FORM-I (See Rule 6) Name of the Bankí í í í í í í í í . Account Noí í í í í í í í í í í ... Application for Educational Assistance for Education up to 12th Standard Examination 1. Name of the Registered manual Name..... worker/parentage/address with Parentage..... PIN Code Address..... 2. Registration Number and date of Aadhaar number..... initial registration 3. Bank details: i. Name of the Bank with Bank Branch ii. IFSC Code. iii. Account No. 4. Mobile No. A. Details of the Son or Daughter for whom educational assistance is sought forô S. Name of Relationship Aadhaar Date of Examination Session Name of No. the Child-No. Birth passed the school ren 3 4 5 Note :ô Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazette Officer should be enclosed. B. Details of the children for whom the educational assistance have already been availed from the Board. Name of Class for which Date of Session Amount of No. the Children assistance availed assistance receipt

Mobile Noí í í í Phone Noí í í í í ...

Signature of the Registered Construction Workers.

Declaration by the Applicant

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Board constituted by the Government of Jammu and Kashmir or Government of India.

| Dated | : |
|-------|---|
| Place | : |

Signature of the Registered Construction Worker.

Certificate from the Principal/Headmaster of the concerned School

I hereby certify that_

| Photograph of the | andS/o, D/o |
|-----------------------------------|---|
| students to be | R/ois/are reading in the |
| attested by the Principal/Student | class andClass under Rol |
| Time par stadent | Noand respectively |
| | and the information furnished by the applicant at |
| Di . 1 C.1 | Column A is Correct. |
| Photograph of the students to be | Further, I certify that our school is Government |
| attested by the | recognized bearing recognition No |
| Principal/Student | datedissued by the |
| | Signature of Principal |
| | Headmaster |
| | For Office Use |
| After thorou | gh examination of the application of the applicant with |
| respect to the rec | ords available with this office following observations |
| made :ô | |
| 1. That the ap | plicant is registered manual workers under Reg |
| No | dated |
| 2. That the appl | licant has already availed Educational Assistance for |
| | namely |
| | for an amount of Rs. |
| | hence he is not entitled again for the |
| | for the same purpose. |
| - | • • |

| No. 42-c] The J&K Official Gazette, 15th Jan., 2021/25th Pausa, 1942. 59 66666666666666666666666666666666666 |
|--|
| children namelyandfor the yearhence entitled for Educational Assistance for the year |
| 4. That the children are students of Class andhence 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 Rsí í í í . (Rupees í í í í í í í í í í í í í) as Educational Assistance in favour of Sh./Smtí í í í í í í í í í a registered worker under registration No. í í í í í í í í ídatedí í í í í í í í í |
| Labour Officer/Labour Inspector. |
| Upon the recommendation of the Labour Officer/Labour Inspector, Circleí í 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 District. |
| An amount of Rsí í í í í í í í í í í í paid to the applicant vide payees Account Cheque No |
| Scrutiny Officer/Incharge BOC Section/DEO. |

FORM-II (See Rule 6) Name of the Bankí í í í í í í í í . Account No. í í í í í í í í í í ... Application for Educational Assistance for Higher Education 1. Name of the Registered manual Name..... worker/parentage/address with Parentage..... PIN Code Address..... 2. Registration Number and date of Aadhaar number..... initial registration 3. Bank details: i. Name of the Bank with Bank Branch ii. IFSC Code. iii. Account No. 4. Mobile No. A. Details of the Son or Daughter for whom educational assistance is sought forô Name of Relationship Aadhaar Date of Examination Session Name of No. the Child-No. Birth the College/ passed University ren 3 4 5 6 8 Note :ô Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazette Officer should be enclosed. B. Details of the children for whom the educational assistance have already been availed from the Board. Class for which Session Date of Name of Amount of No. the Children assistance availed assistance receipt Mobile Noí í í í Phone Noí í í í í .. Signature of the Registered Construction Workers.

óóóóóóó

[No. 42-c

Declaration by the Applicant

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Board constituted by the Government of Jammu and Kashmir or Government of India.

Dated: Place:

Signature of the Registered Construction Worker.

Certificate from the Principal/Head of the Institution/ Authorized Officer of the concerned College/University

I hereby certify that_

| | Photograph of the | and | S/o, I | D/o |
|-----|----------------------------------|-----------------|--------------------|-------------------------|
| | students to be | | | ding in the |
| | attested by the | class and | | Class under Rol |
| | Principal/Student | No | _and | respectively |
| | | | | ed by the applicant a |
| | Photograph of the | Column A i | s Correct. | |
| | Photograph of the students to be | Further, 1 | certify that or | ur school is College, |
| | attested by the | University re | cognized bearing | recognition No |
| | Principal/Student | dated | issued b | y the |
| | | | Sig | nature of Principal |
| | | Head of | _ | /Authorized Officer |
| | | For (| Office Use | |
| | After thoroug | h examination | of the application | n of the applicant with |
| res | spect to the reco | rds available v | with this office f | following observations |
| ma | ıde :ô | | | |
| 1 | . That the app | licant is regi | stered manual | workers under Reg |
| | No | | dated | |
| 2 | . That the applie | cant has alread | dv availed Educ | ational Assistance for |
| | | | | |
| | | | | S |
| | | | | |
| | for the year | he | ence he is not | entitled again for the |

| 62 The J&K Official Gazette, 15th Jan., 2021/25th Pausa, 1942. [No. 42-c 666666666666666666666666666666666666 |
|---|
| and for the yearhence entitled for Educational Assistance for the year |
| 4. That the children are students of Class andhence 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 Rsíííí. (Rupeesííííííííííííííííííííííííííííííííííí |
| 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 íin 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,District. |
| An amount of Rsí í í í í í í í í í í paid to the applicant vide payees Account Cheque No |

Date

Signature.

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my knowledge and belief true and correct.

The statement of facts contained in this application is to best of

FORM-IV

(See Rule 12)

List of documents produced by applicant/opposite party.

| | 1. | In the case ti | tled : | | | | | | ٦ |
|-----------------|-----------------------------|--|--|------------------|-----------|------------------------------|-------------|-------------------|-----|
| | 2. | Name of the | court : | | | | | | |
| | 3. | Number, etc. | : | | | | | | |
| of appercation | mber .ui | • | Date, if and which the documents | bear | or aut | nature pleadei horized | rægi | any resentativ | ve |
| ati <u>ø</u> jd | ό <mark>δ</mark> όόο 1 8 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | óóóóóóóó ვ ც | óóóóóóóó | óóá | óóóá <u>ဂို</u> 4 | 6 òò | óóóóóóó | ίó |
| ᆝ | ر رکؤر | | [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , , , | ,,, <u>,</u> | , e | | , , |
| óΦά | óŌóó | όό <u>₿</u> όό <mark>ὃ</mark> όόόόό | όόόό ξ όό δ | όόόόόόό <i>ό</i> | óóá | óφοσοσ | óóğ | óóóóóóó | óά |
| 6 6 90 | ဝ ဓိ ုဝ်ဇ | Dario de la constanta de la co | ၀ဴ၀၀ဴ၀ <u>ခ</u> ြင်္ | óóóóóóóóó | óóć | | óóö E | óóóóóóó | óό |
| Da | u N S | De De Pla | Name Descr | óóóó | | Partical Amou | Whe | | |

| | 1 | ORM-V | I |
|--|---|---|--|
| | (Se | e Rule 13) | |
| | Register | of Proceed | ings |
| Employees | s Insurance Co | urt atí í í . | ííííí |
| Applicant | Ο _Ι δοδοδοδοδοδοδοδο | pposite Party | Claim 5 |
| Day for parties to appear Applicant Opposite party | Date For whom For what, or amount | Date of decision of appeal, if any Judgment in appeal | Date of application Against whom For what, and amount of money of Amount of costs Date of order transferring to another court of at Other remarks, if any |

óóóóóó

Appearance Final order Appeal Execution

FORM-VI

(See Rule 17)

Summons for disposal of proceedings

1. Title of the Case:

To

(Name, description and place of residence)

Whereasí í í í í í .has instituted proceedings against you forí í í í í í í .you are hereby summoned to appear in this court in person or by authorized agent duly instructed and able to answer all material questions relating to the case, or who shall be accompanied by some person able to answer all such questions atí í í í í .oøclock in theí í í í noon on the day ofí í í í í ..20í í .to answer the claim and as the day fixed for your appearance is appointed for the final disposal of the proceedings, you must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence.

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

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

- Notice: ô (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-VII

(See Rule 17)

Summons for settlement of issues

Case Titled:

To

(Name, description and place of residence)

Whereasí í í í í í . has instituted proceedings against you forí í í í í í ... you are hereby summoned to appear in this court in person or by authorized agent duly instructed, and able to answer all material questions relating to the case, or who shall be accompanied by some person able to answer all such questions atí í í í í . oøclock in theí í í í í noon on the day ofí í í í ...20í í í í to answer the claim and as the day fixed for your appearance is appointed for the final disposal of the proceedings, you must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence.

Take notice, that, in default of your appearance on the day before mentioned, the case will be heard and determined in you absence.

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

- **Notice** :ô (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

[See Rule 24(5)]

Subject :ô Application for setting aside thei í í í í í . order dated í í í í í í í í í í ..

(the grounds of application should be stated)

Date

Signature of the Applicant.

Verification by the applicant

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

Date:

Place:

Signature

óóóóóó

FORM-IX

[See Rule 24(5) & (6)]

General Form

Case Titled:

To

Whereas the above named has made application to this court that you are hereby warned to appear in this court in person or by a pleader duly instructed atí í í í oœclock in the noon, on theí í í í í ...day ofí í í 20í í í . to show cause against the application failing wherein, the said application will be heard and determined *ex parte*.

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

FORM-X

(See Rule 25)

Summons to witness

Titled:

A sum of Rsí í í í í í being your travelling and other expenses and subsistence allowance for one day, is deposited with this court and will be tendered to you on the day you appear before the court. If you fail to comply with this order without lawful excuse, you will be subject to the consequences of non-attendance laid down in the rule-12 of order XVI of the Code of Civil Procedure, 1908 (V of 1908).

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

- **Notice** :ô (1) If you are summoned only to produce a document and not to give evidence, you shall be deemed to have complied with the summons if you cause such document to be produced in this court on the day and hour aforesaid.
 - (2) If you are detained beyond the day aforesaid, a sum of Rsí í í í í í í í í í í í í í ...will be tendered to you for each days attendance beyond the day specified.

FORM-XI

(See Rule 38)

Decree in Case

Claim for

This case coming on this day for final disposal before í í í í í ... in the presence of.....í í í ...for the applicant and of í ífor the opposite party, it is ordered AND DECREED that...í í ...and that the sum of Rs.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.

Given under my hand and the seal of the Court, this dayí í í í ..20í í í í í í í í . court.

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 feeí | |
| 4. | Pleaderøs fee | | | Subsistence for witnesses | |
| 5. | Subsistence for witnesses | | | Service of summons and notice | |
| 6. | Commissioner fee | | | Commissioner s fee | |
| 7. | Service of summons and notice | | | | |
| | Total :- | | | Total :- | |

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FORM-XII

(See Rule 40)

Application for the execution of a decree

| | | ш | u | IC | C | Οι | ıιι | 01 | • | • | • • • • • • • • • • | • • • • • • | • | | |
|----|---|---|---|----|---|----|-----|-----|---|---|---------------------|-------------|---|----|-----|
| I, | í | í | í | í | í | | Dec | ree | holder, | hereby | apply | for | execution | of | the |

decree herein below set forth :ô Amount of costs, if any, awarded Previous application, if any, with the decree or other relief granted thereby together with particulars Mode in which the assistance of Amount with interest due upon Against whom to be executed Whether any appeal preferred Payment or adjustment made, Number of proceeding the c ourt is required of any cross decree Name/s of party/ies date and result Date of decree form decree Applicant: Opposite party: Dated: No. Rsí í í í .. recorded on application, dated í í í í í . Rsí í í í í í principal í í .. (interest at í í í í per cent per annum, from the date of order till payment) As awarded in the decree subsequently incurred Total :í í í í ... Against the opposite party:

(when attachment and sale of immovable property is sought)

I pray that the total amount of Rsí í í í í (together with the interest on the principal sum up to date of payment) and the costs of taking out this execution be realized by the attachment and sale of the opposite party¢s immovable properly specified at the fees of this application and paid to me.

I declare that what is stated herein is true to the best of my knowledge and belief.

Signed

Decree holder

Dateí í í í ..

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FORM-XIII

(See Rule 45)

Nomination/Fresh Nomination/Modification of Nomination

| | | | | (, | Strike | ou | ŧŧ | th | e | w | or | ds | n | ot | a | ıpp | olio | cal | ble |) | | | | | | |
|------|----------|---|----|-----|------------------|-----|----|----|-----|-----|-----|----|---|----|-----|-----|------|-----|------|----|-----|---|----|----|----|-----|
| | Toí | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | |
| addı | (Givess) | | he | ere | name | e o | r | de | esc | rip | tio | on | O | f | the | • • | est | ab | lisl | hm | nen | t | wi | th | fu | ı11 |
| full | - | | | | rimati/ parti | | | | | | | | | | | | | | | | | • | | | | |

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 í í í í í í í (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/Kumarií í í í í í í í í í í í í í í í í lenem in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date í í í and recorded under your reference

Noí í í í í datedí í í í í í . shall stand modified in the following manner :ô

*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 husbandø father/mother/parents is/are not dependent on my husband.

- - 5. I have excluded my husband from my family by a notice dated thei í í í í 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)

| Name in full | Relationship with | Age of | Proportion by |
|-------------------|------------------------------------|--|--|
| with full address | the employee | nominee | which the |
| of nominee(s) | | | gratuity will |
| | | | be shared |
| ο | όόόόόόόόόόόόό | όόόόόό | ρόσοσοσοσο |
| | | | |
| | | | |
| | | | |
| | | | |
| | with full address of nominee(s) | with full address of nominee(s) the employee | with full address the employee nominee |

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:

| Villageí í í í í í íThana | í í |
|---------------------------------|------------------------------|
| Sub-divisioní í í í í í íPost | Officeí í í í í í í í í |
| PIN Codeí í í í Districtí í í í | í í í Stateí í í í í í í í í |
| E-mail IDí í íMobi | le Numberíí í í í í í í |
| 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-III filed by me and duly certified by the employer.

Date: í í í í í í í .

Signature of the Employee

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FORM-XIV

[See Rule 46(1) (a), (b) & (c)]

| Application | for | gra | tuit | y | by | a | n | E | mp | olo | yee | e/N | 10 | niı | nee | e/I | _eg | gal | F | Iei | r |
|-------------|-------|-----|------|---|------|-----|-----|---|----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|
| | (Str | ike | out | t | he | wa | ord | s | no |)t | ар | pli | ica | bl | e) | | | | | | |
| To í í | | íí | í | í | í í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | |
| (Give he | ere n | ame | or | Ċ | lesc | rip | tio | n | of | th | e | es | tat | olis | shr | nei | nt | wi | ith | fı | ıll |

Sir/Madam.

address)

- (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 theí í í í í í í í . . ; or
- (b) death of the aforesaid employee while in service/ superannuation oní í í í í after completion ofí í í í...years of service/total disablement of the aforesaid employee due to accident or disease whilein service with effect from theí í í í ; or
- (c) death of aforesaid employee of your establishment whilein service/superannuation oní í í í í í í í í í í (date) without making any nomination after completion of í í í í í í ...years of service/total disablement of the aforesaid employee due to accident or disease whilein service with effect fromí í í í í í í í

Necessary particulars relating to my appointment are given in the statement below :ô

- 1. Name of employee in full (if, the gratuity is claimed by an employee)ô
 - 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)ô
 - 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 Noí ...

Yours faithfully,

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

Place:

Date:

FORM-XV

[See Rule 46(2) (a) (i), (ii), (b) (d) & (e)]

Notice for payment/rejecting claim of Gratuity

- (a) *as required under rule 46 of the Code on Social Security, Jammu and Kashmir Rules, 2020, that your claim for payments of gratuity as indicated on your application in Form-XIV under the said rules is not admissible for the reasons stated below :ô
 - Reasons (Here specify the reasons); or
- (b) *as required under rule 46 of the Code on Social Security, Jammu and Kashmir, Rules, 2020 that a sum of Rs. í í í..(Rupeesí í í í í í í) is payable to you as gratuity/as your share of gratuity in terms of nomination made byí í í í í í ... oní í í í í í í andí í í í recorded in this í í í í í í as a legal heir ofí í í í í í .an employee of this establishment.
- 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 calculationô
 - (a) Date of appointment;
 - (b) Date of termination/superannuation/resignation/disablement/ death ;
 - (c) Total period of service of the employee concerned í í í í í í í vearsí í í í í 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:ô The Competent Authority in case of denial of gratuity. óóóóóóó

FORM-XVI

[See Rule 46(4) (a) (iii)]

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)

- 1. The applicant is an employee of the above-mentioned employer/a nominee of lateí í í í í í í í í employee of the above-mentioned employer/a legal heir of lateí í í í í í í í í and employee of the abovementioned employer, and is entitled to payment of gratuity under section 53 of the Code on Social Security, 2020 on account of his own/aforesaid employee® superannuation oní í í í í í í í í í (date)/his own retirement/aforesaid employees resignation oní í í í (date) completion ofí í í í í í í vears of continuous service/his own/aforesaid employeesø total disablement with effect fromí í í í í í í í .(date)due to accident/disease death of aforesaid employee oní í í í í í .
- 2. The applicant submitted an application under Ruleí í í í í í í of the Code on Social Security, Jammu and Kashmir Rules, 2020 on theí í í í í í but the above-mentioned employer refused to entertain it/issued a notice dated theí í í í í under clause í í í of sub-rule of ruleí í í í í offering an amount of gratuity which is less than my due/issued a notice datedí í í í í í ..the under clauseí í í í .of sub-rule......of ruleí 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.

5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Date:

Signature/Thumb impression of the applicant.

ANNEXURE

- 1. Name in full of applicant with full address.
- 2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment).
- 3. Name and address in full of the employee.
- 4. Marital status of the employee (unmarried/married/widow/widower).
- 5. Name and address in full of the employer.
- 6. Department/Branch/Section where the employee was last employed (if known).
- 7. Post held by the employee with Ticket or Sl. No., if any (if known).
- 8. Date of appointment of the employee (if known).
- 9. Date and cause of termination of service of the employee (Superannuation/retirement/resignation/disablement/death/completion of contract period under Fixed Term Employment).
- 10. Total period of service by the employee.
- 11. Wages last drawn by the employee.
- 12. If the employee is dead, date and cause thereof.
- 13. Evidence/witness in support of death of the employee.
- 14. If a nominee, No. and date of recording of nomination with the employer.
- 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 6666666

FORM-XVII

[See Rule 46(5) (a) (8)]

Notice for Apperance before the Competent Authority/Summon

(Strike out the words not applicable)

To,

(Name and address of the employee/applicant)

Whereas, Shriíííííííííííí..an employee under you/a nominee(s)/legal heir(s) of Shriíííííííííííííííííííííííííííííííííían 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 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 í .:Oø 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 beforementioned, 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 $\div O$ ¢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

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.

óóóóó

FORM-XVIII

[See Rule 46(11) (12) (h)]

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

(Strike out the words not applicable)

To,

(Name and address of employer)

the Code on Social Security, 2020.

| 1. | Whereas Shri/Smt./Kumarií í í í í í í í í í í í í í ó f |
|----|--|
| | an employeeí í í í í í í í í í í í í í í í í í í |
| | (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 . |
| | requiring you to make payment of Rsí í í í í í í to |
| | Shri/Smt./Kumarií í í í í í í í í í í í as gratuity under |

2. And whereas the application was heard in your presence on í í ...and after the hearing have come to the finding that the said Shri/Smt./Kumarií í í í í í í í í í sentitled to a payment of Rsí í í í í í 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 Rsí í í í í í í í í ... is due to be paid to Shri/Smt./Kumarií í í í í í í í í í í . 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 í í í í í í neceipt of this notice with an intimation thereof to me.

Given under my hand and seal, this í í í í í day ofí í í í í í .20í í í ...

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 :ô (Strike out paragraphs if not applicable) 66666666

I OKM-AIA

[See Rule 46(13)]

Application for Recovery of Gratuity

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

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

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

- 1. The applicant is an employee of the above-mentioned employer/a nominee of lateí í í í í í í í an employee of the above-mentioned employer/a legal heir of late í í í í í í an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the í í í í í í í í í í í ...under sub-rule (11) or sub-rule (12) of rule 46 of Code on Social Security (Central) Rules, 2020 for payment of a sum of Rsí í í í í í í ... as gratuity payable under the Code on Social Security, 2020.
- The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.
- 3. The applicant therefore prays that a certificate may be issued under section 129 of the Code for recovery of the said sum of Rs.í í í í í í í í í ú due to me as gratuity in terms of your direction.

Signature/Thumb impression of applicant.

Place:

Date:

Note :ô Strike out the words not applicable.

óóóóó

FORM-XX

[See Rule 47(3) (i)]

Application for Registration of an Establishment with the Controlling Authority under section 57

- 01. Name of the Establishment
- 02. Address of the Establishment
- 03. Name of the Employer
- 04. Address of the Employer
- 05. No. of Employees Insured
- 06. Details of the Insurance Companyô
 - (a) No. of Insurance Policy;
 - (b) Date of Commencement of Insurance Policy;
 - (c) terms of Insurance Policy (copy of the Insurance Policy to be enclosed;
 - (d) details of employees insured details for employees shall be furnished in Form-III.
- 07. If the employer had already established an Approved Gratuity Fund before notification of the rules, details of board of trustees of the gratuity fund may be furnishedô
 - (a) Date of constitution of the Board of Trustees;
 - (b) Names and Addresses of the Board of Trustees.

Station:

Date:

Signature of the Employer

Name:

Designation and Address

óóóóóó

[See Rule 47(4)]

Option to continue under the Existing Insurance under section 57

In hereby opt to continue the existing insurance scheme in lieu of the compulsory insurance notified under section 57 of the Code on Social Security, 2020. The details of existing Insurance Scheme areô

- (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)

Station:

Date:

Signature of the Employer

Name:

Designation and Address

óóóóó

[See Rule 47(3) (i) & (ii)]

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

| (a) Name of the employee: |
|---|
| (b) Name of Father/Husband: |
| (c) Designation/Category: |
| (d) Date of Joining/appointment: |
| (e) Wages of the Employees: |
| (f) Date of Admission to Compulsory Insurance : |
| (g) Date of Retirement: |
| Station: |
| Date: |
| Signature of the Employer |
| Name: |
| Designation and Address |
| óóóóóó |

FORM-XXIII

(See Rule 49)

Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator

(Under The Code on Social Security, 2020)

Sir,

If i (Name of woman) employed ini i(name and full address of the establishment) or Ii i (name), a person nominated under section 62 by or a legal representative ofi i (name of woman) employed ini i .(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 Rsi i being maternity benefit and/or Rs...ii being the medical bonus and/or Rsi ..i i .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.

Dateí í í í

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.

No. 42-c] The J&K Official Gazette, 15th Jan., 2021/25th Pausa, 1942. 89

FORM-XXIV

[See Rule 49(2) (b)]

Appeal

| To, | | | | | | | | | | | | | | | | | | |
|------|-----|-----|----|-----|-----|---|-----|---|-----|----|----|---|----|-----|---|----------|----|-------|
| The | A | uth | or | ity | , | | | | | | | | | | | | | |
| (App | ooi | nte | ed | ur | nde | r | the | C | Coc | le | on | S | oc | ial | S | Security | , | 2020) |
| í í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | í | (Addre | SS |) |
| Sir, | | | | | | | | | | | | | | | | | | |

Ií í í , the undersigned, woman employee ofí í í (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 abovementioned amount to me. A copy of the order of Inspector-cum-Facilitator in this behalf is enclosed;

or

*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).

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.

Signature of an Attester in case
the woman is not able to sign
and affixes thumb impression.
Full address of the nominee/legal representative.

6666666

FORM-XXV

(See Rule 53)

Notice Book

- 1. Name of the Establishment:
- 2. Postal Address:
- 3. Name of the Employer/Manager/Occupier : (with full Particulars)

| S. | Name of | Employee | Time/ | Place | Cause | Any other | Sign. of |
|-----|----------|----------|----------|--------|--------|-------------|-----------|
| No. | the | Code/No. | date of | of | of | relevant | Employee/ |
| | Employee | | Injury/ | Injury | Injury | information | a person |
| | | | accident | | | | acting |
| | | | | | | | |

bona fide

(See Rule 55)

| | | ` | / | | |
|-------------------------------|------------------|-------------|---|------------|---------------------------------|
| REPORT OF | FATAL A | ACCIDEN | TS | | |
| То, | | | | | |
| | | | | | |
| Sir, | | | | | |
| which occurre of the premi | ed ises) | (dat and | the following e), at which resulte articulars are | (here | e enter details death of the |
| The circ | | attending | the death of t | he employ | yee/employees |
| (a) Time of | of the acci | dent : | | | |
| (b) Place | where the | accident | occurred : | | |
| (c) Manner | in which | deceased | l was/were er | nployed a | it the time |
| (d) Cause | of the acc | cident : | | | |
| (e) Any ot | ther releva | nt particu | lars (I have | etc.) | |
| | | ì | Signature and | _ | on of persor |
| | | STAT | EMENT | | |
| Name | Sex | Age | Name Employ | of ment | Full Postal Address |
| óóóóóóóóóóó | όόόόόόό <i>ό</i> | óóóóóóóó | óóóóóóóóóó | | óóóóóóóóóó |
| 1 | 2 | 3 | 4 | | 5 |
| óóóóóóóóóóó óóóóóóóóóóó | | óóóóóóóó | | | |

FORM XXVII

[See Rule 56 (1)]

MEMORANDUM OF AGREEMENT

| It is hereby submitted that on theday of previous for period ofmonths. The said employee has in receipt of half-monthly payments which have continued from theday 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 thatthe 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. |
| Dated20 |
| 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 |
| Dated20 |
| 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

| | 1V1 12/1V | IONANDUM O | T AGI | CIPIE IVITEI | 11 | |
|------------------|---|---|--|---|--|---|
| injury the co | It is hereby subn was caused to _ urse of his emp nent disablement | residing at _ loyment in | · | by accid The sai | lent arising d injury h | g out of and in nas resulted in |
| - | The said employ employee is over The received the follo | the age of 15 e said employee | years/w has pr | vill reach | the age o | of 15 years on |
| I | Rs | on | Rs | | _ on | |
| I | Rs | on | _Rs | | on | |
| I | Rs | on | _Rs | | on | |
| s t | It is further subsemployee, has agon of Rs The Chapter VII disablement start therefore, request | reed to pay the in fu of the Code on ted above and | said em ll settle Social all di | nployee, ment of a Security sablemer | has agreed all and ever 2, 2020 in at now m | I to accept, the ry claim under respect of the anifest. It is, |
| I | Dated | 20 | | | | |
| S | Signature of the e | mployer | | | | |
| • | Witness | | | | | |
| 9 | Signature of the e | mployer | | _ | | |
| • | Witness | | | | | |
| Note: | - | n to registered and the one party, proboth signature sl | vided | that the o | other party | has agreed to |
| Receip | ot (To be filled in | when the money | has be | en actual | lly paid). | |
| | ordance with the | | ent, I ha | ave this | day receiv | ed the sum of |
| | 20 | | | Empl | oyee | |
| Dated_ | 20 |) | | | | |
| The m | oney has been pa | id and this receip | pt signe | ed in my j | oresence. | |
| (Note | :—This form occupational | may be varied diseases, agree | | | | |

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 |
| 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 |
| 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 diseases, etc.).

FORM -XXX

[See Rule 56 (2) (i)]

| Wherea | s an agreement to | pay compe | nsation is said | to have b | een rea | ched |
|-----------------|------------------------|---------------|------------------|-------------|---------|--------|
| between | and | an | d whereas | _has /have | applie | d for |
| registration of | f the agreement un | der section | 89 of the Coc | le on Soci | al Secu | ırity, |
| 2020, notice | is hereby given | that the s | aid agreement | t will be | taken | into |
| consideration | on 20 a | and that any | objection to | the registr | ation o | f the |
| said agreemen | nt should be made | on that date | . In the absence | ce of valid | object | ions, |
| it is my intens | sion to proceed to the | he registrati | on of the agree | ment. | | |
| | | | | | | |
| | | | | | | |
| Dated | 20 | | | | | |
| | | | | | | |
| | | | | Competer | nt Auth | ority |
| | | | | | | |

FORM -XXXI

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

| registration | n of the agreement to | pay compensation said to |
|--------------|-----------------------|--|
| ween you | and | |
| 20 | _ have been refused | for the following reasons |
| | | |
| | | |
| | | Competent Authority |
| | ween you20 | registration of the agreement to ween you and and 20 have been refused |

FORM (XXXII)

[See Rule 56 (3) (ii)]

| When | eas an agreement to p | ay compensation is said | d to have been reached |
|-----------------|-----------------------------------|-------------------------|--|
| between | and | and whereas | has /have applied for |
| registration | of the agreement under | er section 89 of the Co | ode on Social Security, |
| 2020 and v | whereas it appears to | me that the said agree | ement ought not to be |
| registered f | or following reasons, n | amely: | |
| adequ refuse | 20 by the state cause as shown on | ne said agreement shou | ou of showing cause on ald be registered. If no of the agreement will be |
| | | | Competent Authority |

FORM (XXXIII)

[See Rule 56 (3) (ii)]

| Whe | reas an agreement to | pay compensation is s | aid to have been rea | ched |
|------------------------|-----------------------|---|----------------------|--------|
| between _ | and | and whereas | has /have applie | d for |
| registration | n of the agreement u | nder section 89 of the | Code on Social Secu | ırity, |
| 2020 and | whereas it appears t | o me that the said ag | reement ought not t | o be |
| registered | for following reason | ns, namely | _an opportunity wi | ll be |
| afforded to | the said | _of showing cause on | 20 | _ by |
| the said ag | reement should not be | e registered. | | |
| agreement agreement | • | h you have to make that date. If adequate | - | |
| | | | Competent Auth | ority |

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:

02. The Code on Social Security 2020.

03. Any other Law for the time being in

force.

| | (a) | Name of the establishment | | | |
|-----------|-----|---|--------------|---------|-------------------------|
| | | Address of the establishment: House | No./Flat No |) | |
| | | Street No./Plot No. | | | t4321 |
| | | TownDistrict | State | | PIN code |
| | (b) | Name of the employer | | | |
| | | Address of the employer: | | | |
| | | House No./Flat No | treet No./Pl | ot No | |
| | | TownDistrict | State | | PIN code |
| | | E-mail IDTelephone Nur | mber | Mo | bile number |
| | (c) | Name of the manager or person response of establishment | | | |
| | | Address: | | | |
| | | House No./Flat No | Street No. | /Plot N | 0 |
| | | TownDistrict | State | | PIN code |
| | | E-mail IDTelephone Nur | nber | Mo | bile number |
| B. | | Employer's Registration/Licence | | under | the Codes |
| | | mentioned in column (2) of the tab | le below: | | |
| S. No. | | Name | Registration | ! | If yes (Registration |
| | | | | | No.) |
| (1) | | (2) | (3) | | (4) |
| 01. | | e Code on Occupational Safety Health working condition code 2020. | | | |

C. Details of Employer, Contractor and Contract Labour:

| 01. | Name of the employer in the cestablishment. | ease of a contractor's | |
|-----|---|-------------------------|----------|
| 02. | Date of commencement of the | establishment. | |
| 03. | Number of Contractors engag during the year. | ed in the establishment | |
| 04. | Total Number of days during Contract Labour was employe | | |
| 05. | Total number of man-days wo during the year. | | |
| 06. | Name of the Manager or Ager | nt (in case of mines). | |
| 07. | Address House No./Flat No. Town | Street/Plot No. | |
| | District | State | PIN Code |
| | E-mail ID Moblie Number | Telephone Number | |

D. Working hours and weekly rest day:

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

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

| Sl. No. | Males | Adolescents (between the age of 14 to 18 years.) | Children (below 14 years of age.) | Total |
|---------|-------|--|-----------------------------------|-------|
| | | | | |

Wage rates (Category-Wise):

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

F. (a) Details of Payments:

| Gross wa | ges 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. | \mathcal{E} 3 | 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? | 1 1 | |
| 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 | |
| | |

Date:

Notice No.....

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

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the

| offen | ishment (Registration No ce for the violation of provision of the Code of egulations framed thereunder as per the details | r the Schemes or the Rules or | | |
|---|---|-------------------------------|--|--|
| | <u>PART – I</u> | | | |
| 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 t | he Compounding Officer) | | |
| Date | : | | | |
| Place | e: | | | |

Ref: Notice No.....

Date:

PART – III

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

| of Part-l | ne undersigned has deposited the entire amount as specified in Column 6 and the details of payment are given below with a request to compound access 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: No | tice No Date: |
| the Coo Sh Number amount | nis is to certify that the offence under sub-section of section 133 of the in respect of which Notice No. Dated: was issued to (Applicant), the employer of (name and Registration of establishment) has been compounded on account of remission of full of Rs (Rupees) towards the composition ces to the satisfaction of the said Notice. |
| | (Signature) |
| Date: | Name and Designation of the Officer |
| 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 | Particulars of the employer: |
|----|---|
| | Name: |
| | Address with pin code: |
| | Telephone No. : |
| | Mobile No.: |
| | Email address : |
| | Name & Type of Establishment |
| | (Central Government, State Government, PSU, |
| | Autonomous, Private, etc) |
| | Registration No of establishment under Code: |
| | Economic activity details: |
| 2. | Particulars of the indenting Officer: |
| | Name: |
| | Designation: |
| | Telephone No. : |
| | Mobile No.: |
| | Email address: |
| 3. | Particulars of vacancy(ies): |
| | (a) Designation/nomenclature of the vacancy(ies) to be filled |
| | |

| | (c) Qualifications/Skills required (educational, technical, experience) | | Essential | Desirable/Preferable |
|----|---|---------------------------------------|---|--|
| | (i) Educational Qualifications (ii) Technical Qualificatio (iii) Skills (iv) Experience | ns | | |
| | (d) Age Limits, if any (Age as on last date of application) | | | |
| | (e) Preferences (such as Exservicemen, persons with disabilities, women, etc. any | h | | |
| | (f) duration of employment (i) 3-6 months | t] | Number of posts | S |
| | (ii) 6-12 months (iii) 12 months and mor | e | | |
| 4. | Whether there is any of reservation/preference to an Caste(SC), ScheduledTribe(S Other Backward Classes(O disabilities (pwd), etc, in fil the number of vacancies to detailed below) | ny cate T), Ec BC),E ling up | gory of persons onomically Wea x-serviceman a o the vacancies: | such as Scheduled tker Sections(EWS), nd persons with Yes/No (if yes, give |
| | Category | Nu | mber of vacancie | es 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 | Kashmir Gove | candidates for Jammu and ernment 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 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:

- Career Centre to which the vacancies are reported, would provide a 1. 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.
- 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 Adda | ress of the Employer | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|
| Whether – Head | d Office | | | | | | | | | | |
| Branch Office | | | | | | | | | | | |
| Type of Establi | shment | | | | | | | | | | |
| (Public /Private | Sector) | | | | | | | | | | |
| Nature of busin | ess/Principal activity | | | | | | | | | | |
| Establishment the Code | Registration No. under | | | | | | | | | | |
| 1. (a) EMPLOYMENT | | | | | | | | | | | |
| proprietors/par workers exclud | of manpower of extrers//contingent paid and ling part-time workers and erson whose wage or salary | d contractual workers, out-sourced apprentices. (The figures should | | | | | | | | | |
| 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 | Repo | orted | Filled | Source (Career Centre/NCS | | | | | | | |
| | Career Centre (Regional) | Career Centre (Central) | | Portal/Govt. Recruiting Agencies/Private Placement Organisations/other | | | | | | | |
| 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 | Number of unfilled vacancies/posts | | | | | | | | | | |
|----------------------------|--|-----------|-----------|--|--|--|--|--|--|--|--|
| designation of the post | 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 (Sanitary), (Tailoring), Inspector Superintendent (Office), Manager (Sales), Manager Executive (Marketing), (Accounts), Data Entry Operator.....so on.

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

То

| The Career Centre, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | • |

Note:-

- 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).
- 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.