

(4) The Board of Trustees shall meet at least once in every three months and shall function in accordance with the guidelines that may be issued from time to time by the State Government or the Regional Provident Fund Commissioner or any Officer authorized by him.

(5) The terms and conditions, including the tenure of office of the Trustees, the procedure and manner for election or nomination of the representatives of the employees and the employers to the Board of Trustees, disqualification and cessation of trusteeship, re-election or re-nomination of Trustees, the quorum at the meeting of the Board, records to be kept of the transaction of business and all such other matters and conditions for the management of the Trust shall be as provided for in the Provident Fund Scheme or the Pension Scheme, as the case may be.

(6) In case of any dispute or doubt on-

(a) The interpretation of any provision of this Rule, such matter shall be referred to the State Government; and

(b) Any clarifications on the grant of such exemption which does not relate to this Rule, shall be referred to the Regional Provident Fund Commissioner or any other officer of the Employees' Provident Fund Organization authorized by him;

And the interpretation of the State Government or the clarification of the Regional Provident Fund Commissioner or such officers, as the case may be, on such dispute or doubt shall be binding for the disposal of such matter so referred.

36. Supersession.—In exercise of the powers conferred by sub-section (1) of Section 154 read with sub-section (2) thereof, and sub-section (1) of Section 155 read with sub-section (2) thereof, of the Code on Social Security, 2020, the **Code on Social Security Meghalaya Rules, 2024 are in supersession of :-**

(i) The Assam Maternity Benefit Rules, 1965 as (Adapted from Assam) vide the Meghalaya Adaptation of Law and Order (No.1) 1974,

(ii) The Payment of Gratuity (Meghalaya) Rules, 1977 and

(iii) The Building and Other Construction Workers (Regulation of employment and conditions of Service) Rules, 2008 :

Provided that the said supersession shall not affect.-

(a) the previous operation of the said Rules or anything duly done or suffered thereunder, or

(b) affect any right, liability or obligation acquired, accrued or incurred under the said Rules.

FORM – I

(See Sub rule (10) of Rule 7)

In the Employers Insurance Court Act

A B (add description and residence)
Applicant

Against

C D (add description and residence)
Opposite party. Other particulars of the application specified in rule 13
.....

Date

.....
Signature of the applicant

(Verification by the Applicant)

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

Date

.....
Signature of the applicant

FORM – II
(See Sub rule (11) of Rule 7)

List of documents produced by applicant/ Opposite party (Title), eg. Description, Subject, Name of the court, no. etc.

No.	Description of document	The date which the document bears	Signature of the party or pleader or any authorized representative.
(1)	(2)	(3)	(4)

FORM – III**(See Sub rule (12) of Rule 7)****Register of Proceedings**

Employees' Insurance Court at Register of Proceedings in the year 20

Date of presentation of application	No. of Proceedings	Name	Application description	Place of residence
1	2	3	4	5

Name	Opposite party Description	Place of residence	Particulars	Claim Amount of Value, if any	When the cause of action arise
6	7	8	9	10	11

Day for the parties to appear	Appearance of applicant	Opposite party	Date	Final Order For whom	For what of amount
12	13	14	15	16	17

<u>Appeal</u>				<u>Execution</u>			<u>Other</u>
Date of description of appeal, if any	Judgement of appeal	Date of application	Against whom	For what & amount of money	Amount of cost	Date of order transferring to another Civil Court ofat	Remark if any
18	19	20	21	22	23	24	25

FORM – IV**(See Sub rule (15) of Rule 7)****Summons for disposal of proceedings (Title)**

To,

.....

(Name, description and place of residence).

Whereas Has instituted proceeding against you for 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 at O' clock in the Noon on the Day of 20, to answer the claim, and 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.

Taken notice, that, in default of your appearance on the above mentioned, the case will be heard and decided in your absence.

Given under my hand and the seal of the Court, on this Day of 20.

Notice 1. – If you apprehend that your witnesses will not attend of their own accord, you can have a summons from this Court to compel the attendance of any 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 cost of the proceedings, to avoid execution of the decree which may be passed against you in person or property or both.

FORM – V
(See Sub rule (15) of Rule 7)
Summons for Settlement of issues

To,

.....

(Name, description and place of residence).

Whereas has instituted proceeding against you for 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 proceedings or who shall be accompanied by some person able to answer such questions at O' clock in the noon on the day of 20, to answer the claim, and you are directed to produce on that day all the documents upon which you intend to rely in support of your defence.

Take notice that, in default of your appearance on the above mentioned, the case will be heard and decided in your absence.

Given under my hand and the seal of the Court on this day of 20.

Court

Notice 1. – If you apprehend that 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 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 the Court together with the cost of the suit, to avoid execution of the decree, which may be passed against you in person or property or both.

FORM – VI

(See Sub rule (23) of Rule 7)

Subject-Application for setting aside the Ex-parte order

The above named states as follow :-

(Ground 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

FORM – VII

(See Sub rule (23) of Rule 7)

Central Form

(Title)

To,

Whereas the above named has made application to this You are hereby ordered to appear in the Court in person or by a pleader duly instructed at O' clock in the Noon, on the Day of 20, 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 on this day of 20.

COURT

FORM – VIII
(See Sub rule (24) of Rule 7)
Summons to witness
(Title)

Whereas, your attendance is required to on behalf of the in the above proceedings, you are hereby required (personally) to appear before this Court on the Day of 20 at O' clock in the Noon and to bring with you (or to send to this Court)

A sum of Rs.as your travelling and the 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 consequence of non-attendance laid down in 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, on this day of 20.....

COURT

Notice 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 Rs will be tendered to you for each day's attendance beyond the day specified.

FORM – IX
(See Sub rule (37) of Rule 7)
Decree in case
Claim for relief

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

Given under my hand and the deal of the Court, on this day of 20.

Costs of Suits

Rs. Paise	Rs. Paise
Stamp for application	Stamp for power
Stamp for power	Stamp for written statement
Stamp for exhibits	Pleader's fee
Pleader's fee	Subsistence for witness
Subsistence for witness	Service of summons and Notices
Competent authority's fee	Competent authority's fee
Service of summons and Notices	
Total	Total

FORM – X
(See Sub rule (39) of Rule 7)
Application for the Execution of Decree

In the Court of Decree Holder, hereby apply for execution of the decree herein below set forth.

Number of Proceedings	Name/s of Party/ Parties	Date of decree	Whether any appeal preferred from decree	Payment of adjustment made, if any
1	2	3	4	5
	A.B. Opposite party			

Previous application, if any with date and result	Amount with interest due upon the decree or other relief granted thereby together with particulars of any cross decree	Amount of costs if any awarded	Against whom to be executed
6	7	8	9
		As awarded RS P Decree Subsequently incurred ... Total	Against the opposite party C.D.

Mode in which the assistance of the Court is required	I pray that the total amount of Rs. (together with interest on the principal sum unto date of payment) and the cost of taking out this execution be realized by attachment and sale of the opposite party's movable property as per annexed list and paid to me.
9	10
	(When attachment and sale of immovable property sought) I pray that the total amount of Rs. (together with the interest on principal sum up to date of payment) and the cost of taking out this execution be realised by attachment and sale of the opposite party's movable property specified at the foot of this application and paid to me

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

Date the Day of 20.

Signature.....
Decree holder

FORM-XI

[See sub rule (1), (2), (3) and (4) of Rule 10]

Nomination/ Fresh Nomination/Modification of Nomination

(Strike out the words not applicable)

To

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

I, Shri/ Shrimati/ Kumari (Full Name) 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 the Code on Social Security, 2020 with effect from the (date here) in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

or

I, Shri/ Shrimati/ Kumari (Full Name) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date and recorded under your reference nodated shall stand modified in the following manner-

**Strike out unnecessary portion.*

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

3. I, hereby, declare that I have no family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020.

4 (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Competent authority in terms of clause (33) of section 2 of the Code on Social Security, 2020.

6.Nomination made herein invalidates my previous nomination.

Nominee (s)

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

Manner of acquiring a "Family"

(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption)

Statement

1. Name of employee in full:
2. Sex:
3. Religion:
4. Whether unmarried/married/widow/widower:
5. Department/Branch/Section, where employed:
6. Post held with Ticket no. or Serial no., if any:
7. Date of appointment:
8. Permanent address:

Village Thana Sub-
division Post-Office
Pin-Code District State
E-mail ID Mobile Number
Place:
Date:

Signature/Thumb-impression of the Employee

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference no., if any

Signature of the employer/Officer authorised
Designation

Date: Name and address of the establishment or rubber stamp thereof.

Acknowledgement by the Employee

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

Date:

Signature of the Employee

FORM-XII

[See sub rule(1) of Rule 11]

Application for Gratuity by an Employee/Nominee/Legal Heir

(Strike out the words not applicable)

To,

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

Sir/ Madam,

I,(name of employee/nominee/legal heir)
/nominee of late (Name of the employee)/ as a
legal heir of late (Name of the employee), beg
to apply for payment of gratuity to which I am entitled under sub-
section (1) of Section 53 of the Code on Social Security, 2020 on account of-
(a) my superannuation/retirement/resignation after completion of
not less than five years of continuous service/total
disablement due to accident/total disablement due to disease/
on termination of contract period under fixed term
employment with effect from theor
(b)death of the aforesaid employee while in service/ superannuation on
.....aftercompletion of years of service/total disablement of
the aforesaid employee due to accident or disease while in service with
effect from the or;

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

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

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

or

2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)
 - a. Name of Employee
 - b. Marital status of nominee/ legal heir(unmarried/ married/ widow/widower)
 - c. Relationship of nominee/legal heir with the employee
 - d. Full address of nominee/legal heir
 - e. Date of death and proof of death of the employee
 - f. Reference No. of recorded nomination, if available
3. Department/Branch/Section where last employed
4. Post held by employee.
5. Date of appointment.
6. Date and cause of termination of service
7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee.
- 10.Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.
- 11.Payment may please be made by crossed bank cheque/credit in my bank account no

Yours faithfully,
Signature/Thumb-impression of the
applicant employee/nominee/legal heir.

Place:
Date:

To,
.....

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

You are hereby informed that,

(a) *as required under sub-clause (ii) of clause (a) of sub-rule (2) of Rule 11 of the Code on Social Security Meghalaya Rules, 2024, that your claim for payments of gratuity as indicated on your application in **Form-II** under the said rules is not admissible for the reasons stated below:

Reasons(Here specify the reasons); or

(b) *as required under sub-clause (i) of clause (a) of sub-rule (2) of Rule 11, the Code on Social Security Meghalaya Rules, 2024 that a sum of Rs.....(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made byOn.....and recorded in thisas a legal heir of an employee of this establishment.

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

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

4. Brief statement of calculation

(a) Date of appointment.

(b)Date of termination/ superannuation/ resignation/disablement/ death.

(c)Total period of service of the employee concerned:.....years months.

(d) Wages last drawn:

(e)Proportion of the admissible gratuity payable in terms of nomination/ as a legal heir:

(f) Amount payable:

**strike out para, if not applicable*

Place:

Date:

Signature of the
Employer/authorised officer.
Name or description of establishment or
rubber stamp thereof.

Copy to: The Competent authority in case of denial of gratuity.

FORM-XIV

[See sub-rule (4) of Rule 11]

**Application for Direction before the Competent authority for
Gratuity under Chapter V of the Social Security Code, 2020**

Application No.

Date

BETWEEN

(Full name of the applicant with full address)

AND

(Full name of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/a nominee of latean employee of the abovementioned employer/a legal heir of lateand employee of the above-mentioned employer and is entitled to payment of gratuity under Section 53 of the Code on Social Security, 2020 on account of his own/ aforesaid employee's superannuation on(date) /his own retirement/ aforesaid employees' resignation on(date)completion of years of continuous service/his own/aforesaid employees' total disablement with effect from..... (date)due to accident/disease death of aforesaid employee on

2. The applicant submitted an application under the Code on Social SecurityMeghalayaRules,2024on the.....but the above mentioned employer refused to entertain it/issued a notice dated theunder clause.....of sub-rule of ruleoffering an amount of gratuity which is less than my due/issued a notice dated the under clauseof sub-ruleof rulerejecting 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. Full Name 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 full address of the employer

6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)
9. Date and cause of termination of service of the employee (Superannuation / retirement / resignation/disablement / death/ Completion of contract period under Fixed Term Employment)
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, no. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place:

Date:

Signature/Thumb-impression of the applicant

FORM- XV

[(See Sub rule (5) and (8) of Rule 11]

Notice for Appearance before the Competent Authority/Summon

(Strike out the words not applicable)

To,

(Name and address of the employer/applicant)

Whereas, Shri..... an employee under you/a nominee(s)/ legal heir(s) of Shri An employee under the above-mentioned employer, has/have filed an application under the Code on Social Security Meghalaya Rules, 2024 alleging that---

(A copy of the said application is enclosed, if summon is issued then copy of application is not required)

Now, therefore, you are hereby called -upon/summoned to appear before the Competent authority at (place) either personally or through a person duly authorized in this behalf for the purpose of answering all material questions relating to the application on theday of20.....at 'O' clock in the forenoon/afternoon in support of/to answer the allegation and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence and the documents upon which you intend to rely in support of your allegation/ defence.

Take notice that in default of your appearance on the date mentioned, the application will be dismissed/heard and determined in your absence.

Whereas, your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of in the case arising out of the claim for gratuity byFormand 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 theday of20At..... 'O'clock in the forenoon/afternoon and to bring with you to send to this authority) the said documents.

List of documents-

- 1.
- 2.
3. so on

Given under my hand and seal, thisday of20...

Competent authority
under the Code, 2020

- Note:
1. Strike out the words and paragraphs if 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 summon is issued only for producing a document and not 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.

FORM - XVI

[See sub rule (11) and (12) of Rule 11]

**Notice for Payment of Gratuity as Determined by
Competent/Appellate authority**

(Strike out the words if not applicable)

To,
(Name and address of employer)

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

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

2. And whereas, the application was heard in your presence onand after the hearing have come to the finding that the said Shri/Smt./Kumariis entitled to a payment of Rsas 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 offis due to be paid to Shri/Smt./Kumarias 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./Kumariwithin thirty days of the receipt of this notice.

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

Competent authority
Under the Code, 2020

Copy to:

1. The Applicant is advised to contact the employer for collecting payment.
2. The Appellate authority, if applicable.

Note.---(*Strike out paragraphs if not applicable*)

FORM - XVII
[See Sub rule (13) of Rule 11]

Application for Recovery of Gratuity before the Competent authority of Chapter V under the Social Security Code, 2020

Application No.

Date

BETWEEN

(Full Name of the applicant with full address)

AND

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

1. The applicant is an employee of the above-mentioned employer/a nominee of late.....

an employee of the above mentioned employer/a legal heir of late an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the.....under the Code on Social Security Meghalaya Rules, 2024 for payment of a sum of Rs as gratuity payable under the Code on Social Security , 2020.

2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.

3. The applicant therefore prays that a certificate may be issued under Section 129 of the Code for recovery of the said sum of Rs.due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words if not applicable.

FORM - XVIII

[See clause (a) of sub rule (1) of Rule 13]

Complaint to the Inspector-cum-Facilitator

To,
The Inspector-cum-Facilitator
(Under The Code on Social Security, 2020)

Sir,

I(Name of woman) employed in(name and full address of the establishment) or I(name), a person nominated under section 72 by or a legal representative of.....(name of woman)employed in(name and full address of the establishment)having fulfilled the conditions laid down in the Code on Social Security, 2020and the Rules thereunder, am entitled to Rs being maternity benefit and/ or Rs.....being the medical bonus and/ or Rs.....being wage's 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 Chapter VI of the Code on Social Security, 2020.

You are therefore requested, to direct the employer to pay the amount to me/ to set aside the discharge or dismissal done by the employer.

Signature or thumb impression of the Woman/
nominee/ legal representative

Date.....

Signature of an Attester in case the woman/
nominee/ legal representative is
unable to sign and affixes thumb impression.
Full address of the women/nominee/legal representative.

FORM-XIX

Appeal

[See Clause (b) of sub rule (2) of Rule 13]

To,

The Authority,

(Appointed under the Code on Social Security, 2020)

.....(Address)

Sir,

I,the undersigned, woman employee of (name and full address of the establishment)

*Feel aggrieved by the order of Inspector-cum-Facilitator under sub section (2) of Section 72 for the reasons attached hereto, prefer this appeal under sub-section (2) of Section 68 and request that the said employer be ordered to pay the above mentioned amount to me. A copy of the order of Inspector-cum-Facilitator cum Facilitator in this behalf is enclosed; or

*Shri/Smti.....,Inspector-cum-Facilitator, having directed under sub-section(2) of Section72 to pay the maternity benefit or other amount

being(nature of amount) to which(name of woman) is said to be entitled/to set aside my discharger dismissal during or on account of absence from work in accordance with the provisions of this Chapter V of the Code on Social Security, 2020 (Strike out unnecessary portion).

I prefer this appeal under sub-section (3) of Section 72. In view of the facts mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that the woman is not entitled to the maternity benefit or the said amount and hence the order of the Inspector-cum-Facilitator in the copy of which is enclosed, may be set aside.

*Strike out unnecessary portion.

Signature or thumb impression of the Women/ Aggrieved person

Date

.....

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

Form XX
[See Rule 16]
Notice Book of Accidents

Name of the Establishment

Nature of Business

Date of opening

Registration no (if any)

Name of the employer/ occupier

(a) Date of accidents:

(b) Short details of Accident:

(c) Name of the injured person.:

(d) Whether the accident resulted in death:

(e) Whether the accident resulted in total disablement:

(f) Whether the accident resulted in partial disablement

(g) Whether the accident resulted in temporary disablement:

(h) Amount of compensation paid to employee or his dependant:

(i) Amount of compensation deposited to Competent authority:

(j) Date of payment or deposit of Compensation:

Form XXI
[See Sub rule (1) of Rule 18]
Statement of Fatal Accidents

To,
Competent authority,
.....
Sir,

1. I have the honor to submit the following statement of an accident which occurred in (date), at (Here enter details of premises) and which resulted in the death of the employee/ employees of whom particulars are given in the statement annexed.
2. The circumstances relating to the death of the employee/ employees were as under:-
 - (a) Time of Accident
 - (b) Brief History of Accident
 - (c) Place where the accident occurred.
 - (d) Manner in which deceased was / were employed at the time.
 - (e) Cause of the accident.
 - (f) Accident reported at the local police station (Copy of FIR if any) (Y/N)
 - (g) Any Other Relevant Information.
3. I am responsible for payment of compensation.
4. Details of employee
 - (a) Name of the employee
 - (b) Age of the employee
 - (c) Wages of the employee
5. The establishment is not responsible for payment of compensation due to reasons mentioned below

(Signature and designation of person making the statement)

Name:
Mobile No:
Address:

Form XXII
[See Sub rule (2) of Rule 18]

1. In reply to your notice, dated 20.... which was received by me on the 20, it is submitted that (1) residing at/ workmen over/ under 15 years of age and whom I employed in (2) met with an accident on the 20 as a result of which he died on the 20 The monthly wages of the deceased amounted to Rs
2. The circumstances in which the deceased met his death were as follows :-
.....
.....
3. I admit liability to pay as compensation on account of the deceased's death the amount of Rs which was/ will be deposited with you on or before the 20
4. I disclaim liability to pay compensation on account of the deceased's death on the following grounds :-
 - (1) Insert name of workman
 - (2) Insert name of establishment

.....
Employer

Form XXIII

[See sub rule (1) of Rule 19]

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 old employment in The said injury has resulted in temporary disablement to the workman whereby it is estimated that he will be prevented for earning more than of his previous wages for a period of month. The said workman has been in receipt of half- monthly payment which have continued from the day of 20 Until of 20 amounting to Rs in all.

The said workmen’s monthly wages are estimated at Rs The workman 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 workman has agreed to pay and the said workman has agreed to accept the sum of Rs.

..... in full settlement of all and every claim under the Social Security Code 2020, in respect of all disablement of a temporary nature arising out the said accident, whether not or hereafter to become manifest. It is, therefore, requested that this memorandum be duly recorded.

Date 20.....

Signature of employer

Witness

Signature of Workman

Witness

Note – An application to register an agreement can be presented under signature of one party, provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible (Receipt to be filled in when the money has actually been paid). In accordance with the above agreement, I have this day received the sum of Rs

Date20

Workman

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

Witness.....

Form XXIV
[See sub rule (1) of Rule 19]
Memorandum of Agreement

It is hereby submitted that on theday of20personal injury was caused toresiding atby accident arising out of and in the course of his employment in The said injury has resulted in permanent disablement to the said workman of the following nature, namely, the said workman's monthly wages are estimated at Rs

The workman is over the age of 15 years/ will reach the age of 15 years on Rs..... onRs on

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

Date.....20.....

Signature of the employer

Witness

Signature of Workman

Witness

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

Receipt

[To be filled in when the money has actually been paid]

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

Date20

.....

Workman

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

.....

Witness

Form XXV

[See sub rule (1) of Rule 19]

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 employment in

The said injury has resulted in temporary disablement to the said workman who is at present in receipt of wages amounting to Rs per month no wages. The said workman’s monthly wages prior to the accident are estimated at Rs

The workman is subject to a legal disability by reason of

It is further submitted that the employer of the workman has agreed to pay and on behalf of the said workman has agreed to accept half-monthly payments at the rate of 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 provisions of the said Code on account of an alteration in the earnings of the said workman during disablement. It is further stipulated that all rights of communication under sub section (3) of Section 93 of the Code on Social Security, 2020 are unaffected by this agreement. It is, therefore, requested that this memorandum be duly recorded.

Date 20

Signature of employer

Witness

Signature of Workman

Witness

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

Receipt

[To be filled in when the money has actually been paid]

In accordance with the above agreement, I have received the sum of Rs on Date 20

.....

Workman

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

.....

Witness

Form XXVI

[See clause (i) of sub rule (2) of Rule 19]

Whereas, an agreement to pay compensation is said to have been reached between and whereas has/ have applied for registration of the agreement under Section 89(1) 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 objections to the registration of the said agreement should be made on that date. In the absence of valid objections it is my intention to proceed to the registration of the agreement.

.....
Competent authority.

Form XXVII

[See clause (iii) of sub rule (2) of Rule 19]

Take notice that registration of the agreement to pay compensation said to have been reached between you and on the 20 has been refused for the following reasons :-

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

Date 20

.....
Competent authority.

Form XXVIII

[See clause (ii) of sub rule (3) of Rule 19]

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

.....
.....

An opportunity will be afforded to you of showing cause on why the said agreement should be registered. If no adequate cause is shown on that date the registration of the agreement will be refused.

Date 20 ...

.....
Competent authority.

Form XXIX

[See clause (ii) of sub rule (3) of Rule 19]

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

.....

.....
 An opportunity will be afforded to the said for showing cause on
 20 why the said agreement should 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.
 Date 20

.....
 Competent authority.

Form XXX

[See sub rule (5) of Rule 19]

Register of Agreements for the Years, 20

Serial No.	Date of agreement	Date of registration

Employer	Workman	Initials of Competent authority	Reference to orders rectifying the register

Form XXXI

[See sub rule (2) of Rule 22]

Application for Compensation by Workmen

To,

The Competent authority for Workmen's Compensation

.....

.....

.....Residing at..... Applicant

Versus

.....Residing at..... Opposite party.

It is hereby submitted that :-

(1) The applicant, a workman employed by (a contractor with) the opposite party on the day of 20 received personal injury by accident arising out of and in the course of his employment.

The cause of the injury was (here insert briefly in ordinary languages the cause of the injury)

(2) The applicant sustained the following injuries, namely :-

(3) The monthly wages of the applicant amount to Rs the applicant is over/ under the age of 15 years.

* (4) (a) Notice of the accident was served on the day of

(b) Notice was served as soon as practicable

(c) Notice of the accident was not served (on due time) by reason of

(5) The applicant is accordingly entitled to receive-

(a) Half-monthly payments of Rs from the Day of 20 to

(b) A lump-sum payment of Rs

(6) The applicant has taken the following steps to secure a settlement by agreement, namely but it has proved impossible to settle the question in dispute because

*You are therefore, requested to determine the following questions in dispute, namely:-

(a) Whether the applicant is a workman within the meaning of the Code

(b) Whether the accident arose out of or in the course of the applicant's employment

(c) Whether the amount of compensation claimed in due, or any part of that amount

(d) Whether the opposite party is liable to pay such compensation as is due

(e) etc., (as required)

Date 20

.....
Applicant.

*Strike out of the clauses which are not applicable.

Form XXXII

[See sub rule (2) of Rule 22]

Application for order to Deposit Compensation

To,

The Competent authority for Workmen's Compensation

.....

.....

.....Residing at.....

Applicant

versus

.....Residing at.....

Opposite party.

It is hereby submitted that :-

(1) a workman employed by (a contractor with) the opposite party on the day of 20 received personal injury by accident arising out of and in the course of the employment resulting in his death on the day of 20 The cause of the injury was (here insert briefly in ordinary language the cause of the injury)

(2) The applicant(s) is/ are dependent(s) of the deceased workman being his

(3) The majority wages of the deceased amount to Rs

The deceased was under/ over the age of 15 years at the time of his death.

(4) (a) Notice of the accident was served on the day of

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of

.....

(5) The deceased before his death received as compensation the total sum of Rs

(6) The applicant(s) is/ are accordingly entitled to receive a lump-sum payment of Rs

You are, therefore, requested to award to the applicant the said compensation or any other compensation to which he may be entitled.

Date..... 20

.....

Applicant.

**Strike out of the clauses which are not applicable.*

Form XXXIII

[See sub rule (2) of Rule 22]

Application for Communication

To,

The Competent authority for Workmen's Compensation

.....

.....

.....Residing at.....

Applicant

.....Residing at..... Opposite party.

It is hereby submitted that :-

(1) The applicant/ opposite party has been in receipt of half-monthly payments from to In respect of temporary disablement by accident arising out of and in the course of his employment.

(2) The applicant is desirous that the right to receive half-monthly payments should be redeemed.

(3) (a) The opposite party is unwilling to agree to the redemption of the right to receive half-monthly payments.

(b) The parties have been unable to agree regarding the sum for which the right to receive half-monthly payments should be redeemed.

You are therefore requested to pass orders :-

(a) directing that the right to receive half-monthly payments should be redeemed.

(b) fixing a sum for the redemption of the right to receive half-monthly payments.

Date 20

.....
Applicant.

Form XXXIV

[See clause (i) of sub rule (19) of Rule 22]

Notice

Whereas a claim for compensation has been made by applicant, against and the said has claimed that you are liable under Section 93(3)(4) of the Code on Social Security, 2020, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim. You are hereby informed that you may appear before me on and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party. In default of your appearance you would be deemed to admit the validity of any award made against the opposite party and your liability to indemnify the opposite party for any compensation recovered from him.

Date 20

.....
Competent authority

Form XXXV

[See clause (iv) of sub rule (19) of Rule 22]

Notice

Where a claim for compensation has been made by applicant, against and the said has claimed, that is liable under Section 93 (3) (4) of the Code on Social Security, 2020, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim, and whereas the said on notice served has claimed that you stated to him in the relation of a contractor from whom the applicant could have recovered compensation you are hereby informed that you may appear before me on And contest the claim for compensation made by the said applicant or the claim for

indemnity made by the opposite party In default of your appearance you will be deemed to admit the validity of any award made against the opposite party. and your liability to indemnify the opposite party for any compensation recovered from him :-

Date..... 20

.....
Competent authority

FORM - XXXVI

[See sub rule (1) of Rule 29]

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) & 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 XXXVII

[See sub rule (3) of Rule 29]

Unified Annual Return

A. General Part:

- (a) Name of the establishment
- Address of the establishment:
House No./Flat No Street No./Plot
No
- TownDistrictState"
.....pin code
- (b) Name of the
employer
- Address of the employer:
House No./Flat No Street No./Plot No
.....

TownDistrictState"

..... pin code

E-mail IDTelephone

Number Mobile number

- (c) Name of the manager or person responsible for supervision and control of establishment:

.....
.....

Address:

House No./Flat NoStreet No./Plot

No

TownDistrictState

E-mail ID Telephone

Number Mobile number...

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

S. No.	Name	Registration		If yes (Registration No.)
(1)	(2)	(3)		(4)
01.	The Code on Occupational Safety Health and Working Conditions Code 2020.			
02.	The Code on Social Security 2020.			
03.	Any other Law for the time being in force.			

C. Details of Employer, Contractor and Contract Labour:

01.	Name of the employer in the case of a contractor's establishment	
02.	Date of commencement of the establishment.	
03.	Number of Contractors engaged in the establishment during the year.	
04.	Total Number of days during the year on which Contract Labour was employed.	
05.	Total Number of man-days worked by Contract Labour during the year	
06.	Name of the Manager of Agent (in case of mines).	
07.	Address House No./ Flat No. Street/ Plot No. Town District State Pin Code E-mail ID Telephone Number Mobile 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	Females	Adolescents (between the age of 14 to 18 years.)	Children (below 14 years of age.)	Total

F. Wage rates (Category Wise):

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

G. (a) Details of Payments:

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

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

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

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

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

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

(a) Details of establishments, 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 present (at the mines or circus) ?	
03(iii)	If he is a part time doctor, 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 Social Security Code, 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-XXXVIII

[See sub rule (1)(2)(3) of Rule 30]

Notice to the Employer who committed an offence for the first time for compounding of offence under sub-section (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

(See Rule 30)

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
(See Rule 30)

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
(See Rule 30)

**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
[See Rule 30 (3)]

This is to certify that the offence under sub-sectionof section133 of the Code on Social Security, 2020,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-XXXIX

[See clause (b) of sub-rule (3) of Rule 31]

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 (b) Description of duties of the post (job role/ functional role)		
	(c) Qualifications/ Skills required (educational, technical, experience)	Essential	Desirable/ Preferable
	(i) Educational Qualifications		
	(ii) Technical Qualifications		
	(iii)Skills		

	(iv) Experience		
	(d) Age Limits, if any (Age as on last date of application)		
	(e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc) if any		
	(f) Duration of employment (i) 3-6 months (ii) 6-12 months (iii) 12 months and more	Number of posts	
4.	Whether there is any obligation for arrangement of giving reservation/ preference to any category of persons such as Scheduled Caste (SC), Scheduled Tribe (ST), Economically Weaker Sections (EWS), Other Backward Classes (OBC), Ex-serviceman and persons with disabilities (PWDs), etc, in filling up the vacancies: Yes/No (if yes, give the number of vacancies to be filled by such categories of persons as detailed below)		
	Category	Number of vacancies to be filled	
5.	(a) Scheduled Caste (b) Scheduled Tribe (c) OBC (d) EWS (e) Ex-Servicemen (f) Persons with disabilities (PWDs) (g) Women (h) Others (specify)	Total	*By priority candidates *(Applicable for Central Government vacancies)
6.	Pay and Allowances: For Government vacancies: Mention pay level/ pay scale of the post with basic pay/ pay per month with other details if any For others: Mention minimum total emoluments per month with other details, if any.		
7.	Place of work (Name of the town/ village and district, pin code, etc. in which it is situated)		
8.	Mode of Application (email, online, in writing, etc) and Last date for receipt of applications.		
9.	Particulars of officer to whom the applications be sent/candidates should approach (Mention Name, designation, email id, address, telephone No., website address in case of online)		
10.	Mode of Recruitment (Through Career Centre,		
	Placement Agency, self management, any other mode (specify)		

11.	Would like to prefer submission of list of Eligible candidates registered with Career Centre	Yes/ No
12.	Any other relevant information	

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

NOTE:

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

Form-XXXX

[See sub-rule (6) of Rule 31]

Form of 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, 2020 (Chapter XIII – Employment Information & Monitoring).

Name & Address of the Employer		
Whether – Head Office		
Branch Office Type of Establishment (Public/ Private Sector)		
Nature of business/ Principal activity		
Establishment Registration No. under the Code		
1. (a)Employment Total number of manpower of establishment including working proprietors/ partners/ contingent paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary is paid).		
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 : PWDs (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/
	Career Centre (Regional)	Career Centre (Central)		

				Private Placement Organisations/ Others)
1	2	3	4	5

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

3. MANPOWER SHORTAGES:

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

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

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

4. Estimated Manpower Required 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	PWDs (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 establishment/ employers vide their obligation under the Code on Social Security, 2020 (Chapter XIII-Employment of 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 job seekers 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.

By Order

(Shri. C. Songate, IRS),
Principal Secretary to the Government of Meghalaya,
Department of Labour, Employment & Skill Development.
