

FORM ER-II

**OCCUPATIONAL RETURN TO BE SUBMITTED TO THE LOCAL
EMPLOYMENT EXCHANGE ONE IN TWO YEARS AS ON 30TH
SEPTEMBER 20__ Vide the Employment Exchanges (Compulsory
Notification of Vacancies) Rules. 1960**

Name and Address of the Employer :

Name of business (please describe what the Establishment :

Makes of duties as its principal activity)

1. Total of persons on the pay rolls of establishment
In (specified date). This figure should include every
Person whose wage or salary is paid by the Estt.)
2. Occupation classification of all employees as given
In item 1 above (Please give below the numbers of
Employees in each occupation separately)

Sl. No.	Designation	Qualification	No. of Employees			Please give as far as possible approximate and no. of vacancies in each occupation you are likely to fill during the next Calendar year to retirement, Expansion reorganisation.
			Women	Men	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Date.

SIGNATURE OF THE EMPLOYER

To:

The District Employment Officer