

**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).

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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)

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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		
	Men	Women	Total
1	2	3	4

Use exact terms such as Engineer(Mechanical), Teacher(domestic science), Officer on special duty(Actuary) Asst. Director(Metallurgist), Scientific asst.(Chemist), Research Officer(Economist), Instructor(Carpenter), Supervisor(Tailor), Fitter(internal combustion engine) Inspector(sanitary), Superintendent (office); Apprentice (Electrician).	Please give as far as possible approximate No. of vacancies in each occupation you are likely to fill during the next calendar year due to retirement, expansion or reorganization
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Total:

Dated:

Signature of the Employer

To

The Employment Exchange  
(Please fill in here the address of  
your local Employment Exchange)