

FORM-I[[*See Rule 21 (1),(3) and (4)*]]**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 (165 **Strike out unnecessary portion*).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020.

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

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

(b) My 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. 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-I** filed by me and duly certified by the employer.

Date:

Signature of the Employee

FORM-II

[See Rule 22 (1),(2),(3)]

Application for Gratuity by an Employee/Nominee/Legal Heir

(Strike out the words not applicable)

To,

.....

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

Sir/Madam,

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

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

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

(c) death of aforesaid employee of your establishment while in service/superannuation
on..... (date) without making any nomination after completion 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. Address in full of employee

or

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

- a. Name of Employee
- b. Marital status of nominee/legal heir (unmarried/married/widow/widower)
- c. Relationship of nominee/legal heir with the employee

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

Yours faithfully,

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

Place:

Date:

FORM-III

[See Rule 23 (1) (a),(b) and (5)]

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 (b) of sub-rule (1) of rule 22 of the Maharashtra Code on 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 (a) of sub-rule (1) of rule 22 the Code on Maharashtra 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 byonand.....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 demand draft.

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

4. Brief statement of calculation

(a) Date of appointment.

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

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

- (d) Wages last drawn :
- (e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:
- (f) Amount payable:

**strike out para, if, not applicable*

Place :

Date :

Signature of the Employer/
authorised officer.

Name or description of establishment or
rubber stamp thereof.

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

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

FORM-IV

[(See Rule 25 (1)(c)]

Application for Direction

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

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

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

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

2. The applicant submitted an application under Rule..... of the Maharashtra Code on Social Security Rules, 2021 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 datedthe 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. Name in full of applicant with full address
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/ Completion of contract period under Fixed Term Employment)
3. Name and address in full of the employee
4. Marital status of the employee (unmarried/married/widow/widower)
5. Name and address in full of the employer
6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)
9. Date and cause of termination of service of the employee (Superannuation / retirement / resignation/disablement/death/Completion of contract period under Fixed Term Employment)
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, No. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place :

Date :

Signature/Thumb-impression of the applicant

FORM - V

[See Rule 26 (1) and 29]

Notice for Appearance before the Competent Authority/Summon

(Strike out the words not applicable)

To,

(Name and address of the employer/applicant)

Whereas Shrian employee under you/a nominee(s)/legal heir(s) of Shri.....an employee under the above- mentioned employer, has/have filed an application under sub-rule (1) of rule 24 of the Maharashtra Code on Social Security Rules, 2021 alleging that----

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

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at (place) either personally or through a person duly authorized in this behalf for the purpose of answering all material questions relating to the application on the day 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/defence.

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

Whereas your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of in the case arising out of the claim for gratuity by..... Form..... and referred to this Authority by an application under section 56 of the Code on Social Security, 2020, you are hereby summoned to appear personally before this Authority on the day of20..... at 'O'clock in the forenoon/afternoon and to bring with you for to send to this Authority) the said documents.

List of documents-

- 1.
- 2.
3. so on

Given under my hand and seal, this day of20.....

Competent Authority

Under the Code on Social Security Code, 2020

- Note :**
1. Strike out the words and paragraphs not applicable.
 2. The portion not applicable to be deleted.
 3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.
 4. In case the summons is issued only for producing a document and not to given evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent Authority on the day and hour fixed for the purpose.

FORM – VI

[See Rule 32 and 33 (8)]

**Notice of Order 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, thisday of.....20.....

Competent Authority.

under the Code on Social Security Code, 2020.

Copy to :

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

FORM – VII*[See Rule 34]***Application for Recovery of Gratuity****Before the Competent Authority for Chapter V under the Social Security Code, 2020**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

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

1. The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above mentioned employer/a legal heir of late an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated theunder rule 31 or rule 32 of Maharashtra 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

[See Rule 36 (1)]

Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator

(Under The Code on Social Security, 2020)

Sir,

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

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

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

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-IX**Appeal***[See Rule 37 (2)]*

To,

The Authority,

(Appointed under the Code on Social Security , 2020)

.....(Address)

Sir,

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

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

*Shri....., Inspector-cum-Facilitator, having directed under sub-section (2) of section 72 to pay the maternity benefit or other amount being..... (Nature of amount) to which..... (Name of woman) is said to be entitled/to set aside my discharge or dismissal during or on account of absence from work in accordance with the provisions of this Chapter V of the Code on Social Security, 2020 (*Strike out unnecessary portion*).

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

**Strike out unnecessary portion.*

Signature or thumb impression of the
Women/Aggrieved person.

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 - X

[See Rule 41 (1) (a) (i)]

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 XI

[See Rule 41(3)(a)]

Unified Annual Return

A. General Part:

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

Address of the establishment:

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

.....

Town.....District.....State..... Pin code.....

(b) Name of the employer.....

Address of the employer:

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

Town.....District.....State..... Pin code.....

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

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

.....

.....

Address:

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

Town.....District.....State..... Pin code.....

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

B. Employer's Registration/Licence number under the Codes mentioned in column

(2) of the table below:

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

C. Details of Employer, Contractor and Contract Labour:

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

D. Working hours and weekly rest day:

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

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

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

F. Wage rates (Category Wise) :

Category	Rates of Wages	No. of workers							
		Regular				Contract			
		Male	Female	Children	Adolescent	Male	Female	Children	Adolescent
Highly Skilled									
Skilled									
Semiskilled									
Unskilled									

G. (a) Details of Payments:

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

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

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

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

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

I. Maternity Benefit under the Code on Social Security, 2020:**(a) Details of establishment, medical and para-medical staff:**

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

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

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

Declaration

It is to certify that the above information is true and correct and also I certify that I have complied with the all

provisions of Labour Laws applicable to my establishment.

Place**Date****Sign. Here**

FORM-XII

[See Rule 42(1)]

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 Code on Social Security, 2020

Notice No.

Date :

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

PART I

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

PART II

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

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

(Signature of the Compounding Officer)

Date:

Place :

PART III*[See Rule 41 (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

Dated :

(Name and Designation)

Place :

PART IV

Composition Certificate

[See Rule 41 (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 :