

**FORM DPER I**

**(Disabled Persons Employed Return)**

Quarterly return to be submitted to the Special Employment Exchange for the Quarter ended.....

Name and Address of the Employer :.....

Whether- Head Office :.....

Branch Office :.....  
:.....

Name 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 figures should include every person whose wage or salary is paid by the establishment.)

|            | On the last working day of the<br>Previous quarter |                         |                       | On the last working day of the<br>quarter under report |                         |                       |
|------------|--|-------------------------|-----------------------|--|-------------------------|-----------------------|
|            | Orthopaedically<br>Handicapped                     | Visually<br>Handicapped | Hearing<br>Impairment | Orthopaedically<br>Handicapped                         | Visually<br>Handicapped | Hearing<br>Impairment |
| Men with   |  |                         |                       |  |                         |                       |
| Disability |  |                         |                       |  |                         |                       |
| Women      |  |                         |                       |  |                         |                       |
| With       |  |                         |                       |  |                         |                       |
| Disability |  |                         |                       |  |                         |                       |
| 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 quarter.

2. **Vacancies** – Vacancies carrying total emoluments as per prevailing minimum wage per month and over three months’ duration.

(a) Number of vacancies occurred and notified during the quarter and the number filled during the quarter (separate figures may be given for men with disability and women with disability.)

Number of vacancies which come within the purview of the Act

| Occurred | Notified                             | Filled                         | Sources | (Describe the Source<br>from which filled) |
|----------|--------------------------------------|--------------------------------|---------|--|
|          | Local Special Employment<br>Exchange | General Employment<br>Exchange |         |  |
| 1        | 2                                    | 3                              | 4       | 5  |

-----  
 (b) Reasons for not notifying all vacancies occurred during the quarter under report, *vide* 2(a) above  
 .....

**3. Manpower Shortages**

Vacancies/posts unfilled because of shortage of suitable applicants.

| Name of the Occupation or Designation of the post | Number of unfilled vacancies/posts disability-wise |                      |               |
|---|--|----------------------|---------------|
| Experience  | Essential qualification                            | Essential experience | Not necessary |
| 1   | 2  | 3                    | 4             |

Please list any othe occupations for which this establishment had recently any difficulty in obtaining suitable applicants.

Signature of employer

To  
 The Employment Exchange,

.....  
.....  
.....

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

**FORM DEPR II**

(See Rule 40)

Occupational return to be submitted to the local Special Employment  
Exchange once in two years.

Name and address of the Employer .....

Nature of business .....  
(describe what the establishment makes or does as its principal activity)

1. Total number of persons on the payrolls of the establishment on (specify date).....(This figure should include every person whose wage or salary is paid by the establishment). (Separate figures for men with disability and women with disability may be given.)
2. Occupational Classification of all employees as given in Item 1 above.  
(Please give below the number of employees in each occupation seperately)

| -----           |  | -----               |  | -----                 |  | ----- |  |
|-----------------|--|---------------------|--|-----------------------|--|-------|--|
| Occupation      |  | Number of Employees |  |                       |  |       |  |
| -----           |  | -----               |  | -----                 |  | ----- |  |
| The exact terms |  | Men with Disability |  | Women with Disability |  | Total |  |
| -----           |  | -----               |  | -----                 |  | ----- |  |

|                             |   |   |   |   |   |   |                            |
|-----------------------------|---|---|---|---|---|---|----------------------------|
| Such as Engineer            | O | V | H | O | V | H | Please give as far as      |
| (Mechanical )               | R | I | E | R | I | E | Possible approximate       |
| Teacher(domestic/Science    | T | S | A | T | S | A | Number of vacancies        |
| /officer on duty (actuary); | H | U | R | H | U | R | In each occupation         |
| Assistant director          | O | A | I | O | A | I | You like to fill during    |
| (Metallurgist);             | P | L | N | P | L | N | The next calendar year due |
|                             |   |   |   |   |   |   | to retirement              |
| Science Assistant           | A | L | G | A | L | G |                            |
| (Chemist); Research Officer | E |   |   | E | Y |   |                            |
| (Economist); instructor     | D | Y |   | D |   |   |                            |
| (Carpenter)                 | I |   |   | I |   |   |                            |
| Supervisor Itailor) fitter  | C | C |   |   |   |   |                            |
| (internal) combustion       | A | A |   |   |   |   |                            |
| (engine); Inspector         | Y | Y |   |   |   |   |                            |
| (Sanitary): Superintendent  |   |   |   |   |   |   |                            |
| (Office); apprentice        |   |   |   |   |   |   |                            |
| Electrician                 |   |   |   |   |   |   |                            |
|                             |   |   |   |   |   |   |                            |

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-----  
Total  
-----

Dated .....

Signature of Employee

To,

The Employment Exchange.....  
(Please fill in here the address of your Local Special Employment Exchange)

**Note :-** Total of Col. 8 under Item 2 should correspond to the figures given against Item 1.



decrease is more than 5% during the quarter .....

7. *Vacancies* - Vacancies carrying total emoluments as per prevailing minimum wage per month and of over three months' duration.

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

-----  
 Number of vacancies which come within the purview of the Act  
 -----

| Occurred<br>Employment | Notified            |                    | Filled<br>(Describe the source from<br>which filled.) | Sources |
|------------------------|---------------------|--------------------|---|---------|
|                        | Local<br>Employment | Special<br>General |   |         |
| 1                      | 2                   | 3                  | 4   | 5       |
| -----                  |                     |                    |   |         |

-----  
 Total  
 -----

(b) Reasons for not notifying all vacancies occurred during the quarter under report *vide*

(a) above.....

**3. Manpower Shortages**

Vacancies/posts unfilled because of shortage of suitable applicants

----- Name of the  
 occupation

or designation of the posts

No. of unfilled vacancies/posts

-----  
 essential      essential      experience  
 qualification    experience      not necessary

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|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

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Please list any other occupations for which this establishment had recently any difficulty in obtaining suitable applicants.

Signature of Employer