FORM ER-I

Quarterly return to be submitted to the local Employment Exchange

For the quarter ended……………………..

[Vide the Employment Exchanges (Compulsory Notification of Vacancies) Rules, 1960]

The following information is required under the Employment Exchanges(Compulsory Notification of Vacancies) Rules, 1960 to assist in evaluating trends in employment and for action to correct imbalances labour supply and demand

Name and address of the employer……………………………………………………..

………………………………………………………………………………………………

………………..

Whether ☐ Head Office ☐ Branch Office

I.   (a) **EMPLOYMENT**

Total number of persons including working proprietors/partners/commission agents/ contingent paid And contractual workers, on the pay rolls of the establishments 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 previous quarter.	On the last working day of The quarter under report.
Men		
Women		
Total		

(b) Please indicate the main reason s for any increase or decrease in employment if the increase or decrease is more than 5% during the quarter………………………………………………………………………………

NOTE:- Establishment are remind of their obligation under the Employment Exchanges(Compulsory Notification of Vacancies) Act for notifying to Employment Exchanges details of vacancies specified under the act before they are filled.

2. **VACANCIES**　　**:** Vacancies carrying emoluments of Rs 60 or over per month and

of over 3 months duration--

2.(a) Numbers of vacancies occurred and notified during the quarter and the numbers filled during the quarter.

Number of vacancies which come within the purview of the Act				
Occurred	Notified		Filled	Source (describe the source form which filled)
	Local Employment Exchange	Central Employment Exchange		
(1)	(2)	(3)	(4)	(5)

(b) Reasons for not notifying all vacancies occurred during the quarter under report vide 2 (a) above:

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3. **MANPOWER SHORTAGES**

Vacancies /posts unfilled because of shortage of suitable application s.

Name the occupation or designation of the post.	Numbers of unfilled vacancies /posts		
	Essential qualification prescribed	Essential experience	Experience not necessary
1	2	3	4

Please list any other occupation for which this establishment had recently any difficulty in obtaining suitable applications.

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Signature of employer

To

The Employment Exchange,