

FORM ER

FORM ER-II

**Occupational return to be submitted to the Local Employment Exchange once in two years
(on a date to be specified by notification in the Official Gazette).**

(Vide the Employment Exchanges (Compulsory Notification of Vacancies) Rules, 1960

Name and address of the employer :

Nature of business :

(Please describe what the establishment makes or does as its principal activity)

1. Total number of persons on the pay roll of the establishment on
(This figure should include every person whose wage or salary is paid by the establishment.)

2. Occupational classification of all employees as given in item 1 above.
(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 calendar year due to retirement, expansion or re-organization. |
|------------|---------------------|-------|-------|---|
| | 2 | 3 | 4 | |
| 1 | Men | Women | Total | 5 |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Date:
Employer

Signature of

Place:

To,
The Employment Exchange,
(Write address of Local Employment Exchange (Office))

Note: Total of Col h(4) under item 2 should correspond to the figure given against item 1.