

**FORM – I**  
**(See Sub rule (10) of rule 7)**

In the Employers Insurance Court Act .....

A B (add description and residence ).....

Applicant

Against

C D (add description and residence) .....

Opposite party. Other particulars of the application specified  
in rule 13 .....

Date .....

.....  
Signature of the applicant

**(Verification by the Applicant)**

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

Date .....

.....  
Signature of the applicant

**FORM – II**  
**(See Sub rule (11) of rule 7)**

List of document produced by applicant/Opposite party (Title),  
e.g.. Description, Subject, Name of the court, no. etc.

No.	Description of document	The date which the document bears	Signature of the party or pleader or any authorized representative.
(1)	(2)	(3)	(4)

**FORM - III****(See Sub rule (12) of rule 7)  
Register of Proceedings**

Employees' Insurance Court at ..... Register of Proceedings in the year 20.....

Date of presentation of application	No. of Proceedings	Name	Application description	Place of residence
1	2	3	4	5

Name	Opposite party Description	Place of residence	Particulars	Claim Amount of Value, if any	When the cause of action arise
6	7	8	9	10	11

Day for the parties to appear	Appearance applicant	Opposite party	Date	Final Order For whom	For what of amount
12	13	14	15	16	17

<u>Appeal</u>				<u>Execution</u>			<u>Other</u>
Date of description of appeal, If any	Judgment of appeal	Date of applica- tion	Againts whom	For what & amount of money	Amount of cost	Date of order trans-fering to another Civil Court of .....at	Re mark if any
18	19	20	21	22	23	24	25

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**FORM - IV**

(See Sub rule (15) of rule 7)

**Summons for disposal of proceedings (Title)**

To

.....  
(Name, description and place of residence).

Whereas ..... has instituted proceeding against you for ..... . You are hereby summoned to appear in this Court in person or by authorized agent duly instructed and able to answer all material questions relating to the case or who shall be accompanied by some person able to answer all such questions at ..... O'clock in the ..... noon on the ..... Day of .....20, to answer the claim, and the day fixed for your appearance is appointed for the final disposal of the proceedings, you must be prepared to produce on that day all the witnesses, upon whose evidence and all the documents, upon which you intend to rely in support of your defense.

Take notice, that, in default of your appearance on the above mentioned, the case will be heard and decided in your absence.

Given under my hand and the seal of the Court, on this ..... Day of .....20.

**Notice 1.** - If you apprehend that your witnesses will not attend of their own accord, you can have a summons from this Court to compel the attendance of any witness to produce, on applying to the Court and on depositing the necessary expenses.

**2.** If you admit the claim, you should pay the money into Court together with the cost of the proceedings, to avoid execution

of the decree which may be passed against you in person or property or both.

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**FORM - V**  
**(See Sub rule (15) of rule 7)**  
**Summons for Settlement of issues**

To

.....  
(Name, description and place of residence).

Whereas ..... has instituted proceeding against you for ..... . You are hereby summoned to appear in this Court in person or by authorized agent duly instructed and able to answer all material questions relating to the proceedings or who shall be accompanied by some person able to answer such questions at ..... O'clock in the ..... noon on the ..... day of .....20, to answer the claim, and you are directed to produce on that day all the documents upon which you intend to rely in support of your defense.

Take notice that, in default of your appearance on the above mentioned the case will be heard and decided in your absence.

Given under my hand and the seal of the Court on this ..... day of .....20.

Court

**Notice 1.** - If you apprehend that your witnesses will not attend of their own accord, you can have a summons from this Court to compel the attendance of any witness and production of any document that you have a right to call on the witness to produce, on applying to the Court and on depositing the necessary expenses.

**2.** If you admit the claim, you should pay the money into the Court together with the cost of the suit, to avoid execution of the decree, which may be passed against you in person or property or both.

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**FORM – VI**  
**(See Sub rule (23) of rule 7)**  
**Subject-Application for setting aside the Ex-parte order**

The ..... above named states as follow :-  
 (Ground of Application should be stated)  
 Date .....

.....  
 .....  
 Signature of the  
 applicant

**(Verification by the Applicant)**

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

Date .....  
 Place .....  
 .....

Signature

**FORM – VII**  
**(See Sub rule (23) of rule 7)**  
**Central Form**  
**(Title)**

**To**

Whereas the above named ..... has made application to this ..... You are hereby warred to appear in the Court in person or by a pleader duly instructed at ..... O' clock in the ..... noon, on the ..... Day of .....20, to show cause against the application, failing wherein, the said application will be heard and determined ex-parte.

Given under my hand and the seal of the Court on this ..... day of .....20.

COURT

**FORM – VIII**  
**(See Sub rule (24) of rule 7)**  
**Summons to witness**  
**(Title)**

Whereas, your attendance is required to ..... on behalf of the ..... in the above proceedings, you are hereby required (personally) to appear before this Court on the ..... Day of ..... 20 at O'clock in the ..... Noon and to bring will you (or to send to this ..... Court).....

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

Given under my hand and the seal of the Court, on this day of 20.....  
 COURT

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

2. If you are detained beyond the day aforesaid, a sum of Rs ..... will be tendered to you for each day's attendance beyond the day specified.

-----  
**FORM – IX**  
**(See Sub rule (37) of rule 7)**  
**Decree in case**

Claim for

This case coming on this day of final disposal before ..... in the presence of ..... for the applicant and of ..... for the opposite party, it is ordered ad decreed the ..... and that the sum of Rs ..... be paid by the ..... to the ..... On account of the costs of this suit with interest thereon at the rate of ..... percent per annum from this date to the date of realization. Given under my hand and the deal of the Court, this ..... day of ..... 19.

**Costs of Suits**

Rs. Paise	Rs. Paise
Stamp for application	Stamp for power

Stamp for power	Stamp for written statement
Stamp for exhibits	Pleader's fee
Pleader's fee	Subsistence for witness
Subsistence for witness	Service of summons and Notices
Competent Authority's fee	Competent Authority's fee
Service of summons and Notices	
Total .....	Total .....

**FORM - X**  
**(See Sub rule (39) of rule 7)**  
**Application for the Execution of Decree**

In the Court of ..... Decree Holder, hereby apply for execution of the decree herein below set forth.

Number of Proceedings	Name/s of Party/Parties	Date of decree	Whether any appeal preferred from decree	Payment of adjustment made, if any
1	2	3	4	5
III of 1949	A.B. Opposite party		No.	None

Pervious application, if any with date and result	Amount with interest due upon the decree or other relief granted thereby together with particulars of any cross decree	Amount of costs if any awarded	Against whom to be executed

6	7	8	9
Rs. 72-25 Paise recorded on application dated 9 April, 1949	Rs. 314/51 Paise principal (interest at 6% per annum, from the date of order till payment)	As awarded RS ..... P..... decree ..... Subsequently incurred .....	Against the opposite party C.D.
		Total .....	

Mode in which the assistance of the Court is required	I pray that the total amount of Rs..... (together with interest on the principal sum upto date of payment) and the cost of taking out this execution be realized by attachment and sale of the opposite party's movable property as per annexed list and paid to me
9	10
	(When attachment and sale of immovable property sought)  I pray that the total amount of Rs..... (together with interest on principal sum up to date of payment) and the cost of taking out this execution be realised by attachment and sale of the opposite party's movable property specified at the foot of this application and paid to me

I, ..... Declare that, what it stated herein, is true to the best of my knowledge and belief .  
Date the ..... day of 20.

Signature .....  
Decree holder



**FORM-XI****[See sub rule (1),(2), (3) and (4) of Rule 10]****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.....(Full Name) 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 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.....(Full Name) 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 , 2020.

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

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

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

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

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

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

**Manner of acquiring a "Family"**

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

Statement

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

Village..... Thana..... Sub-  
 division.....Post-Office.....  
 Pin-Code.....District.....State.....  
 E-mail ID.....Mobile Number.....  
 Place:  
 Date:

Signature/Thumb-impression of the  
 Employee

### Certificate by the Employer

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

Employer's Reference no., if any

Signature of the employer/Officer authorised  
Designation

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

### Acknowledgement by the Employee

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

Date: .....

Signature of the Employee

### FORM-XII

[See sub rule (1) of Rule 11]

**Application for Gratuity by an Employee/Nominee/Legal Heir**  
(Strike out the words not applicable)

To,.....  
(Give the 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 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 of .....years 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. Full address 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. Full address 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-XIII**

[See sub rule (2) of Rule 11]

**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 35 of the (Central) Rules, 2020, that your claim for payments of gratuity as indicated on your application in **Form-IV** under the said rules is not admissible for the reasons stated below:

Reasons(Here specify the reasons); or

(b) \*as required under sub-clause (i) of clause (a) of sub-rule (2) of rule 35, the (Central) Rules, 2020 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.

2.\*Please call at .....on..... (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:

Employer/authorised officer.

Signature of the

Name or description of establishment or

rubber stamp thereof.

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

Copy also to: Office of DG Labour Bureau, Ministry of Labour and Employment, Chandigarh.

**FORM-XIV**  
**[See sub-rule (4) of Rule 11]**

**Application for Direction before the Competent Authority for  
Chapter V under, 2020**

Application No.

Date

BETWEEN

(Full name of the applicant with full address)

AND

(Full name of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above-mentioned employer/a legal heir of late..... and employee of the above-mentioned employer and is entitled to payment of gratuity under section 53 of 2020 on account of his own/aforesaid employee's superannuation on.....(date)/his own retirement/aforesaid employees' resignation on.....(date) completion of.....years of continuous service/his own/aforesaid employees' total disablement with effect from .....(date)due to accident/disease death of aforesaid employee on.....:

2. The applicant submitted an application under Rule..... of the (Central) Rules, 2020 on the .....but the above-mentioned employer refused to entertain it/issued a notice dated the..... under clause .....of sub-rule of 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.

Date:

Signature/Thumb impression of the applicant.

### ANNEXURE

1. Full Name of applicant with full address
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment)
3. Name and address in full of the employee
4. Marital status of the employee (unmarried/married/widow/widower)
5. Name and full address of the employer
6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)
9. Date and cause of termination of service of the employee (Superannuation / retirement / resignation / disablement / death/Completion of contract period under Fixed Term Employment)
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, no. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place:

Date:

Signature/Thumb-impression of the applicant

**FORM- XV****[(See Sub rule (5) and (8) of Rule 11)]****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 (4) of rule 35 of the (Central) Rules, 2020 alleging that----

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

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at .....(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 of .....20..... at ..... 'O' clock in the forenoon/afternoon in support of/to answer the allegation and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence and the documents upon which you intend to rely in support of your allegation/ defense.

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

Whereas, your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of ..... in the case arising out of the claim for gratuity by..... Form..... and referred to this authority by an application under section 56 of the , 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 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, 2020

Note: 1. Strike out the words and paragraphs if 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 summon is issued only for producing a document and not given evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

**FORM - XVI****[See sub rule (11) and (12) of Rule 11 ]****Notice for Payment of Gratuity as Determined by  
Competent/Appellate Authority**  
*(Strike out the words if 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 , 2020, before me; orWhereas, a notice was given to you on .....requiring  
you to make payment of Rs..... to  
Shri/Smt./Kumari.....as gratuity under, 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 2020; or

Whereas, you/the applicant went in appeal before the appellate authority who has decided that an amount off..... is due to be paid to Shri/Smt./Kumari.....as gratuity due under the , 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.

Given under my hand and seal, this .....day of.....20.....

Competent Authority  
under the 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 - XVII**  
**[See Sub rule (13) of Rule 11]**

**Application for Recovery of Gratuity before the Competent Authority for Chapter V under the Social Security Code, 2020**

Application No. .

Date

BETWEEN

(Full Name of the applicant with full address)

AND

(Full Name 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 late .....an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the

.....under sub-rule (11) or sub-rule (12) of rule 35 of (Central) Rules, 2020 for payment of a sum of Rs..... as gratuity payable under the , 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 if not applicable.

### FORM - XVIII

[See clause (a) of sub rule (1) of Rule 13]

#### Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator  
(Under The , 2020)

Sir,

I..... (Name of woman) employed in..... (name and full address of the establishment) or I....., (name), a person nominated under section 72 by or a legal representative of.....(name of woman) employed in.....(name and full address of the establishment) having fulfilled the conditions laid down in the , 2020 and the Rules thereunder, am entitled to Rs..... being maternity benefit and/ or Rs..... being the medical bonus and/ or Rs..... being wages for leave due under section 65 but the same has been improperly withheld by the employer/discharged or dismissed during or on account of her absence from work in accordance with the provisions of this Chapter VI of , 2020.

You are therefore requested, to direct the employer to pay the amount to me/ to set aside the discharge or dismissal done by the employer.

Signature or thumb impression of the Woman/  
nominee/ legal representative

Date.....

Signature of an Attester in case the woman/  
nominee/ legal representative is  
unable to sign and affixes thumb impression.  
Full address of the women/nominee/legal representative.

### FORM-XIX

#### Appeal

[See Clause (b) of sub rule (2) of Rule 13]

To,

The Authority,

(Appointed under the , 2020)

.....(Address)

Sir,

I....., the undersigned, woman employee of..... (name and full address of the establishment)

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

\*Shri....., Inspector-cum-Facilitator, having directed under sub-section (2) of section 72 to pay the maternity benefit or other amount being..... (nature of amount) to which..... (name of woman) is said to be entitled/to set aside my discharger dismissal during or on account of absence from work in accordance with the

provisions of this Chapter V of the , 2020(*Strike out unnecessary portion*).

I prefer this appeal under sub-section (3) of section 72. In view of the facts mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that the woman is not entitled to the maternity benefit or the said amount and hence the order of the Inspector-cum-Facilitator in the copy of which is enclosed, may be set aside.

*\*Strike out unnecessary portion.*

Signature or thumb impression of the Women/Aggrieved person

Date.....

.....  
Signature of an Attester in case the woman is not able to sign and affixes thumb impression.  
Full address of the nominee/legal representative

**FORM XX**

[See rule 16]

**Notice Book of Accidents**

**[To be filled up by or on behalf of workman]**

Date ..... and ..... time ..... of  
accident.....  
Date ..... and ..... time ..... of  
notice.....  
Name of person injured.....  
Address.....  
Cause of injury.....

.....  
Signature or thumb-  
impression  
of person giving notice

[To be filled up by the employer or his agent]

Rate of wages.....  
Place of accident.....  
Nature of injuries.....  
Names of eye-witnesses.....  
Note of circumstances.....

**Form XXI**

[See Sub rule (1) of Rule 18]

Whereas, I have received information that (1) ..... a workman employed by you in (2).....has died, as the result of an accident arising out of and in the course of employment. I hereby require you in accordance with sub section (1) of Section 88 of 2020, to submit to me within 30 days of the receipt of this notice the enclosed form with the particulars required in paragraphs 1 and 2 and the particulars required in either paragraph 3 or paragraph 4 duly filled in. In the event of your admitting liability to pay compensation, the necessary deposits must, under sub section (1) of Section 88 of the Code. be made within 30 days of the receipt of this notice.

.....  
Competent Authority For Workmen's Compensation

**Form XXII**

[See Sub rule (2) of Rule 18]

1. In reply to your notice, dated.....20.... which was received by me on the ..... 20....., it is submitted that (1) ..... residing at/workmen over/under 15 years of age and I employed in (2).....met with an accident on the.....20....., as a result of which he died on the.....20.....The monthly wages of the deceased amounted to Rs.....
2. The circumstances in which the deceased met his death were as follows :-

.....  
.....

3. 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 or before the 20....
4. I disclaim liability to pay compensation on account of the deceased's death on the following grounds :-

- (1) Insert name of workman.....
- (2) Insert name of establishment.....

.....  
Employer

**Form XXIII**

[See sub rule (1) of Rule 19]

**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 old employment in.....The said injury has resulted in temporary disablement to the workman whereby it is estimated that he will be prevented for earning more than of his previous wages for a period of.....month. The said workman has been in receipt of half-monthly payment which have continued from the.....day of.....20.....until the.....day of.....20..... amounting to Rs.....in all.

The said workmen's monthly wages are estimated at Rs..... The Workman 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 workman has agreed to pay and the said workman 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.

Date.....20...

Signature ..... of ..... employer.....  
 Witness .....  
 Signature ..... of ..... Workman .....  
 Witness.....

**Note** - An 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.....

Date.....20....

Workman.....

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

Witness.....

**Form XXIV**

[See sub rule (1) of Rule 19]

**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 workman's monthly wages are estimated at Rs.....

The workman is over the age of 15 years/will reach the age of 15 years on.....

Rs.....on.....Rs.....on.....

It is further submitted that ..... the employer of the said workman, has agreed to pay, and the said workman 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 the disablement stated above and all disablement now manifest. It is, therefore, requested that this memorandum be duly recorded.

Date.....20....

Signature	of	employer.....
Witness.....		
Signature	of	Workman.....
Witness.....		

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

**Receipt**

*[To be filled in when the money has actually been paid]*

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

Date.....20...

.....  
Workman

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

.....  
Witness



**Form XXV**

[See sub rule (1) of Rule 19]

**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 employment in.....

The said injury has resulted in temporary disablement to the said workman who is at present in receipt of wages amounting to Rs..... per month no wages. The said workman's monthly wages prior to the accident are estimated at Rs.....

The workman is subject to a legal disability by reason of.....

It is further submitted that .... the employer of the workman has agreed to pay and on behalf of the said workman has agreed to accept half-monthly payments at the rate of the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with the provisions of the said code on account of an alteration in the earnings of the said workman during disablement. It is further stipulated that all rights of commutation under sub section (3) of Section 93 of the said Code, are unaffected by this agreement. It is, therefore, requested that this memorandum be duly recorded.

Date 20...

Signature ..... of ..... employer.....  
 Witness.....  
 Signature ..... of ..... Workman.....  
 Witness.....

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

**Receipt**

*[To be filled in when the money has actually been paid]*

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

Date.....20.....

.....  
Workman

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

.....  
Witness

### Form XXVI

[See clause (i) of sub rule (2) of Rule 19]

Whereas, an agreement to pay compensation is said to have been reached between ..... and .....whereas..... has/have applied for registration of the agreement under Section 89(1) of the , 2020, notice is hereby given that the 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.

.....  
Competent Authority.

### Form XXVII

[See clause (iii) of sub rule (2) of Rule 19]

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

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

Date.....20...

.....  
Competent Authority

### Form XXVIII

[See clause (ii) of sub rule (3) of Rule 19]

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(1) of the , 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 why the said agreement should be registered. If no adequate cause is shown on that date theregistration of the agreement will be refused.  
 Date.....20...

.....  
 Competent Authority

**Form XXIX**

[See clause (ii) of sub rule (3)of Rule 19]

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(1) of the, 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 the said.....for showing cause on.....19.....why the said agreement should be registered. Any representation which you have to make with regard to the said agreement should be made on that date. If adequate cause is then shown, the agreement may be registered.  
 Date.....19....

.....  
 Competent Authority

**Form XXX**

[See sub rule (5) of Rule 19]

**Register of Agreements for the Years, 19...**

Serial No.	Date of agreement	Date of registration	Employer	Workman	Initials of Competent Authority	Reference to orders rectifying the register

**Form XXXI**

[See sub rule (2) of Rule 22]

**Application for Compensation by Workmen**

To,

The Competent Authority for Workmen's Compensation

.....

.....

.....Residing at.....

Applicant

versus

.....Residing at.....

Opposite

party.

It is hereby submitted that :-

(1) The applicant, a workman employed by (a contractor with) the opposite party on the ..... day 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 languages the cause of the injury).....

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

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

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

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

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

(5) The applicant is accordingly entitled to receive-

(a) Half-monthly payments of Rs..... from the.....day of 20.... to.....

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

(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 a workman within the meaning of the Code.....

(b) Whether the accident arose out of or in the course of the applicant's employment.....

(c) Whether the 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

\*Strike out of the clauses which are not applicable.

**Form XXXII**

[See sub rule (2) of Rule 22]

**Application for order to Deposit Compensation**

To,

The Competent Authority for Workmen's Compensation

.....

.....

.....Residing at.....

Applicant

versus

.....Residing at.....

Opposite

party.

It is hereby submitted that :-

(1) .....a workman employed by (a contractor with) the opposite party on the ..... day of..... 20..... received personal injury by accident arising out of and in the course of the employment resulting in his death on the..... day of .....20.... The cause of the injury was (here insert briefly in ordinary language the cause of the injury).....

(2) The applicant(s) is/are dependent(s) of the deceased workman being his.....

(3) The majority wages of the deceased amount to Rs.....  
 The deceased was under/over the age of 15 years at the time of his death.

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

(b) Notice was served as soon as practicable.

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

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

(6) 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.

Date.....20.....

.....  
Applicant.

\*Strike out the clauses which are not applicable.

**Form XXXIII**

[See sub rule (2) of Rule 22]

**Application For Commutation**

To,

The Competent Authority for Workmen's Compensation

.....

.....

.....Residing at.....

Applicant

versus

.....Residing at.....

Opposite

party.

It is hereby submitted that :-

(1) The applicant/opposite party has been in receipt of half-monthly payments 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 payments should be redeemed.

You are therefore requested to pass orders :-

(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.

Date.....20....

.....  
Applicant

**Form XXXIV**

[See sub rule (19) of Rule 22]

**Notice**

Whereas a claim for compensation has been made by.....applicant, against.....and the said .....has claim that you are liable under Section 93(3)(4) of the , 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 claim for indemnity made by the opposite party. In default of your appearance you would 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.  
date.....20....

.....  
Competent Authority

**Form XXXV**

[See sub rule (19) of Rule 22]

**Notice**

Whereas a claim for compensation has been made by.....applicant, against and the said.....has claimed, that.....is liable under Section 93 (3)(4)of the , 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.....stated 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 :-  
Date.....20....

.....  
Competent Authority

**FORM - XXXVI**  
[See sub rule (1) of Rule 29]

**REGISTER OF WOMEN EMPLOYEES**

Name of establishment

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

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

6. Date on which the woman gives notice under section 62:
7. Date of discharge/dismissal, if any:
8. Date of production of proof of pregnancy under section 62:
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage/Medical Termination of pregnancy/ tubectomy operation /death / adoption of child.
11. Date of production of proof of illness referred to in section 65.
12. Date with the amount of maternity benefit paid in advance of expected delivery.
13. Date with the amount of subsequent payment of maternity benefit.
14. Date with the amount of bonus, if paid, under section 64.
15. Date with the amount of wages paid on account of leave under section 65(1) & 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 XXXVII**

[See sub rule (3) of Rule 29]

**Unified Annual Return**

**A. General Part:**

- (a) Name of the establishment.....  
Address of the establishment:  
House No./Flat No.....Street No./Plot No.....  
Town.....District.....State.....  
.....pin code.....
- (b) Name of the employer.....  
Address of the employer:  
House No./Flat No.....Street No./Plot No.....  
Town.....District.....State.....  
.....pin code.....  
E-mail ID.....Telephone Number.....  
Mobile number.....
- (c) Name of the manager or person responsible for supervision and control of establishment:  
.....  
.....  
Address:  
House No./Flat No.....Street No./Plot No.....  
Town.....District.....State.....  
.....pin code.....  
E-mail ID.....Telephone Number.....  
Mobile number...

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

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

**C. Details of Employer, Contractor and Contract Labour:**

01.	Name of the employer in the case of a contractor's establishment.	
02.	Date of commencement of the establishment.	
03.	Number of Contractors engaged in the establishment during the year.	
04.	Total Number of days during the year on which Contract Labour was employed.	
05.	Total number of man-days worked by Contract Labour during the year.	
06.	Name of the Manager or Agent (in case of mines).	
07.	Address House No./Flat No. Street/Plot No. Town State District Pin Code Telephone Number E-mail ID Mobile Number	

**D. Working hours and weekly rest day:**

01.	Number of days worked during the year.	
02.	Number of mandays worked during the year.	
03.	Daily hours of work.	
04.	Weekly day of rest.	

**E. Maximum number of persons employed in any day during the year:**

Sl. No.	Males	Females	Adolescents (between the age of 14 to 18 years.)	Children (below 14 years of age.)	Total

**F. Wage rates (Category Wise):**

Category	Rate s of Wage s	No. of workers							
		Regular				Contract			
		Mal e	Fema le	Childr en	Adolesce nt	Mal e	Fema le	Childr en	Adolesce nt
Highly Skilled									
Skilled									
Semiskill ed									
Unskilled									

**G. (a) Details of Payments:**

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

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

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

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

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

**I. Maternity Benefit under the , 2020:**

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

01.	Date of opening of establishment	
02.	Date of closing, if closed	
03.	Name of Medical Officer	
03(i)	Qualification of Medical Officer	

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

**(b) Leave Granted under the , 2020**

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

**Declaration**

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

Place

Date

Sign. Here

**FORM-XXXVIII**

[See sub rule (1)(2)(3) of Rule 30]

**Notice to the Employer who committed an offence for the first time for compounding of offence under sub-section (1) of section 138 of the , 2020**

**Notice No.....**

**Date:**

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the establishment..... (Registration No.....), have committed offence for the violation of provision of the Code or the Schemes or the Rules or the Regulations framed thereunder as per the details given below:-

**PART - I**

1. Name of the Person:
2. Name and Address of the Establishment :
3. Registration No of the Establishment:
4. Particulars of the offence:
5. Provisions of the Code/Scheme/Rules/Regulations under which the offence is committed:
6. Compounding amount required to be paid towards composition of the offence:
7. Name and Details of Account for depositing the Amount specified in Column 6:

**PART -II**

In view of the above, you have an option to pay the above-mentioned amount within fifteen days from the date of issue of this notice and return the application duly filled in Part - III of this notice.

In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

**(Signature of the Compounding Officer)**

**Date:**

**Place:**

**PART - III**  
*[See Rule 30 (2)]*

**Application under sub-section (4) of section 138 for  
compounding of offence**

**Ref: Notice No.....**

**Date:**

The undersigned has deposited the entire amount as specified in Column 6 of Part-I and the details of payment are given below with a request to compound the offences mentioned in Part-I.

1. Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):
2. Details of the prosecution, if filed for the violation of above-mentioned offences may be given:
3. Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then full details of the offence:
4. Any other information which the applicant desires to provide.

**Signature of the applicant**  
**(Name and Designation)**

**Dated:**

**Place:**

**PART – IV****Composition Certificate***[See Rule 30 (3)]***Ref: Notice No.....****Date:**

This is to certify that the offence under sub-section ..... of section 133 of the Code in respect of which Notice No. Dated: \_\_\_\_\_ was issued to Sh..... (Applicant), the employer of ..... (name and Registration Number of establishment) has been compounded on account of remission of full amount of Rs ..... (Rupees \_\_\_\_\_) towards the composition of offences to the satisfaction of the said Notice.

**(Signature)****Name and Designation of the Officer****Date:****Place:****FORM-XXXIX****[See Rule 31 (3) (b)]**

**Form for Reporting Vacancies to Career Centres**  
(Separate forms to be used for each type of posts)

1	<b>Particulars of the employer:</b> 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.	<b>Particulars of the indenting Officer:</b> Name:	

	Designation: Telephone No. : Mobile No.: Email address :		
3.	<b>Particulars of vacancy(ies):</b> (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 (ii) 6-12 months (iii) 12 months and more	Number of posts	
4	<b>Whether there is any obligation for arrangement for giving reservation/ preference</b> 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: <b>Yes/No</b> ( if yes, give the number of vacancies to be filled by such categories of persons as detailed below)		



Category	Number of vacancies to be filled	
	Total	*By Priority candidates *(Applicable for Central Government vacancies)
(a) Scheduled Caste (b) Scheduled Tribe (c)OBC (d)EWS (e) Ex-Serviceman  (f) Persons with disabilities (pwd) (g) women (h) Others(specify)		
6. <b>Pay and Allowances:</b> 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)		
1 0	Mode of Recruitment {Through Career Centre,	

	Placement Agency ,self-management, any other mode(specify) }	
1 1	Would like to prefer submission of list of eligible candidates registered with Career Centre	Yes/No
1 2	Any other relevant information	

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

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

13	Name, address, email id of the Career Centre	
14	Date of receipt of Vacancies	
15	NIC Code of the establishment/	
16	NCO Code of the post	
17	Unique Vacancy ID(number)	

Signature, Name& Designation of 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-XXXX**

[See Rule 31 (6)]

**Form of EIR (Employment Information Return)**

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

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

Name & Address of the Employer		
Whether – Head Office		
Branch Office		
Type of Establishment (Public / Private Sector)		
Nature of business/Principal activity		
<b>Establishment Registration No. under the Code</b>		
1. (a) <b>EMPLOYMENT</b> 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 is <i>paid</i> ).		
Category	On the last working day of the previous Year	On the last working day of the Year under report
MEN		
WOMEN		
Other (Transgender)		
TOTAL : PWD(persons)		

with disabilities) out of above total		
---	--	--

(EIR-continued)

**2. Number of vacancies\* occurred and reported to Career Centre during the year and the number of vacancies filled during the year**

Occurred	Reported		Filled	Source (Career Centre/ NCS Portal/ Govt. Recruiting Agencies/ Private Placement Organisations/ others)
	Career Centre (Regional)	Career Centre (Central)		
1	2	3	4	5

\*As per provisions of Code on Social Security, 2020(Chapter XIII) and Rules made there under,

**3. MANPOWER SHORTAGES:**

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

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

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

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

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

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

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

To

The Career Centre,  
.....

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

2. The main purpose in obtaining the information form 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 job seekers and connecting them with the employers. This is helpful in ascertaining the skill needs also, Employers too will be able to call on the Career Centres for getting suitable candidates as per their requirements.

By order and in the name of the Governor of Madhya Pradesh,  
CHHOTAY SINGH, Dy. Secy.