

**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)

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