**Employment Exchanges (Compulsory Notification of Vacancies) Act**

**Form ER-II**

**Occupational return to be submitted to the Local Employment Exchanges 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 rolls of the establishment on (specified date)………………………

(This figure should include every person whose wage or salary is paid by the establishment.)

1. Occupation 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** | |
| (1) | (2) | (3) | (4) | (5) |
| Use exact terms such as engineer (Mechanical); teacher (domestic / science) officer on special duty (actuary); assistant director (metallurgist); scientific assistant (chemist); research officer (economist); instructor (carpenter); supervisor (tailor); fitter (internal combustion engine); inspector (sanitary); superintendent (office); apprentice (electrician). | Men | Women | Total | Please give as for 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-organisation. |
|  |  |  |  |  |
| **Totals** |  |  |  |  |

Dated: …………………… Signature of employer………………

To,

The Employment Exchange

……………………………………………….

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(Please fill in here the address of your Local Employment Exchange) Note.—Total of Column (4) under Item 2 should correspond to the figure given against Item 2.