

FORM DPER III

(See Rule 41)

1. Name and address of the employer
2. Whether Head Office
Branch Office.....
3. Nature of business/principal activity
4. Total number of persons on the payroll of the establishment. (This figure should include every person whose wage or salary is paid by the establishment.)
5. Total number of disabled persons (disabilitywise) on the payroll of the establishment. (This figure should include every person with disability whose wage or salary is paid by the establishment.)
6. (a) Occupational qualification of all employees as given in item 5 above.
(Please give below the number of employees in each occupation separately.)

Occupation Number of Employees

The exact terms Men with Disability Women with Disability Total

Such as Engineer	O	V V	H	O	V	H	Nature and extent of
(Mechanical);	R	I	E	R	I	E	Disability
Teacher(domestic/Science	T	S	A	T	S	A	
/officer on duty (actuary);	H	U	R	H	U	R	
Assistant director	O	A	I	O	A	I	
(Metallurgist);	P	L	N	P	L	N	
Science Assistant	A	L	G	A	L	G	
(Chemist); Research Officer	E	Y		E	Y		
(Economist); instructor	D			D			
(Carpenter)	I			I			
Supervisor Itailor) fitter	C			C			
(internal) combustion	A			A			
(engine); Inspector	L			L			
(Sanitary): Superintendent	L			L			
(Office); apprentice	Y			Y			
Electrician							
1	2	3	4	5	6	7	8

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

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 Employment	Notified		Filled (Describe the source from which filled.)	Sources
	Local Employment	Special Employment	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

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