

FORM -I

{See sub-rule (1), (3) and (4) of rule 17}

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/Smt/Kumari (Name in full here) whose particulars are given in the statement below, hereby nominate the parson(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/ Smt/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.

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 depend 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 theto 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)

Sl. 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.....
Email ID..... Mobile no.

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 the establishment.

Employer's Reference No., if any

Signature of the employer/Officer authorized
Designation

Name and address of the establishment or
rubber stamp thereof

Date:

Acknowledgement by the employee

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

Date.....

Signature of Employee

FORM-II
(See sub-rule (4) of rule 17)

Application for Gratuity by an Employee/Nominee/Legal Heir

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), 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 ofyears 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 employee
- 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

FORM-III

(See sub-rule (1)(a) and sub-rule (2) of rule 18)

Notice for Payment/Rejecting Claim for Gratuity

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 Code on Social Security (Central) Rule,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 35 the Code on Social Security (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 byonand.....recorded in this as a legal heir ofas employee of this establishment.

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

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

4. Brief statement of calculation.

- a. Date of appointment
- b. Date of termination/superannuation/resignation/disablement/death.
- c. Total period of service of the employee concerned:.....years..... months.
- d. Wages last drawn:
- e. Proportion of the admissible gratuity payable in terms of nomination/as a legal heir
- f. Amount payable:

**strike out para, if, not applicable*

Place:

Date:

Signature of the Employer/ Authorized 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 sub-rule (1)(b) and sub-rule(4) of rule 18)

Application for Direction

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

Application No.....

Date.....

BETWEEN

(Name in full of the applicant with full address)

AND

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

1. The applicant is an employee of the above- mentioned employer/ a nominee of 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 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 as applicant under Rule..... of the Code on Social Security (Central) Rules, 2020 on the but the above 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 declared that the particulars furnished in the annexure hereto are true and correct to the best of the 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/Disablement of Employee/Completion of contract period under Fixed Term Employment)
3. Name and address in full of the employee
4. Marital status of employee (unmarried/married/widow/widower)
5. Name and Address in full of the employee
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 clause 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.

FORM-V
(see sub-rule(5) of rule 18)

Notice for Appearance before the Competent Authority

To

(Name and address of the employer/applicant)

Whereas Shri..... an employee under you/ a nominee(s)/ legal heir(s) of Shrian employee under the above mentioned employer, has/have filed an application under sub-rule (4) of rule 35 of the Code on Social Security (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 answering all material questions relating to the application on theday of 20at '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 evidenced to produce the documents mentioned in this list below, on behalf ofin 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 Society, 2020, you are hereby summoned to appear personally before this Authority on the day of20.....at 'O' clock in the forenoon/afternoon and to bring with you for to send to this Authority) the Said documents.

List of documents-

- 1.
- 2.
3. so on

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

Competent Authority
under the Code on Social Security Code 2020

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

2. The portion not applicable to be deleted.

3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by person served before the date fixed.

4. In case the summons is issued only for producing a document and not to give evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the Purpose.

FORM-VI
(See sub- rule (8) of rule 18)

Summons

Before the Competent Authority under section of the Code on Social Security, 2020 (No. 36 of 2020)

To

(Name and address)

Whereas your attendance is required to give evidence/ you are required to produce the documents mentioned in the list below, on behalf of in the case arising out of the claim for gratuity by from and referred to the Authority by an application under section 56 () of the Code on Social Security, 2020 (No. 36 of 2020), you are, hereby, summoned to appear personally before this Authority on the day of....., 202..... at 'O' Clock in the forenoon/afternoon and to bring with you or to send to this Authority, the Said documents.

List of Documents

- 1.....
- 2.....
- 3.....
- 4.....

Competent Authority

Dated, the.....day of,20.....

.....

- Notes: 1. The portion not applicable to be deleted.
2. The summons shall be issued in duplicate. The duplicate is to be signed and returned by person 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 the Purpose.

Form-VII
(See sub-rule (11) of rule 18)

Notice for Payment of Gratuity as Determined by Competent Authority

(Strike out the words not applicable)

To

.....

(Name and address of employer)

1) Whereas Shri/Smt/Kumari of
.. an employee (address) under you/a nominee(s)/legal heir(s) of
late

..... an employee under you, filed an application under Section 56
of the Code on Social Security, 2020 before me; or

Whereas a notice was given to you onrequiring you to make payment of

Rs. to Shri/Smt/Kumari as gratuity under the Code on
Social Security, 2020.

2) And whereas the applicant was heard in your presence onand 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 day of 20....

Competent Authority
Under the Code on Social Security Code, 2020.

Copy to:-

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

Note :- (Strike out paragraphs if not applicable)

FORM – VIII
(See sub-rule (13) of rule 18)

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 the under Sub-Rule (11) or Sub-Rule (12) of rule 35 of Code on Social Security (Central) Rules, 2020 for payment of a sum 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 term of your direction.

Signature/Thump-impression of applicant.

Place

Date

Note :- Strike out the words not applicable.

FORM – IX
(See rule 21)

Notice Book

Name and address of establishment:

Name and address of the employer

Sl. No	Name of premises of the establishment	Name of the injured employee/ worker	Nature of injury	Payment of compensation made	Medical examination carried out	Remarks

Signature of employer maintaining the Notice Book

FORM - X
(See rule 22)

Statement of Fatal Accident

To

The Competent Authority,

Sir,

I have the honour to submit that an accident to the employee, namely
..... is occurred on (date) at (details of premise) which resulted in the
death of the employee/worker of whom particulars are given in the statement annexed.

2) The circumstances attending the death of the employee/worker were as under :-

- a) Time of the accident.
- b) Place where the accident occurred.
- c) Manner in which the deceased
employed/worker was employed
at the time of the accident.
- d) Cause of the accident
- e) Any other relevant particulars

Date

Signature and designation of person making report

STATEMENT

Name	Sex	Age	Nature of employment	Full postal address

FORM – XI
(See sub-rule (1) of rule 23)

Register of Registration of Agreements for the year

Sl. No.	Date of agreement	Date of registration	Name of employer in the agreement	Name of the employee/ dependant in the agreement	Initial of competent authority	Reference to the orders rectifying the agreement in the register

FORM – XII
(See rule 30)
Model Section Orders Writing Off Losses

No. In pursuance of the resolution adopted by the (name of social security organization.....) in the meeting held on and the powers conferred on under section 121(1) of the code on social security, 2020(No. 36 of 2020) read with rule 33 made thereunder the Chairperson is pleased to accord sanction to the writing off an amount of Rs..... (Rupee) only on account of contribution/ cess/ interest/ damages due to the (name of social security organization) under the said Code, which is irrecoverable.

Ordered that the amount written off with its details shall be recorded accounts of the (name of social security organization).

Chairperson,
State Social Security Organization concerned

Form-XIII
(See rule 32)
Memorandum of inspection

Date.....

Time.....

Name, address and contact number of the inspecting officer-

Name.....

Address.....

Contact Number

1. Particulars of establishment inspected.

a. Name and address of the establishment

b. Date of commencement of the establishment.....

c. No. and date of registration of the establishment under any central labour law.

d. Name, address and contact number of employer of the establishment.

i) Name.....

ii) Age.....

iii) Spouse's name

iv) Contact no.

e. Number of employees employed on any employment in the establishment.

i) Male employee

ii) Female employee

f. Number of migrant employees employed in the establishment.

2. Irregularities detected in the inspection.

a. Contravention of provisions of section of the Code on Social Security, 2020 while the establishment was not registered under section 3 of the Code, while is an offence punishable withunder section..... of the said Code.

b. Contravention of provisions of section of the Code on Social Security, 2020 while register of women employed is not maintained by the employer, while is an offence punishable with under section..... of the said Code.

c. Contravention of provisions of section of the Code on Social Security, 2020 while the employer failed to pay cess payable by him under section 100of the Code, while is an offence punishable with under section..... of the said Code.

d. Contravention of provisions of section of the Code on Social Security, 2020 while register of women employed in the establishment was not maintained by the employer, while is an offence punishable with under section..... of the said Code.

3. Direction given to the employer:

The employer is directed to rectify the irregularities detected and to furnish the reasons as to why he is not liable for the offences under the Code arising out of the irregularities detected by the inspection within thirty days of the receipt of this memorandum of inspection.

Signature of inspecting Officer

Form-XIV
(See sub-rule (1) of rule 33)
Register of women employees to be maintained by employer

1. Name and address of the establishment.....

2. Name and address of the employer.....

Particulars of women employees employed in the establishment:

Sl. No.	Name	Age	Date of commencement of employment	Designation	Signature of employee

Signature of employer

Form-XV
(See sub-rule(3) of rule 33)
Annual Returns

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 no.....Mobile no.....

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 no.....Mobile no.....

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

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

C. Details of Employer, Contractor and Contract Labour:

1	Name of the employer in the case of a contractor's establishment			
2	Date of commencement of the establishment			
3	No. of Contractors engaged in the establishment during the year.			
4	Total no. of days during the year on which Contract Labour was employed			
5	Total no. of man-days worked by Contrast Labour during the year.			
6	Name of the Manager or Agent(in case of mines)			
7	Address House No./Flat No.	Street/Plot No.		
	District	State	Pin Code	
	E-mail ID	Telephone no	Mobile no	

D. Working hours and weekly rest day:

1	Number of days worked during the year	
2	Number of mandays worked during the year	
3	Daily hours of work	
4	Weekly day of rest	

E. Maximum no. of persons employed in any day during the years:

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

F. Wage rate (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 Payment :

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

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

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

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

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

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

a. Details of establishment, medical and para-medical staff:

01	Date of opening of establishment		
02	Date of closing, if closed		
03	Name of Medical Officer		
03.i.	Qualification of Medical Officer		
03.ii.	Is Medical Officer at (the mines or circus)?		
03.iii	If a part time, how often does he/ she pay visit to establishment?		
03.iv	Is there any hospital?		
03v	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

1	Total no. of female employees in the establishment	
2	Total no. days of leave granted	
3	No. 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-XVI
(See rule 34)
Application for Compounding of Offence

To

The Authorized Officer,.....

Subject: Compounding of offence under section 138(1) of the Code on Social Security, 2020 (No 36 of 2020)

Sir,

I have accepted the offence charged against me under the Memorandum of Inspection dated..... of which a copy is enclosed herewith. Therefore, you are, hereby, requested that the said offence be compounded under section 138(1) of the Code on Social Security, 2020(No. 36 of 2020).

Yours Faithfully,

(Name of applicant)

Copy to:

The Inspector-um-Facilitator concerned.

Form-XVII
(See clause (b) of sub-rule 7 of rule 35)
Report of vacancies in any employment in the establishment.
(separate forms to be used for each type of posts)

1	Particulars of the employer: Name Address with pin code Telephone No. Mobile No. Email address Name & Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc.) Registration of Establishment under Code Economic activity details		
2	Particulars of the Indenting Officer: Name Designation Telephone No. Mobile No. Email address		
3	Particulars of Vacancy(ies) Designation/nomenclature of the vacancy(ies) to be filled Description of duties of the post (job role/functional role)		
	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 application)		
	e. Preferences (such as Ex-Servicemen, persons with disabilities, women, etc.) if any		
	f. duration of employment	No. of posts	
	i. 3-6 months		
	ii. 6-12 months		
	iii. 12 months and more		

4	Whether there is any obligation for arrangement for giving reservation/preference to any category of person such as Scheduled Caste(SC), Scheduled Tribes(ST), Economically Weaker Sections (EWS). Other Backward Classes (OBC). Ex-servicemen and persons with disabilities (pwd), etc. in filling up the vacancies: Yes/No		
	Category	No. of vacancies to be filled	
		Total	*By Priority Candidates *(Applicable for Central Govt. Vacancies)
5	a. Scheduled Caste b. Scheduled Tribes c. OBC d. EWS e. Ex-Servicemen f. Persons with disabilities(pwd) g. women h. Others(specify)		

6	Pay and Allowances: For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details if any For others: Mention minimum total emoluments per month with other details, if any.	
7	Place of work (Name of the town/village and district, pin code, etc. in which it is situated)	
8	Mode of Application (email, online, in writing, etc.) and Last date for receipt of applications.	
9	Particulars of officer to whom the applications be sent/candidates should approach (Mention Name, designation, email id, address, telephone no. website address in case of online)	
10	Mode of Recruitment (Through Career Centre, Placement Agency, self management, any other mode(specify))	
11	Would like to prefer submission of list of eligible candidates registered with Career Centre	Yes/No
12	Any other relevant information	

Signature, Name & Designation of Authorized Signatory
of establishment/ employer with seal & date
(For Official Use-to be filled by Career Centre)S

FORM – XVIII
 (See sub-rule (11) of rule 35)
Yearly Employment Return

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

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

Name & address of the Employer		
Whether – Head Office		
Branch Office		
Type of Establishment (Public/Private Sector)		
Nature of business/Principal activity		
Establishment Registration No. under the Code		
1. (a) EMPLOYMENT Total number of <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 paid).		
Capacity	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 Organizations/ 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	No. of unfilled vacancies/posts		
	Skill/ qualifications (educational/ technical/ experiences) prescribed	Essential	Desirable
1	2	3	4

(Please list any other occupations also for which this establishment has 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	No. of employees Please give as far as possible approximate no. of vacancies to each occupation you are likely to fill during the next financial year due to retirement/expansion or re-organization.				
Description	Men	Women	Others (transgender)	Total	PWD (persons with disabilities) out of total
1	2	3	4	5	6
*					
Total					

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

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

To

The Career Centre,
.....

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

2. The main purpose in obtaining the information from employers is known (i) the vacancies/employment opportunities available; (ii) type of personnel who are in short supply; and (iii) future job opportunities for providing vocational guidance to the jobseekers and connecting them with the employers. This is helpful in ascertaining the skill needs also. Employers too will be able to call on the Career Centres for getting suitable candidates as per their requirements.

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