

Form I

(See rule 24 (1))

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 24

(1).....

.....

.....

.....

.....

Signature of Applicant

Date

(verification by the applicant)

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

.....

Signature

Date

.....

FORM II

(See Rule 24 (4))

Employee's Insurance Court at

Register of proceedings in the year 20.....

| 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 |
|-------------------------------------|-------------------|-----------|-------------|--------------------|----------------|-------------------------|--------------------|-------------|-------------------------|----------------------------------|--------------------------|-----------|----------------|-------|----------|-------|------------------------------------|---------------------|---------------------|--------------|-------------------------------|-----------------|---|-----------------------|----|
| Date of presentation of application | No of proceedings | Name | Description | Place of residence | Particulars | Amount of value, if any | place of residence | particulars | amount or value, if any | when the cause of action accrued | day of parties to appear | applicant | opposite-party | date | for whom | order | Date of Decision of appeal, if any | judgment in appeal, | Date of application | against whom | For what, and amount of money | amount of costs | Date of order transferring to another civil court | other remarks, if any | |
| | | Applicant | | | opposite party | | Claim | | | | appearances | | | final | | | appeal | | executive | | | | | | |

Form III

[See sub-rule (1) of Rule 27]

Nomination

To

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

(Name in full here)

I, Shri/Shrimati/Kumari.....whose particulars are given in the statement below, hereby nominate 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).

2. I, hereby certify that the person (s) mentioned is a/are member (s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of sub-section (33)of Section 2 of the 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.

NOMINEE(S)

| 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 | 4 |

- 1.
 - 2.
 - 3.
 - 4.
- so on

STATEMENT

- 1. Name Of The 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 _____, District _____, State _____

Place

Signature/thumb-impression

Date

of the employee.

Declaration by witness

Nomination signed/thumb-impressed before me

Name in full and full address

Of witness

Signature of witness

1.

1.

2.

2.

Certificate by the employer

Certified that the particulars that 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

Date

name and the address of the establishment

Or rubber stamp thereof.

Acknowledgment by the employee

Received the duplicate copy of nomination in form 'f' filed by me and duly certified by the employer .

Date

Signature of the employee.

Form IV

[See sub-rule (3) of Rule 27]

Fresh Nomination

To

Give her name or description of the establishment with full address.)

I, sri/srimati.....(name in full here) whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of section 2 of the payment of gratuity act, 1972..... with effect from the (date here)..... in the matter indicated below and therefore nominate a fresh 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, direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify the person(s) nominated is a/are member(s) of my family within the meaning of clause(h) of section 2 of the said act.

3.(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.

4. I have excluded my husband from my family by a notice, dated the to the controlling authority in terms of the proviso to clause (h) of section 2 of the said act.

NOMINEE(S)

| Name in full with address of nominee(s) | Relationship with the employee | Age of nominee | Proportion by which the gratuity will be shared |
|---|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |

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 The Employee.
2. Sex.
3. Religion
4. Whether unmarried/married/widow/widower
5. Department/branch/section where employed
6. Post held with ticket no., or serial no., if any.
7. Date of appointment
8. Permanent address

Village , Thana ,Sub-Division
Post office ,District ,State

Place Signature/ thum-impression
Date of the employee

Declaration by witnesses

Fresh nomination signed/thum-impressed before me.

Name in full and full address of witness.

| | Signature of witnesses |
|----|------------------------|
| 1. | 1. |
| 2. | 2. |

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 .

Name and address of the establishment

Or rubber stamp thereof.

Acknowledgment by the employee

Received the duplicate copy of the nomination in form 'g' filed by me
on..... , duly certified by the employer.

Date signature of the employee

FORM V
[SEE SUB-RULE (4) OF RULE 27]
MODIFICATION OF NOMINATION

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 give notice that the nomination filed by me on [date] and recorded under your reference No.dated.....shall stand modified in the following manner. [Here give details of modifications intended]

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 or Serial No. if any.
7. Date of appointment.
8. Address in full.

Place
employer
Date

Signature/Thumb impression of the

DECLARATION BY WITNESSES

Modification of nomination signed/thumb impressed before me. Name in full and full address of witnesses. Signature of witnesses

1.
 - 1.
 - 2.
2.
 - 2.

Place
Date

CERTIFICATE BY THE EMPLOYER

Certified that the above modification have been recorded. Employer's Reference No., if any.

Signature of the employer/ officer authorised

Designation

Name and address of the Establishment
or rubber stamp thereof.

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of the notice for modification in Form 'H' filed by me on.....duly certified by the employer.

Date
Note

Signature of the employee

FORM VI
[SEE SUB-RULE (1) OF RULE 28]
APPLICATION OF GRATUITY BY AN EMPLOYEE

To

[Give here name or description of the establishment with full address] Sir/Gentlemen,
I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 53 of Code on Social Security, 2020 on account-

of my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to diseases with effect from the.....Necessary particulars relating to my appointment in the establishment are given in the statement below:

STATEMENT

1. Name in full.
2. Address in full.
3. Department /Branch/Section where last employed.
4. Post held with Ticket No. or Serial No. if any.
5. Date of appointment.
6. Date and cause of termination of service.
7. Total period of service.
8. Amount of wages last drawn.
9. Amount of gratuity claimed.
2. I was rendered totally disabled as a result of

[Here give the details of the nature of disease or accident]

The evidence/witnesses in support of my total disablement are as follows:

[Here give details]

3. Payment may please be made in cash/open or crossed bank cheque.
4. As the amount of gratuity payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom.

faithfully,
Signature/Thumb impression of
Date:
employee.

Yours
Place

the applicant

FORM VI-A
[SEE SUB-RULE (2) OF RULE 7]
APPLICATION FOR GRATUITY BY A NOMINEE

To

[Give here name or description of the establishment with full address]

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under subsection (1) of section 4 of the Payment of Gratuity Act, 1972 as a nominee of late.....[Name of the employee] who was an employee of your establishment and died on the.....The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on.....retirement or/resignation of the aforesaid employee on.....after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....Necessary particulars relating to my claim given in the statement below:

STATEMENT

1. Name of applicant nominee.
2. Address in full of the applicant nominee.
3. Marital status of the applicant nominee (unmarried/married/widow/widower)
4. Name in full of the employee.
5. Marital status of employee.
6. Relationship of the nominee with employee.

7. Total period of service of the employee.

8. Date of appointment of the employee.
9. Date and cause of termination of service of the employee.
10. Department /Branch/Section where the employee last worked.
11. Post last held by the employee with Ticket or Serial No. if any.
12. Total wages last drawn by the employee.
13. Date of death and evidence/witness as proof of death of the employee.
14. Reference No. of recorded nomination, if available.
15. Total gratuity claimed.
16. Share of gratuity claimed.

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

3. Payment may please be made in cash/crossed or open bank cheque.

4. As the amount payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting Postal Money Order commission therefrom.

faithfully,
Signature/Thumb
the applicant employee.

impression

of

Yours
Place
Date

FORM VI-B
[SEE SUB-RULE (3) OF RULE 7]
APPLICATION FOR GRATUITY BY A LEGAL HEIR

To

[Give here name or description of the establishment with full address]

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under subsection (1) of section 4 of the Payment of Gratuity Act, 1972 as a legal heir of late.....[Name of the employee] who 28 The Payment of Gratuity (Central) Rules, 1972 Forms was an employee of your establishment and died on the.....without making any nomination. The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on the..... retirement or resignation of the aforesaid employee on the..... after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the.....Necessary particulars relating to my claim given in the statement below:

STATEMENT

1. Name of applicant legal heir.
 2. Address in full of the applicant legal heir.
 3. Marital status of the applicant legal heir (unmarried/married/widow/widower)
 4. Name in full of the employee.
 5. Relationship of the applicant with employee.
 6. Religion of both the applicant and the employee.
 7. Date of appointment and total period of service of the employee.
 8. Department /Branch/Section where the employee worked last.
 9. Post last held by the employee with Ticket or Serial No. if any.
 10. Total wages last drawn by the employee.
 11. Date and cause of termination of service of the employee (death or otherwise).
 12. Date of death of the employee and evidence/witness in support thereof.
 13. Total gratuity payable to employee.
 14. Percentage of the gratuity claimed.
 15. Basis of the claim and evidence/witness in support thereof.
2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/crossed or open bank cheque.
4. As the amount payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above, after deducting Postal Money Order commission therefrom.

faithfully,
Signature/Thumb
the applicant employee

impression

of

Yours
Place
Date

FORM VII
[SEE SUB-RULE (I) OF RULE 10]
APPLICATION FOR DIRECTION

Before the Competent Authority 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 lateand employee of the above-mentioned employer, and is entitled to payment of gratuity under section 53 of the the Code on Social Security, 2020 on account of his own/aforesaid employee's superannuation on..... (date)/his own retirement/aforesaid employee's resignation on..... [date] after completion of.....years of continuous service/his own/aforesaid employee's total disablement with effect from[date] due to accident/disease/death of the aforesaid employee on.....

2. The applicant submitted an application under ruleof the Code on Social Security, 2020 on the.....but the above-mentioned employer refused to entertain it/issued a notice dated the offering an amount of gratuity which is less than my due/issued a notice dated the rejecting my eligibility to payment of gratuity. The 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 of the applicant/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].
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 employed [if known].
7. Post held by the employee with Ticket or Serial 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.]
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 a nominee/legal heir.
18. Amount of gratuity claimed by the applicant.

FORM IX
(See Rule 37)
Statement of Fatal Accidents

To ,
Competent Authority,
.....

Sir,

1. I have the honour 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 X
(See Rule 38)
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.

Dated20..... .

Signature of
employer

Witness
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.....
Dated20.... .

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 X-A
(See Rule 48)
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.

Employee

Dated20 .

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

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

FORM X-B
(See Rule 38)
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.

Dated20..... .

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.....

Dated20.... .

Dependant(s)

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

Witness

FORM XI

(See Rule 39(1))

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 28 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.

Dated20

Competent Authority

FORM XII

(See Rule 40)

Register of Agreement for year 20.....

| S.No. | Date of agreement | Date of registration | Employer | Employee | Initial of Competent Authority | Reference to orders rectifying the register |
|-------|-------------------|----------------------|----------|----------|--------------------------------|---|
| | | | | | | |

Form XIII
[See rule-54(1)]
NOTICE FOR UNDER SUB-SECTION (1) OF SECTION 56 FOR COMPOSITION
OF OFFENCE

To,

.....,
.....
.....

- (1) Your establishment has been inspected by Inspector-cum-Facilitator on of of 20.....
- (2) In the said inspection you have been found violating Section of the Code.
- (3) As per provisions of sub-section (1) of Section 56 read with Sub-Rule (1) of Rule 38, you are hereby given notice to the effect that if you are willing to apply for composition of offence, you may apply for composition by submitting the application in Form VI-A along with deposit of Rupees /- through treasury challan or electronically on the departmental portal of Labour Commissioner. The details of which are given below.-

(i) Treasury Head

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Or

(ii) Flow chart of electronic payment.-

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

(Signature)

Name and designation
of the

Officer.....

Form XIV
[See rule-54(2)]
APPLICATION UNDER SUB-SECTION (1) OF SECTION 56 FOR
COMPOSITION OF OFFENCE

To,

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

Kindly refer to your notice no. dated I/we hereby applying for composition of Offence and I have deposited Rs...../- as the amount of Composition by depositing through Treasury Challan or electronically through the portal of Labour Commissioner on/...../..... (dd/mm/year).

So please accept my application and close the proceeding under the Code.

Dated:

Enclosure: The Treasury Challan/Payment receipt of electronic
Payment.

(Signature)
Name of the Applicant

- (1) Name of the establishment:.....
- (2) Address of Establishment :.....

FORM-XV

[See Rule 56(3)(b)]

Form for Reporting Vacancies to Career Centres

(Separate forms to be used for each type of posts)

| | | | |
|----|---|----------------------------------|--|
| 1 | Particulars of the employer: Name: Address with pin code: Telephone No. : Mobile No.: Emailaddress : Name & Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc) Registration No of establishment underCode: Economic activitydetails: | | |
| 2. | Particulars of the indenting Officer: Name: Designation: Telephone No. : Mobile No.: Email address : | | |
| 3. | Particulars of vacancy (ies): (a) Designation/nomenclature of the vacancy (ies) to be filled (b) Description of duties of thepost (job role/ functional role) | | |
| | (c) Qualifications/Skills required (educational, technical, experience) | Essential | Desirable/Preferable |
| | (i) Educational Qualifications (ii) Technical Qualifications (iii) Skills (iv) Experience | | |
| | (d) Age Limits, if any (Age as on last date of application) | | |
| | (e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc) if any | | |
| | (f) duration of employment (i) 3-6 months (ii) 6-12 months (iii) 12 months and more | Number of posts | |
| 4. | Whether there is any obligation for arrangement for giving reservation/ preference to any category of persons such as Scheduled Caste(SC), Scheduled Tribe(ST), Economically Weaker Sections(EWS), Other Backward Classes(OBC), Ex-serviceman and persons with disabilities (pwd) , etc, in filling up the vacancies: Yes/No (if yes, give the number of vacancies to be filled by such categories of persons as detailed below) | | |
| 5. | Category | Number of vacancies to be filled | |
| | (a) Scheduled Caste (b) Scheduled Tribe | Total | *By Priority candidates *(Applicable for Central |

| | | | |
|-----|---|--------|-----------------------|
| | (c) OBC (d) EWS (e) Ex-Serviceman (f) Persons with disabilities (pwd) (g) women (h) Others(specify) | | Government vacancies) |
| 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 issituated) | | |
| 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 | | |
| 13. | Name, address, email id of the Career Centre | | |
| 14. | Date of receipt of Vacancies | | |
| 15. | NIC Code of the establishment/ | | |
| 16. | NCO Code of the post | | |
| 17. | Unique Vacancy ID(number) | | |

Signature, Name&
Designation of Authorised
Signatory of Career Centre
with seal & date

NOTE:

1. Career Centre to which the vacancies are reported, would provide a unique vacancy reporting number for the vacancy reported and convey it to the employer in writing, through email or digitally or through any other such media immediately but in any case not later than 3 working days from the date of receipt of reporting of vacancies.
2. An employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, may invariably quote that unique vacancy reporting number in that advertisement or recruitment process.
3. Any change in the particulars already furnished to the Career Centre, shall be reported in writing or through valid official email or digitally(including through a portal) as the case may be, to the appropriate Career Centre.

FORM-XVI
[See Rule 56(6)]
Form EIR (Employment Information Return)

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

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

| | | | | |
|---|--|--|--------|--|
| Name & Address of the Employer | | | | |
| Whether – Head Office | | | | |
| Branch Office | | | | |
| Type of Establishment (Public /Private Sector) | | | | |
| Nature of business/Principal activity | | | | |
| 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 <i>paid</i>). | | | | |
| Category | On the last working day of the previous Year | On the last working day of the Year under report | | |
| MEN WOMEN Other (Transgender) TOTAL : PWD (persons with disabilities) out of above total | | | | |
| 2. Number of vacancies* occurred and reported to Career Centre during the year and the number of vacancies filled during the year | | | | |
| Occurred | Reported | | Filled | Source(Career Centre / NCS Portal/ Govt. Recruiting agencies/ Private Placement Organisations /others) |
| | Career Centre (Regional) | Career Centre (Central) | | |
| 1 | 2 | 3 | 4 | 5 |
| | | | | |

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

3. MANPOWER SHORTAGES:

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

| | |
|---|------------------------------------|
| Name of the occupation or designation of the post | Number of unfilled vacancies/posts |
|---|------------------------------------|

| | | | |
|---|--|-----------|-----------|
| | Skill/ qualifications (educational / technical/ experience) prescribed | Essential | Desirable |
| 1 | 2 | 3 | 4 |
| | | | |

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

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

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

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

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

To

The Career Centre,

.....

Note:- 1. This return is to be rendered to the Career Centre (Regional) within 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 to know (i) the vacancies/employment opportunities available; (ii) type of personnel who are in short supply; and (iii) future job opportunities for providing vocational guidance to the 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.