

FORM ER-II

OCCUPATIONAL RETURN TO BE SUBMITTED TO THE LOCAL EMPLOYMENT EXCHANGE  
ONCE IN TWO YEARS (On a date to be specified by notificaton 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 no. of persons on the pay rolls of the establishment on (specified date) .....

2. Occupational qualificaton of all employees as given in item 1 above.  
(Please give below the number of the employees in each occupation seperately).

Occupation 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)	Number of employees			Please give as far as possible approxiamate number of vacancies in each occupation you are likely to fill during the next calender year due to retirement, expansion or reorganisation
	Male	Female	Total	
1	2	3	4	5
TOTAL				

Dated:

Signature of the employer

To,  
The Employment Exchange  
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