction Residential/ Commercial	Proposed completion of construction	Cost of construction	Cess amount paid	Date of payment	Cess amount to be paid	Actual cess paid	
1	2	3	4	5	6	7	8	9	10

FORM XXXIX

[See rule 104(1)(i)]

REGISTER OF VACANCIES

Name and address of the Establishment:

Name of the Employer:

Sl. No.	Total Number of employees			Persons recruited upto 31 st March year	Occupational details of employees recruited	Number of unfilled vacancies/ posts		
	Regular	Contractual	Fixed term employment			Skill/Qualification/technical/experience prescribed	Essential	Desirable



FORM-XL

[See rule 106]

APPLICATION FOR COMPOUNDING OF OFFENCES

1. Name of applicant
.....

2. Father's / Husband's name of the applicant.....

3. Address of the applicant

4. Mobile number/email

5. Name , address, Mobile no, and email of Complainant

6. whether any case pending before any authority or Court in the same matter

If Yes, Particulars

• Particulars of the offences.....
.....

• Provisions of the Code/Scheme/Rules/Regulations under which

the offence is committed:

• Maximum fine provided for the offence under the Code.....

• Whether the offence is first offence or the applicant had committed any other offence prior to the offence, if had committed, then, full detail of the offence

.....
.....



.....
.....

- Any other information which the applicant desires to provide

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

I, pray for the compounding of offences as stated above.

Dated:

Applicant (Name and signature)

FORM XLI

[See Rule 108(3)]

Form for Reporting Vacancies to Career Centres

To

Authorised Signatory

Career Centre

	Particulars of the employer:	
	Name:	
	Address :	
	Telephone No. :	
	Mobile No.:	
	Email address:	



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

4.	<p>(c) Qualifications/Skills required (educational, technical experience) (i) Educational Qualifications (ii) Technical Qualification (iii) Skills</p>	Essential/Desirable/Preferable
----	--	--------------------------------



	<p>(v) Experience</p> <p>(d) Age Limits, if any (Age as on last date of application)</p> <p>(e) Preferences (such as Ex-servicemen, persons with Disabilities, women, etc) if any</p> <p>(f) No of Posts</p> <p>(i) 3-6 months</p> <p>(ii) 6-12 months</p> <p>(iii) 12 months and more</p>	
5.	<p>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.</p> <p>(if yes, give the number of vacancies to be filled by such categories of persons as detailed below)</p>	
	Category	Number of vacancies to be filled
	<p>(a) Scheduled Caste</p> <p>(b) Scheduled Tribe</p> <p>(c) OBC</p> <p>(d) EWS</p> <p>(e) Ex-Serviceman</p> <p>(f) Persons with disabilities (pwd)</p> <p>(g) women</p> <p>(h) Others(specify)</p>	<p>Total</p> <p>*By Priority candidates</p> <p>* (Applicable for Central Government Vacancies)</p>
6.	<p>Pay And Allowances :</p> <p>For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with</p>	



	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 & Designation of Authorised Signatory of establishment/employer with seal & date

(For Office Use- to be filled by Career Centre

13. Date of receipt of Vacancies

14. NIC Code of the establishment/

15. NCO Code of the post

16. 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.
4. Separate forms to be used for each type of posts.



FORM-XLII
[See Rule 108(6)]
(Employment Information Return)

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

.....

The following information is to be submitted under the Code on Social Security 2020.

Name & Address of the Employer		
Whether Head Office		
Branch Office Type of Establishment (Public /Private Sector)		
Nature of business/Principal activity		
Establishment Registration No. under the Code		
<p>1. (a) EMPLOYMENT</p> <p>Total number of <i>manpower of establishment</i> including working <i>proprietors/partners//contingent</i> paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary <i>is paid</i>).</p>		
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		
	Career Centre (Regional)	Career Centre (Central)	Filled
1	2	3	4

*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/ (educational experience) prescribed	qualifications / technical/ Essential
1	2	3

(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 (trans- gender)	Total
1	2	3	4	5
*				
Total :				

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

Signature, Name & Designation of Authorised
Signatory

of establishment/ employer with seal
& date

To

The Career Centre,

.....

