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## **FORM ER-I**

## Quarterly return to be submitted to the local Employment Exchange for the Quarter ended

The following information is required under the Employment Exchanges (Compulsory Notification of Vacancies) Act, 1959.

Quarter Ended :

Name and Address of the Employer :

Whether Head Office/Branch Office :

Nature of Business/Principal activity :

## 1(a) **Employment**

Total number of persons including working proprietors/partners/commission agents/contingent paid and contractual workers on the pay rolls of the establishment excluding part-time workers and apprentices. (The figure should include every person whose wage or salary is paid by the establishment)

Man	On the last working day	On the last working day
power	of the previous quarter	of the quarter under
		report
1	2	3
Men		
Women		
Total		

(b) Please indicate the main reasons	for any	increase	or	decrease	in	employment	if the	increase	or
decrease is more than 5% during the									

Note: Establishments are reminded of their obligation under the Employment Exchanges (Compulsory Notification of Vacancies) Rules, 1960 for notifying the Employment Exchanges details of vacancies specified under the Act, before they are filled.

## 2. Vacancies

Vacancies carrying total emoluments of Rs.60 or over per month, and of over 3 months duration.

2. (a) Number of vacancies occurred and notified during the quarter and the number filled during the quarter

No. of vacancies which come within the purview of the Act

Occurred	Notified to	•	Filled	Source	
				(Describe the	
				source from	
				which filled)	
	Local	Central			
	Employment	Employment			
	Exchange	Exchange			
1	2	3	4	5	

2. (b) above	for	not	notifying	all	vacancies	occurred	during	the	quarter	under	report	view	(a)
	 			••••									

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3. **Manpower Shortages**Vacancies/Posts unfilled because of shortage of suitable applicants:

- We will to be the time of time of the ti					
Number of unfilled vacancies/posts					
Name of the	e Essential	Essential	Experience not necessary		
	or qualifications	experience			
designation of the pos	prescribed				
1	2	3	4		

Date:	Signature of Employer
Place:	
То	

The Employment Exchange

(Write address of Local Employment Exchange)

Note:- This return shall relate to quarters ending 31st March / 30th June / 30th September and 31st December and shall be rendered to the local Employment Exchange within 30 days after the end of the quarter concerned.