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Signature of the Registered  
Construction Worker.

**Signature of Principal/  
Headmaster.**

1. That the applicant is registered manual workers under Reg. No. \_\_\_\_\_ dated \_\_\_\_\_.
2. That the applicant has already availed Educational Assistance for his children namely \_\_\_\_\_ and \_\_\_\_\_ for an amount of Rs. \_\_\_\_\_ for the year \_\_\_\_\_ hence he is not entitled again for the year \_\_\_\_\_ for the same purpose.

4. That the children are students of Class\_\_\_\_\_ and\_\_\_\_\_hence entitled for Rs.\_\_\_\_\_as per guidelines of the Building and Other Construction Workers Welfare Board as Educational Assistance for the year\_\_\_\_\_.

**Scrutiny Officer/DEO.**

## Recommendations

I hereby recommended, after due verification a sum of Rs. 1000. (Rupees 1000 ..) as Educational Assistance in favour of Sh./Smt. 1234567890 a registered worker under registration No. 1234567890 ..dated 12/12/2023 ..

**Labour Officer/Labour Inspector.**

Upon the recommendation of the Labour Officer/Labour Inspector, Circleí í í í í .. I approve an amount of Rsí í í í í ..in favour of the registered manual worker applied for and the incharge of the B. C. Section is directed to prepared the applicants case accordingly for release of payment.

Assistant Labour Commissioner,  
 í í í í í í í í District.

An amount of Rs. \_\_\_\_\_ paid to the applicant vide payees Account Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ or online credit to his Account through J&K Bank \_\_\_\_\_ vide authority letter No. \_\_\_\_\_ dated \_\_\_\_\_.

**Scrutiny Officer/Incharge BOC Section/DEO.**

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1. That the applicant is registered manual workers under Reg. No. \_\_\_\_\_ dated \_\_\_\_\_.
2. That the applicant has already availed Educational Assistance for his children namely \_\_\_\_\_ and \_\_\_\_\_ for an amount of Rs. \_\_\_\_\_ for the year \_\_\_\_\_ hence he is not entitled again for the year \_\_\_\_\_ for the same purpose.

3. That the applicant has not availed Educational Assistance for the children namely \_\_\_\_\_ and \_\_\_\_\_ for the year \_\_\_\_\_ hence entitled for Educational Assistance for the year \_\_\_\_\_.

**Scrutiny Officer/DEO.**

I hereby recommended, after due verification a sum of Rs. 1000. (Rupees 1000 ..) as Educational Assistance in favour of Sh./Smt. 1234567890 a registered worker under registration No. 1234567890 ..dated 12/12/2023 ..

Upon the recommendation of the Labour Officer/Labour Inspector, Circleí í í í í í .. I approve an amount of Rs. í í í í í ..in favour of the registered manual worker applied for and the incharge of the B. C. Section is directed to prepared the applicants case accordingly for release of payment.

An amount of Rs. \_\_\_\_\_ paid to the applicant vide payees Account Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ or online credit to his Account through J&K Bank \_\_\_\_\_ vide authority letter No. \_\_\_\_\_ dated \_\_\_\_\_.

\_\_\_\_\_

In the Employees Insurance Court atí í í í í í í í í í

Against

Other particulars of the application specified in rule-10.

Signature of the Applicant.

(Verification by the Applicant)

Signature.

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## Execution



## Summons for disposal of proceedings

- Notice :** (1) Should you apprehend your witnesses will not attend of their own accord, you can have a summons from this court to compel the attendance of any witness, and the production of any document that you have a right to call on the witness to produce, on applying to the court and on depositing the necessary expenses.
- (2) If you admit the claim you should pay the money into court together with the costs of the proceedings, to avoid execution of the decree, which may be against your person or property or both.

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# FORM-VIII

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## FORM-IX

## General Form

## Summons to witness

Whereas your attendance is required toí í í í í í on behalf of theí í í í í í í í in the above proceedings, you are hereby required (personally) to appear before this court on theí í í í í í í day of.....í í í 20..... atí í í í ..o'clock in the noon, and to bring with you (or to send to thisí í í í í í í .. court).

Given under my hand and the seal of the court, thisí í í í í ..  
day ofí í í í í 20í í í í í court.

- \_\_\_\_\_

### Decree in Case

This case coming on this day for final disposal before í í í í ..  
in the presence of....í í í ..for the applicant and off í í í .....for  
the opposite party, it is ordered AND DECREED that.í í ...and that  
the sum of Rs. ....í í ..be paid by the to the....í í ..on account  
of the costs of this suit, with interest thereon at the rate of *per cent*  
per annum from this date to the date of realization.

## Costs of Suits

	Rs. P.		Rs. P.
1. Stamp for application		Stamp for power	
2. Stamp for power		Stamp for written statement	
3. Stamp for exhibits		Pleader's fee	
4. Pleader's fee		Subsistence for witnesses	
5. Subsistence for witnesses		Service of summons and notice	
6. Commissioner's fee		Commissioner's fee	
7. Service of summons and notice			
Total :-		Total :-	

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Against the opposite party :

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### Nomination/Fresh Nomination/Modification of Nomination

Toi í í í .....í í í í í í í í í í í í í í í í í í ..

or

\*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.

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

(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)

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 :

Date:

Signature/Thumb-impression of the  
Employee.

### Designation

2

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### Application for gratuity by an Employee/Nominee/Legal Heir

To í í .....í í í í í í í í í í í í í í í í í í í ..

Sir/Madam,

(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 1 1 1 1 1 1 .. ; or

(b) death of the aforesaid employee while in service/superannuation on 1 1 1 1 1 1 after completion of 1 1 1 ..years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the 1 1 1 ; or

(c) death of aforesaid employee of your establishment while in service/superannuation on 1 1 1 1 1 1 1 1 1 1 (date) without making any nomination after completion of 1 1 1 1 1 ..years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from 1 1 1 1 1 1 1 1

1. Name of employee in full (if, the gratuity is claimed by an employee)ô
  - a. Marital status of employee (unmarried/married/widow/widower) ;

or

a. Name of Employee ;

c. Relationship of nominee/legal heir with the employee ;

e. Date of death and proof of death of the employee ;

3. Department/Branch/Section where last employed.

5. Date of appointment.

7. Date of Death.

9. Total wages last drawn by the employee.

11. Payment may please be made by crossed bank cheque/  
credit in my bank account Noí ...

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

Date :

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### Notice for payment/rejecting claim of Gratuity

1. You are hereby informed thatô

Reasons (Here specify the reasons) ; or

#### 4. Brief statement of calculation

(f) Amount payable: \*strike out para, if, not applicable.

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

## Application for Direction

## Date

1. The applicant is an employee of the above-mentioned employer/a nominee of lateí í í í í í í í í an employee of the above-mentioned employer/a legal heir of lateí í í í í í í í í í 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 oní í í í í í í í í í (date)/his own retirement/aforesaid employee's resignation oní í í í í (date) completion ofí í í í í í í í í years of continuous service/his own/aforesaid employee's total disablement with effect fromí í í í í í í í í .(date)due to accident/disease/death of aforesaid employee oní í í í í í í í .
2. The applicant submitted an application under Ruleí í í í í í í í í of the Code on Social Security, Jammu and Kashmir Rules, 2020 on theí í í í í í í .but the above-mentioned employer refused to entertain it/issued a notice dated theí í í í í í . under clause í í í í of sub-rule of ruleí í í í í í í .offering an amount of gratuity which is less than my due/issued a notice datedí í í í í í í ..the under clauseí í í í í í .of sub-rule.....of ruleí í í í í í í .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.

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## Notice for Apperance before the Competent Authority/Summon

(Strike out the words not applicable)

To,

(Name and address of the employee/applicant)

Whereas, Shri í í í í í í í í í ..an employee under you/ a nominee(s)/legal heir(s) of Shrií í í í í í í í í í í í í ..an employee under the above-mentioned employer, has/have filed an application under rule 46 of the Code on Social Security, Jammu and Kashmir 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 í í í í í í í ..(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 í .. day of í í í í 20í .. at í í í í í ..:00 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 í í í .. in the case arising out of the claim for gratuity byí í í . Formí í í í .. 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 í í . day of í í ..20í í í í í .. at í í í í í :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

82 The J&K Official Gazette, 15th Jan., 2021/25th Pausa, 1942. [No. 42-c  
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Given under my hand and seal, this í í í í ..day of  
í í í í ..20í ..

Competent Authority

under the Code on Social Security Code, 2020

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

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## Notice for Payment of Gratuity as Determined by Competent/ Appellate Authority

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumarií í í í í í í í í í í í í of  
an employeeí  
(address) under you/a nominee(s)/legal heir(s) of late í í í í  
.....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 í í í í í í í í í í .  
requiring you to make payment of Rsí í í í í í í í í í í to  
Shri/Smt./Kumarií í í í í í í í í í í í í í í as gratuity under  
the Code on Social Security, 2020.

2. And whereas the application was heard in your presence on 11.11.2019 and after the hearing have come to the finding that the said Shri/Smt./Kumari 11111111 is entitled to a payment of Rs 11111111 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./Kumarií í í í í í í í í í í , within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, this 11111 .day  
of 11111 .20111 ...

Competent Authority

under the Code on Social Security Code, 2020

Copy to :ô

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)

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## Application for Recovery of Gratuity

Date

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**Option to continue under the Existing Insurance  
under section 57**

- (a) No. of Insurance Policy :
- (b) Date of commencement of Insurance Policy :
- (c) Terms and conditions of Insurance Policy (Copy of the Insurance Policy to be enclosed):
- (d) No. of employees covered (details of employees to be furnished in Form-III:
- (e) Details of registration of the trust:
- (f) Name and address of the trustees:
- (g)

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### Details of Employees of the Establishment covered under the Compulsory Insurance under section 57 of the Code

- Date :

### Designation and Address

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## Appeal

Sir,

**\*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 in this behalf is enclosed ;**

\*Shrií í , Inspector-cum-Facilitator, having directed under sub-section (2) of section 72 to pay the maternity benefit or other amount beingí í í (Nature of amount) to whichí í í (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*).

\*Strike out unnecessary portion.

Dateí í í

Full address of the nominee/legal representative.

óóóóóóóó

[illegible]

Name	Sex	Age	Name of Employment	Full Postal Address
1	2	3	4	5

**FORM XXVII**

[See Rule 56 (1)]

**MEMORANDUM OF AGREEMENT**

It is hereby submitted that on the \_\_\_\_\_ day of \_\_\_\_\_ previous for period of \_\_\_\_\_ months. The said employee has in receipt of half-monthly payments which have continued from the \_\_\_\_\_ day of 20\_\_\_\_ until the day 20\_\_\_\_ amounting to Rs \_\_\_\_\_ in all. 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 \_\_\_\_\_

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 Chapter VII of the Code on Social Security, 2020 in respect of all disablement of temporary nature arising out of the said accident, whether now or hereafter to become a manifest, it is, therefore requested that this memorandum be duly recorded.

Dated \_\_\_\_\_ 20 \_\_\_\_\_

Signature of the employer \_\_\_\_\_

Witness \_\_\_\_\_

Signature of the employer \_\_\_\_\_

Witness \_\_\_\_\_

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

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

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

--

Employee

Dated \_\_\_\_\_ 20 \_\_\_\_\_

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 diseases, agreement when employee is under legal disability, etc.).

\_\_\_\_\_

**FORM –XXVIII**

[See Rule 56 (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 employee of the following nature, namely :—

The said employee 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 this agreement, received the following payment, namely :—

Rs. \_\_\_\_\_ on \_\_\_\_\_ Rs. \_\_\_\_\_ on \_\_\_\_\_

Rs. \_\_\_\_\_ on \_\_\_\_\_ Rs. \_\_\_\_\_ on \_\_\_\_\_

Rs. \_\_\_\_\_ on \_\_\_\_\_ Rs. \_\_\_\_\_ on \_\_\_\_\_

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

Dated \_\_\_\_\_ 20\_\_\_\_\_

Signature of the employer \_\_\_\_\_

Witness \_\_\_\_\_

Signature of the employer \_\_\_\_\_

Witness \_\_\_\_\_

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

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

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

Employee

Dated \_\_\_\_\_ 20\_\_\_\_\_

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 diseases, agreement when employee is under legal disability, etc.).

\_\_\_\_\_

**FORM-XXIX**

[See Rule 56 (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 temporary disablement to the said employee—

Who is at present in receipt of wages amounting to Rs. \_\_\_\_\_ on wages per month.

The said employee 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 employers of the employee, has agreed to pay and \_\_\_\_\_ on the behalf of the said employee, has agreed to accept half monthly payments @ 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 the provision of the Chapter VII of the Code on Social Security, 2020, on account of an alternation in the earning of the said employee during disablement .It is further, stipulated that all rights of communication under section 80 of the code are unaffected by this agreement. It is, therefore, requested that this memorandum be duly recorded. Dated \_\_\_\_\_ 20\_\_\_\_\_

Signature of the employer \_\_\_\_\_

Signature of the employee \_\_\_\_\_

Witness \_\_\_\_\_

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

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

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

Employee

Dated \_\_\_\_\_ 20\_\_\_\_\_

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 diseases, etc.).

\_\_\_\_\_

**FORM –XXX**

*[See Rule 56 (2) (i)]*

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 on Social Security, 2020, notice is hereby given that the said agreement will be taken into consideration on \_\_\_\_\_ 20\_\_\_\_ and that any objection to the registration of the said agreement should be made on that date. In the absence of valid objections, it is my intension to proceed to the registration of the agreement.

Dated \_\_\_\_\_ 20 \_\_\_\_\_

Competent Authority

\_\_\_\_\_

**FORM –XXXI**

[See Rule 56 (2)(iii) & (3) (iv)]

Take notice that registration of the agreement to pay compensation said to have been reached between you \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_\_20\_\_\_\_ have been refused for the following reasons namely .....

Dated\_\_\_\_\_20\_\_\_\_\_

Competent Authority

\_\_\_\_\_



**FORM (XXXII)**

[See Rule 56 (3) (ii)]

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 on Social Security, 2020 and whereas it appears to me that the said agreement ought not to be registered for following reasons, namely:-.....

\_\_\_\_\_ an opportunity will be afforded to you of showing cause on \_\_\_\_\_20\_\_\_\_\_ by the said agreement should be registered. If no adequate cause as shown on that date, registration of the agreement will be refused.

Competent Authority

\_\_\_\_\_

**FORM (XXXIII)**

[*See Rule 56 (3) (ii)*]

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 on Social Security, 2020 and whereas it appears to me that the said agreement ought not to be registered for following reasons, namely \_\_\_\_\_ an opportunity will be afforded to the said \_\_\_\_\_ of showing cause on \_\_\_\_\_ 20 \_\_\_\_\_ by the said agreement should not be registered.

Any representation which you have to make with regard to the said agreement should be made on that date. If adequate cause is then shown the agreement may be registered.

Dated \_\_\_\_\_ 20 \_\_\_\_\_

Competent Authority

\_\_\_\_\_

FORM (XXXIV)

(See Rule 60)

Register of agreements for the year \_\_\_\_\_ 20 \_\_\_\_\_

S. No.	Date of agreement	Date of registration	employer	Employee	Initial of Competent Authority	Reference order rectifying the register
1	2	3	4	5	6	7

\_\_\_\_\_

**FORM – XXXV**

[See Rule 66 (1) (a)]

**REGISTER OF WOMEN EMPLOYEES**

Name of establishment

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

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

6. Date on which the woman gives notice under section 62.
7. Date of discharge/dismissal, if any.
8. Date of production of proof of pregnancy under section 62.
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage/Medical Termination of pregnancy/tubectomy operation/death/adoption of child.
11. Date of production of proof of illness referred to in section 65.

12. Date with the amount of maternity benefit paid in advance of expected delivery.
  13. Date with the amount of subsequent payment of maternity benefit.
  14. Date with the amount of bonus, if paid, under section 64.
  15. Date with the amount of wages paid on account of leave under section 65(1) and 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 XXXVI

[See Rule 66 (3) (a) & (b)]

Unified Annual Return A. General Part :

- (a) Name of the establishment.....  
Address of the establishment: House No./Flat No. ....  
Street No./Plot No. ....t4321.....  
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	Registratior		If yes (Registration No.)
(1)	(2)	(3)		(4)
01.	The Code on Occupational Safety Health and working condition code 2020.			
02.	The Code on Social Security 2020.			
03.	Any other Law for the time being in force.			



Wage rates (Category-Wise):

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

F. (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:**

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

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

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

**Declaration**

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

Place

Date

Sign. Here

\_\_\_\_\_

**FORM-XXXVII**

*(See Rule 67)*

**Notice to the Employer who committed an offence for the first time for compounding of offence under subsection (1) of section 138 of the Code on Social Security, 2020**

**Notice No.....**

**Date:**

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

**PART – I**

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

**PART –II**

In view of the above, you have an option to pay the above-mentioned amount within fifteen days from the date of issue of this notice and return the application duly filled in Part–III of this notice. In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

**(Signature of the Compounding Officer)**

**Date:**

**Place:**

\_\_\_\_\_

**PART – III**

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

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

**Date:**

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

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

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

**Dated:**

**Place:**

**PART – IV**

**Composition Certificate**

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

**Date:**

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

**(Signature)**

**Name and Designation of the Officer**

**Date:**

**Place:**

\_\_\_\_\_

FORM-XXXVIII

[See Rule 68 (4) (b)]

Form for Reporting Vacancies to Career Centres

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

1	<p><b>Particulars of the employer:</b></p> <p>Name:</p> <p>Address with pin code:</p> <p>Telephone No. :</p> <p>Mobile No.:</p> <p>Email address :</p> <p>Name &amp; Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc)</p> <p>Registration No of establishment under Code:</p> <p>Economic activity details:</p>	
2.	<p><b>Particulars of the indenting Officer:</b></p> <p>Name:</p> <p>Designation:</p> <p>Telephone No. :</p> <p>Mobile No.:</p> <p>Email address :</p>	
3.	<p><b>Particulars of vacancy(ies):</b></p> <p>(a) Designation/nomenclature of the vacancy(ies) to be filled</p> <p>(b) Description of duties of the post (job role/functional role)</p>	

	(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	Number of posts	
		(ii) 6-12 months (iii) 12 months and more	
4.	<b>Whether there is any obligation for arrangement for giving reservation/preference</b> to any category of persons such as Scheduled Caste(SC), ScheduledTribe(ST), Economically Weaker Sections(EWS), Other Backward Classes(OBC),Ex-serviceman and persons with disabilities (pwd) , etc, in filling up the vacancies: <b>Yes/No</b> (if yes, give the number of vacancies to be filled by such categories of persons as detailed below)		
	Category	Number of vacancies to be filled	
	(a) Scheduled Caste (b) Scheduled Tribe (c) OBC (d) EWS (e) Ex-Serviceman (f) Persons with disabilities (pwd) (g) women (h) Others (specify)	Total	*By Priority candidates *(Applicable for Jammu and Kashmir Government vacancies)

6.	<b>Pay and Allowances:</b> For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details, if any For others: Mention minimum total emoluments per month with other details, if any.	
7.	Place of work ( Name of the town/village and district, pin code ,etc. in which it is situated)	
8.	Mode of Application(email, online, in writing, etc) and Last date for receipt of applications.	
9.	Particulars of officer to whom the applications be sent/candidates should approach (Mention Name, designation, email id, address , telephone No., website address in case of online)	
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 and Designation of Authorised Signatory of establishment/ employer with seal and date

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

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

Signature, Name and Designation of  
 Authorised Signatory of Career  
 Centre with seal and 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-XXXIX

[See Rule 68 (7)]

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 and Monitoring) 2020.

Name and 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) <b>EMPLOYMENT</b>  Total number of <i>manpower of establishment</i> including working <i>proprietors/partners//contingent</i> paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary <i>is paid</i> ).		
Category	On the last working day of the previous Year	On the last working day of the Year under report
MEN WOMEN Other (Transgender) TOTAL : PWD (persons with disabilities) out of above total		



EIR-continued

2. Number of vacancies* occurred and reported to Career Centre during the year and the number of vacancies filled during the year				
Occurred	Reported		Filled	Source (Career Centre/NCS Portal/Govt. Recruiting Agencies/Private Placement Organisations/other
	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 thereunder,

3. MANPOWER SHORTAGES:

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

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

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

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

Occupation	Number of employees
	Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next financial year due to retirement/ expansion or re-organisation.

Description	Men	Women	Others (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), Inspector (Sanitary), Superintendent (Office), Manager (Sales), Manager (Accounts), Executive (Marketing), Data Entry Operator.....so on.

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

To

The Career Centre,  
.....

Note :—

1. This return is to be rendered to the Career Centre (Regional) within 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.