

**FORM-I**  
**[See rule 28 (2)]**  
**APPEAL TO EMPLOYEES' INSURANCE COURT**

To,  
The Authority,  
(Appointed under the Code on Social Security, 2020)  
.....(Address)

Sir,  
I....., the undersigned, employee of  
..... (Name and full address of the establishment) feel  
aggrieved by the order of ..... under sub section 7(a) of  
section 37 for the reasons attached hereto, prefer this second appeal under sub-section  
7(b) of section 37 and request that the said ..... be ordered  
.....

A copy of the order of ..... in this behalf is  
enclosed.

**Signature or thumb impression  
of the Aggrieved person**

Date .....

**Signature of an Attester in case the person  
is not able to sign and affixes thumb  
impression.**

**FORM-II**  
**[See rule 29 (2)]**  
**APPLICATION TO EMPLOYEES' INSURANCE COURT**

In the Employees, Insurance Court at .....  
.....  
.....

Applicant

(add description and residence)

Against

.....  
Opposite Party (add description and residence) Other Particulars of Application specified  
in rule 8(2)  
.....  
.....

**Signature of Applicant**

Date .....

**(Verification by the Applicant)**

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

Date .....

.....  
**Signature**



**FORM-IV****[See rule 31]****NOMINATION/FRESH NOMINATION/MODIFICATION OF NOMINATION***(Strike out the words not applicable)*

To.....

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

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

or

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

*\*Strike out unnecessary portion.*

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

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

4 (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)**

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..... Post-Office..... Thana..... Sub-Division..... District..... State.....  
 Pin-Code..... 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-IV** filed by me and duly certified by the employer.

Date: .....

Signature of the Employee

**FORM-V**

[See rule 32 (2) and (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), want 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 crossed bank cheque/credit in my Bank Account  
 No.....

Yours faithfully,

Place:

Date:

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

**FORM-VI**  
 [See rule 33]  
**NOTICE FOR PAYMENT/REJECTING CLAIM OF GRATUITY**  
*(Strike out the words not applicable)*

To

.....  
 .....

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed that

(a) \*as required under sub-clause (ii) of clause (a) of sub-rule (2) of rule 12 of the Odisha Social Security Rules, 2021, that your claim for payments of gratuity as indicated on your application in **FORM-V** 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 12 of the Odisha Social Security Rules, 2021 that a sum of Rs. .... (Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by .....on ..... and.....recorded in this .....as a legal heir of.....an employee of this establishment.

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:

**Signature of the Employer/authorised officer.**

Name or description of establishment or rubber stamp thereof.

Copy to the Competent Authority having jurisdiction.

**FORM-VII**

[See rule 35 (1)]

**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 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 an application under Rule..... of the Odisha 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 dated the ..... under clause..... of sub-rule.....of rule..... rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.
3. The applicant submits that there is a dispute on the matter (specify the dispute).
4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above-mentioned employer to pay the same to the petitioner.
5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Place:

Date:

**Signature/Thumb impression of the applicant.**

**ANNEXURE**

1. 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-VIII****[See rules 36 (1) and 39]****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 Odisha 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 of .....20..... at ..... 'O'clock in the forenoon/afternoon and to bring with you for to send to this Authority) the said documents.

#### **List of documents**

- 1.
- 2.
3. so on

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

**Competent Authority**  
**under the Code on Social Security Code, 2020**

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

2. The portion not applicable to be deleted.
3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.

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

### FORM-IX

[See rules 42 and 43 (8)]

#### NOTICE FOR PAYMENT OF GRATUITY AS DETERMINED

#### BY COMPETENT/APPELLATE AUTHORITY

*(Strike out the words not applicable)*

To,

(Name and address of employer)

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

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

2. And whereas the application was heard in your presence on.....and after the  
hearing have come to the finding that the said  
Shri/Smt./Kumari..... is entitled to a payment of  
Rs..... as gratuity under the Code on Social Security, 2020; or

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

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

Given under my hand and seal, this .....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-X**  
**[See rule 44]**  
**APPLICATION FOR RECOVERY OF GRATUITY**

**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/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 the Odisha 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 129for 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-XI****[See rule 45 (3)]****APPLICATION FOR REGISTRATION OF AN ESTABLISHMENT  
UNDER SUB-SECTION (3) OF SECTION 57 (3).****A. Establishment Details.**

1. Retrieve details of Establishment through LIN/Registration Number:
2. Name of Establishment:
3. Location and Address of the Establishment:
4. Others details of Establishment:
  - a. Total Number of employees engaged directly in the establishment:
  - b. Total Number of the contract employees engaged:
  - c. Total Number of Inter-State Migrant workers employed:
5. Ownership Type/Sector:
6. Activity as per National Industrial Classification (NIC):
7. Details of Selected NIC Code:
8. Identification of the establishment e-sign/ digital sign of employer/ representative:

**B. Details of Employer:-**

1. Name & Address of Employer / Occupier / Owner/Agent/ Chief Executive-
2. Designation:
3. Father's/ Husband's Name of the Employer:
4. Email Address, Telephone& Mobile No:

**C. Manager/ Agent Details**

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment;
2. Address of Manager/ Agent:
3. Email Address, Telephone& Mobile No :

**D. Details of Approved Gratuity Fund/Insurance obtained for liability of payment towards the Gratuity;****E. Others Details:-**

*Signature/ E-sign/digital sign of employer*

**Dated:-****Place:-**

**FORM–XII****[See rule 47 (4)]****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-XIII  
[See rule 47 (4)]  
APPEAL**

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 subsection (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-XIV**  
**(NOTICE BOOK OF THE ACCIDENTS)**  
**[See rule 50]**

Name of the Establishment.....  
Nature of Business .....

Date of opening.....  
Registration no (if any)- .....

Name of the employer/occupier.....

Date of accidents	Short detail of Accident	Name of the injured person	Whether accident result in death	Whether accident result in partial disablement	Whether accident result in partial disablement	Whether accident result in Temporary disablement	Amount of Compensation paid to employee or his dependent	Amount of Compensation deposited to Competent	Date of payment or deposit of Compensation
1	2	3	4	5	6	7	8	9	10

**FORM-XV**  
**[See rule 52]**  
**STATEMENT OF FATAL ACCIDENTS**

To  
The Competent Authority,  
.....

Sir,

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

*(Signature and designation  
of person making the statement)*

**FORM-XVI**

**[See rule 53 (1)]**

**MEMORANDUM OF AGREEMENT**

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

The said employee's monthly wages are estimated at Rs. .... The employee is over the age of 15 years will reach the age of 15 years on ..... . The said employee has, prior to the date of the agreement, received the following payments, namely: --

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

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

Dated .....20..... .  
*Witness*

*Signature of employer Witness*

*Signature or employee*

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

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

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

Dated .....20.... .

**Employee**

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

**Witness**

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

**FORM-XVII****[See rule 53 (1)]****MEMORANDUM OF AGREEMENT**

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

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

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

Dated ..... 20.... .

*Signature of employer*

*Witness*

*Signature of employee*

*Witness*

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

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

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

*Dated .....20 .*

***Employee***

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

***Witness***

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

**FORM-XVIII**

**[See Rule 53 (1)]**

**MEMORANDUM OF AGREEMENT**

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

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

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

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

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

Dated .....20..... .

*Signature of employer*

*Witness*

*Witness*

*Signature or dependant(s)*

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

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

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

Dated .....20.... .

***Dependant(s)***

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

***Witness***

**FORM-XIX****[See rule 53 (2)]****REGISTER OF MEMORANDUM OF AGREEMENT**

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

Dated .....20 .....

*Competent Authority***FORM-XX****[See rule 53 (5)]****REGISTER OF AGREEMENT FOR YEAR 20.....**

<b>Sl. No.</b>	<b>Date of agreement</b>	<b>Date of registration</b>	<b>Employer</b>	<b>Employee</b>	<b>Initial of Competent Authority</b>	<b>Reference to orders rectifying the register</b>

**FORM-XXI**  
**[See rule 72 (1)]**  
**EMPLOYEE REGISTER**

(The register can also be maintained electronically capturing, inter-alia the following details)

<b>Name of Establishment:</b>		
<b>Name of the Employer/owner:</b>		
<b>Labour Identification Number (LIN)/Registration Number of Establishment</b>		
<b>To be maintained for all employees of the establishments</b>		
1.	Employee Code	
2.	Name	
3.	Surname	
4.	Gender	
5.	Father's/Spouse's Name	
6.	Date of Birth	
7.	Place of Birth	
8.	Nationality	
9.	Education level	
10.	Date of Joining	
11.	Designation	
12.	Category (unskilled, semi-skilled, skilled or highly skilled)	
13.	Type of employees / worker	
14.	Mobile Number	
15.	Universal Account Number (UAN)	
16.	PAN	
17.	PPF No.	
18.	Nominee	
19.	EPS/NPS	
20.	Details of Family	

21.	Details of Posting	
22.	Scale of Pay	
23.	Promotion	
24.	ESIC Insurance No.	
25.	Aadhaar number	
26.	Bank A/c No.	
27.	Bank	
28.	Branch(IFSC)	
29.	Present address	
30.	Permanent address	
31.	Service Book No.	
32.	Date of Exit	
33.	Reason for Exit	
34.	Mark of Identification	
35.	Photo	
36.	Specimen Signature/Thumb Impression	
37.	Remarks	

**FORM-XXII**

[See rule 72 (1)]

**ATTENDANCE REGISTER-CUM-MUSTER ROLL**

**(The attendance register-cum-muster roll can also be maintained electronically capturing, inter-alia the following details)**

		For the Month of ..... , year 20.....
<b>Name of Establishment:</b>		
<b>Name of the Employer/owner:</b>		
<b>Labour Identification Number (LIN)/Registration Number of Establishment</b>		
1.	Serial Number	
2.	Employee Code	
3.	Name	

4.	Designation															
5.	Shift or relay															
6.	Place of work/department/section															
7.	Date and timings of In and Out															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8.	Total number of days worked															
9.	Total number of extra hours worked															
10.	In case of tour or assignments outside the work place suitable entries may be made															
11.	Signature of Register keeper															

**FORM-XXIII**

[See rule 72 (1)]

**REGISTER FOR WAGES, OVERTIME AND DEDUCTIONS**

(The register can also be maintained in electronically capturing, inter-alia the following details)

<b>Name of Establishment:</b>		
<b>Name of the Employer/owner:</b>		
<b>Labour Identification Number (LIN)/Registration Number of Establishment</b>		
<b>Wage Period from dd/mm/yyyy to dd/mm/yyyy (Monthly/Fortnightly/Weekly/Daily/Piece Rated)</b>		
1.	Serial Number	
2.	Employee Code Number	
3.	Name	
4.	Designation	
5.	Rate of Wage	
	a)Basic	

	b)DA	
	c)Other allowance	
	d)Total	
6.	No. of days worked	
7.	Overtime hours worked	
8.	Amount of Wages Earned	
	a)Basic	
	b)DA	
	c)Other allowance	
	d)Payment of overtime	
	e)Total wages earned	
9.	Deductions	
	a)EPF	
	b)ESIC	
	c)Society	
	d)Income Tax	
	e)Insurance	
	f)Others	
	g)Recovery of Fine	
	h)Recovery of Damaged/Losses	
	Total Deductions	
10.	Net Payment	
11.	Receipt by Employees/Bank Transaction ID	
12.	Date of Payment	
13.	Initials of Employer/Representative	
14.	Remarks	

**FORM-XXIV****[See rule 72 (1)]****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.

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

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-XXV**

[See rule 72 (6)]

**Wage slip**

Name of the Establishment .....				
Address:..... ...			Period:..... ..	
1.	Name of the Employee:			
2.	Father's/Spouse's Name:			
3.	Designation:			
4.	UAN:			
5.	Bank Account Number:			
6.	Wage period:			
7.	Rate of wages payable	a) Basic	b) D.A.	c) other allowances
8.	Total attendance/unit of work done:			
9.	Overtime wages			
10.	Gross wages payable			
11.	Total deductions	a) PF	b) ESI	c) Others
12.	Net wages paid			

## FORM XXVI

[See rule 72 (9) and (10)]

## 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	Whether Registration obtained (Yes/No)		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 State Labour Law for the time being in force that requires registration.			



Semi-skilled									
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 Code on Social Security, 2020:****(a) Details of establishment, medical and para-medical staff:**

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

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

1.	Total number of female employees in the establishment	
2.	Total number days of leave granted	
3.	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-XXVII****[See rule 73 (1)]**

**Notice to the Employer for an offence committed under the provisions of the Code for the first time for compounding of offences under sub-section (1) of section 138**

**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 entire amount mentioned in column 6 in Part-I 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)****(Name and designation of Officer)**

**Date:**  
**Place:**

**To:**

.....(Employer/Establishment)  
.....(Name and registration number)  
.....(Address)

**PART-III**

**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.

8. Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):

9. Details of the prosecution, if filed for the violation of above-mentioned offences may be given:

10. 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:

11. Any other information which the applicant desires to provide:

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

**Date:**

**Place:**

**To:**

.....(Employer/Establishment)  
.....(Name and registration number)  
.....(Address)

**PART – IV**  
**Composition Certificate**

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

**Date:**

This is to certify that the offence under sub-section ..... of section 133–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:**

**To:**

.....(Employer/Establishment)

.....(Name and registration number)

.....(Address)

By order of the Governor

CHITHRA ARUMUGAM

Principal Secretary to Government