

- b. any clarifications on the grant of such exemption which do not relate to this rule, shall be referred to the Central Provident Fund Commissioner or any other officer of the Employees' Provident Fund Organization authorised by him;

and the interpretation of the Central Government or the clarification of the Central Provident Fund Commissioner or such officers, as the case may be, on such dispute or doubt shall be binding for the disposal of such matter so referred.

**70. Submission of form to the office of Director General, Labour Bureau.**—A copy of Form V (notice for payment or rejecting claim of gratuity) shall be shared electronically with the Director General, Labour Bureau in auto-mode.

**71. Power to waive, etc.** – Notwithstanding anything contained in these rules, the Central Government, when it considers that it is required in the public interest, may, by notification, waive off or defer any of the provisions of these rules to be in force in whole of the India or such part thereof for such period as may be specified in the notification.

\*\*\*\*\*

### FORM- I

[See rule 14 (2)(a)]

### APPEAL UNDER SECTION 23 OF THE CODE ON SOCIAL SECURITY, 2020

Title of the case:

APPEAL

INDEX

Serial No.	Description of documents relied	Page No.
1.		
2.		
3.		
4.		

Signature of the Applicant

*For use in Tribunal's office*

Date of filing (or) Date of receipt by post  
Registration No.

Signature of Registrar

## IN THE CENTRAL GOVERNMENT INDUSTRIAL TRIBUNAL

BETWEEN

A.B.

APPELLANT

Vs.

C.D.

RESPONDENT

## DETAILS OF APPEAL

1. **Particulars of the Appellant:**

- i. Name of the appellant
- ii. Office address
- iii. Address for service of notices

2. **Particulars of the Respondent:**

- i. Name of the respondent
- ii. Office address
- iii. Address for service of notices

3. **Particulars of the order/notification against which appeal is made.-** The appeal is against the following order/notification

- i. Order/notification No. with reference to Annexure
- ii. Date
- iii. Passed by
- iv. Subject in brief

4. **Jurisdiction of the Tribunal.-** The appellant declares that the subject of the matter against which he wants redressal is within the jurisdiction of the Tribunal.5. **Limitation.** —The appellant further declares that the appeal is within the limitation specified in section 126 of the Code on Social Security, 2020 (36 of 2020).6. **Facts of the case.-** The facts of the case are given below:

(Give here a concise statement of facts in a chronological order, each paragraph containing as nearly as possible a separate issue, fact or otherwise)

7. **Details of remedies exhausted.** —The appellant declares that he has availed of all the remedies available to him under the Code.

(Give here chronologically the details of representations made and the outcome of such representation with reference to the Annexure numbers).

8. **Matters not previously filed or pending with any other Court.** —The appellant further declares that he had not previously filed any appeal, writ petition or suit regarding the matters in respects of which this appeal has been made, before any court of law or any other authority or any other bench of the Tribunal nor any such appeal, writ petition or suit is pending before any of them.

In case the appellant has previously filed any appeal, writ petition or suit, the stage at which it is pending and if decided, the gist of the decision should be given with reference to the Annexure.

9. **Relief(s) sought.** —In view of the facts mentioned in para 6 above, the appellant prays for the following relief(s):--

[Specify below the relief(s) sought explaining the ground for relief(s) and the legal provisions (if any) relied upon].

10. **Interim order, if any, prayed for.** —Pending final decision on the appeal the applicant seeks issue of the following interim order—

(Give here the nature of the interim order prayed for with reasons)

11. In the event of appeal being sent by Registered post, it may be stated whether the appellant desires to have oral hearing at the admission stage and if so, he shall attach a self-addressed Post Card, Inland Letter, at which intimation regarding the date of hearing could be sent to him.

12. **Particulars of Bank Draft or Postal order in respect of the Appeal Fee:**

13. Name of the Bank on which drawn

14. Demand Draft No. (OR)

15. Details of online fund transfer

16. **List of enclosures**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### VERIFICATION

I, ..... (Name of the Appellant) S/O, D/O, W/O ..... Age..... working as .....in the office of ..... resident of ..... do hereby verify that the contents of paras ..... to..... are true to my personal knowledge and paras ..... to..... believed to be true on legal advice and that I have not suppressed any material fact.

**Signature of the Appellant**

Date:

Place:

To  
The Registrar

**FORM-II**

[See rule 14 (2)(c)]

**RECEIPT SLIP**

Receipt of the appeal filed in the Central Government Industrial Tribunal at ..... by Sri/Smt/Kum..... working in/for..... of..... residing at..... is hereby acknowledged.

For Registrar  
Central Government  
Industrial Tribunal

Date:

Seal:

**FORM-III**[*(See rules 23(2)(b) and 33 (1),(2), (3) and (4))*]

[For the purpose of Chapter-III, Chapter-IV and Chapter-V]

**Nomination/Fresh Nomination/Modification of Nomination***(Strike out the words not applicable)*

Sl. No.	Details of the employee:	
1.	Name of employee in full	
2.	Universal Account Number(if available):	
3.	Sex	
4.	Religion	
5.	Whether unmarried/married/widow/widower	
6.	Department/Branch/Section where employed	
7.	Post held with Ticket No. or Serial No., if any	
8.	Date of appointment	
9.	Permanent address:	
	Village:	
	Post-Office:	
	Thana:	
	Sub-Division:	

	District:	
	State:	
	Pin-Code:	
	E-mail ID:	
	Mobile Number:	

## Part-I

(for the purpose of Gratuity)

To.....  
 .....

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari.....(Name in full here)whose particulars are given in the statement below, hereby nominate the person(s) mentioned below/ have acquired a family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020 (36 of 2020) with effect from the .....(date here) in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

or

I, Shri/Shrimati/Kumari.....(Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date ..... and recorded under your reference No.....dated..... shall stand modified in the following manner:-

*\*Strike out unnecessary portion.*

**Nominee(s)**

S.No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.				
2.				
3.				
So on				

## Part-II

(For the purpose of Chapter III of the Code)

**(For Employees' Provident Fund Scheme)**

I hereby nominate the person(s)/cancel the nomination made by me previously, if any, and nominate the person(s), mentioned below to receive the amount standing to my credit in Employees Provident Fund in the event of my death:-

S.No.	Name of the nominee (s)	Address	Nominee's relation with the member	Date of birth of nominee	Total amount or share of accumulation in Provident Fund to be paid to each nominee	If the nominee is minor, name and address of the guardian who may receive the amount during the minority of nominee

**(For Employees' Pension Scheme)**

I hereby nominate the person(s)/cancel the nomination made by me previously, if any, and nominate the person(s), mentioned below to receive pension in the event of my death\*:-

S.No.	Name of the nominee (s)	Address	Date of birth of nominee	Nominee's relation with the member, if any

\*In event of the member acquiring family, by way of spouse and /or eligible child, the above nomination for receiving pension shall stand cancelled.

I hereby nominate the following person for receiving the monthly widow pension in the event of my death without leaving any eligible family member for receiving pension:

S.No.	Name of the nominee (s)	Address	Date of birth of nominee	Nominee's relation with the member, if any

**Part-III**

(for the purpose of Chapter IV of the Code)

I hereby nominate the person(s)/cancel the nomination made by me previously, if any, and nominate the person(s), mentioned below to receive any cash benefits under Chapter IV standing to my credit in the event of my death:-

S.No.	Name of the nominee (s)	Address	Nominee's relation with the member	Date of birth of nominee	Proportion by which the cash benefit will be shared

**DECLARATION**

1. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020 (36 of 2020).

2. I hereby declare that I have no family within the meaning of clause (33) of section 2 of the said Code.

- 3 (a) My father/mother/parents is/are not dependent on me.
- (b) My husband's father/mother/parents is/are not dependent on my husband.
4. I have excluded my husband from my family by a notice dated the..... to the competent authority in terms of clause (33) of section 2 of the said Code.
5. Nomination made herein invalidates my previous nomination.

### **Manner of acquiring a “Family”**

(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption)

Place:

Date:

Signature/Thumb-impression of the Employee

### **Certificate by the Employer**

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any

Signature of the employer/Officer authorised

Designation

Date:

Name and address of the

establishment or

rubber stamp thereof.

### **Acknowledgement by the Employee**

Received the duplicate copy of nomination in **Form-III** filed by me and duly certified by the employer.

Date: .....

Signature of the Employee

**FORM-IV**

[(See rule 34(1))]

**Application for gratuity by an Employee/nominee/legal heir**  
(Strike out the words not applicable)

To,.....  
(Give here name or description of the establishment with full address)

Sir/Madam,

I, .....(name of employee/nominee/legal heir) /nominee of late.....(Name of the employee)/ as a legal heir of late.....(Name of the employee), want to apply for payment of gratuity to which I am entitled under sub-section (1) of section 53 of the Code on Social Security, 2020 (36 of 2020) on account of-

(a) my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease/ on termination of contract period under fixed term employment with effect from the.....or;

(b) death of the aforesaid employee while in service/superannuation on.....after completion of.....years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the..... or;

(c) death of aforesaid employee of your establishment while in service/superannuation on.....(date) without making any nomination after completion of .....years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....

Necessary particulars relating to my appointment are given in the statement below.

1. Name of employee in full, (if the gratuity is claimed by an employee)

- a. Marital status of employee(unmarried/married/widow/widower)
- b. Address in full of employee

or

2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)

- a. Name of Employee
- b. Marital status of nominee/legal heir(unmarried/married/widow/widower)
- c. Relationship of nominee/legal heir with the employee
- d. Address in full of nominee/legal heir
- e. Date of death and proof of death of the employee
- f. Reference No. of recorded nomination, if available



3. Department/Branch/Section where last employed
4. Post held by employee.
5. Date of appointment.
6. Date and cause of termination of service
7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee.
10. Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.
11. Payment may please be made by crossed bank cheque/credit in my bank account no.....

Yours faithfully,  
Signature/Thumb-impression of the  
applicant employee/nominee/legal heir.

Place:

Date:

### FORM-V

[(See rule 34(2))]

### Notice for payment/rejecting claim of gratuity

*(Strike out the words not applicable)*

To,.....  
.....

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed that

(a) \*as required under sub-clause (ii) of clause (a) of sub-rule (2) of rule 34 of the Code on Social Security (Central) Rules, 2025, that your claim for payments of gratuity as indicated on your application in **Form-IV** under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

(b) \*as required under sub-clause (i) of clause (a) of sub-rule (2) of rule 34 the Code on Social Security (Central) Rules, 2025 that a sum of Rs. ....(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by .....on .....and.....recorded in this .....as a legal heir of.....an employee of this establishment.

2.\*Please call at .....on..... (Here specify place).....(date) at.....(time) for collecting your payment of gratuity crossed cheque.

3. Amount payable shall be sent to you through demand draft or shall be credited in your bank account as desired by you.

4. Brief statement of calculation

- a. Date of appointment.
- b. Date of termination/superannuation/resignation/ disablement/death.
- c. Total period of service of the employee concerned:  
.....years..... months.

(d) Wages last drawn:

(e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:

(f) Amount payable:

*\*strike out para, if not applicable*

Place:

Date:

Officer.

Signature of the Employer/Authorised

Name or description of establishment or  
rubber stamp thereof.

Copy to: (1)The Competent Authority.

(2) The Director General, Labour Bureau, Ministry of Labour and Employment, Chandigarh.

### FORM-VI

[(See rule 34(4)]

#### Application for Direction

Before the Competent Authority for Chapter V under the Code on Social Security, 2020

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above-mentioned employer/a legal heir of late..... and employee of the above-mentioned employer, and is entitled to payment of gratuity under section 53 of the Code on Social Security, 2020 (36 of 2020) on account of his own/aforesaid employee's superannuation on.....(date)/his own retirement/aforesaid employees' resignation on.....(date) completion of.....years of continuous service/his own/aforesaid employees' total disablement with effect from .....(date)due to accident/disease death of aforesaid employee on.....

2. The applicant submitted an application under rule..... of the Code on Social Security (Central) Rules, 2025 on the .....but the above-mentioned employer

refused to entertain it/issued a notice dated the..... under clause .....of sub-rule of rule .....offering an amount of gratuity which is less than my due/issued a notice dated the ..... under clause..... of sub-rule.....of rule..... rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.

3. The applicant submits that there is a dispute on the matter (specify the dispute).

4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the applicant and direct the above-mentioned employer to pay the same to the applicant.

5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Place:

Date:

Signature/Thumb impression of the applicant.

### ANNEXURE

1. Name in full of applicant with full address
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment)
3. Name and address in full of the employee
4. Marital status of the employee (unmarried/married/widow/widower)
5. Name and address in full of the employer
6. Department/Branch/Section where the employee was last employed (if known)
7. Post held by the employee with Ticket or Sl. No., if any (if known)
8. Date of appointment of the employee (if known)
9. Date and cause of termination of service of the employee (Superannuation / retirement / resignation / disablement / death/Completion of contract period under fixed term employment)
10. Total period of service by the employee
11. Wages last drawn by the employee
12. If the employee is dead, date and cause thereof
13. Evidence/witness in support of death of the employee
14. If a nominee, No. and date of recording of nomination with the employer
15. Evidence/witness in support of being a legal heir, if a legal heir
16. Total gratuity payable to the employee (if known)
17. Percentage of gratuity payable to the applicant as nominee/legal heir
18. Amount of gratuity claimed by the applicant

Place:

Date:

Signature/Thumb-impression of the applicant

**FORM – VII***[(See rules 34 (5) and (8)]***Notice for Appearance before the Competent Authority/Summon***(Strike out the words not applicable)*

To,  
(Name and address of the employer/applicant)

Whereas Shri .....an employee under you or a nominee(s) or legal heir(s) of Shri.....an employee under the above-mentioned employer, has/have filed an application under sub-rule (4) of rule 34 of the Code on Social Security(Central) Rules, 2025 alleging that----

(A copy of the said application is enclosed, if summon is issued then copy of application is not required)

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at .....(place) either personally or through a person duly authorised in this behalf for the purpose of answering all material questions relating to the application on the ..... day of .....20..... at ..... 'O' clock in the forenoon/afternoon in support of/to answer the allegation; and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence, and the documents upon which you intend to rely in support of your allegation/defence.

Take notice that in default of your appearance on the day before-mentioned, the application will be dismissed/heard and determined in your absence.

Whereas your attendance is required to give evidence or you are required to produce the documents mentioned in the list below, on behalf of ..... in the case arising out of the claim for gratuity by ..... Form ..... and referred to this Authority by an application under section 56 of the Code on Social Security, 2020 (36 of 2020), you are hereby summoned to appear personally before this Authority on the ..... day of .....20..... at ..... 'O' clock in the forenoon/afternoon and to bring with you for to send to this Authority) the said documents.

**List of documents-**

- 1.
- 2.
3. so on

Given under my hand and seal, this .....day of .....20.....

Competent Authority

under the Code on Social Security Code, 2020

Note: 1. Strike out the words and paragraphs not applicable.

2. The portion not applicable to be deleted.

3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.

4. In case the summons are issued only for producing a document and not to give evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

### FORM – VIII

[(See rules 34(11) and (12) ]

#### Notice for payment of gratuity as determined by Competent/Appellate Authority

*(Strike out the words not applicable)*

To,

(Name and address of employer)

Whereas Shri/Smt./Kumari..... an employee..... (address) under you/a nominee(s)/legal heir(s) of late .....an employee under you, filed an application under section 56 of the Code on Social Security, 2020 (36 of 2020), before me; or

Whereas a notice was given to you on .....requiring you to make payment of Rs..... to Shri/Smt./Kumari.....as gratuity under the Code on Social Security, 2020 (36 of 2020).

And whereas the application was heard in your presence on.....and after the hearing have come to the finding that the said Shri/Smt./Kumari..... is entitled to a payment of Rs..... as gratuity under the Code on Social Security, 2020 (36 of 2020); or

Whereas you or the applicant went in appeal before the appellate authority, who has decided that an amount of Rs..... is due to be paid to Shri/Smt./Kumari.....as gratuity due under the Code on Social Security, 2020 (36 of 2020).

Now, therefore, I hereby direct you to pay the said sum of Rs. ....to Shri/Smt./Kumari ..... within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, this .....day of.....20.....

Competent Authority  
under the Code on Social Security Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer for collecting payment.
2. The Appellate Authority if applicable.

Note.--- *(Strike out paragraphs if not applicable)*

**FORM – IX***[(See rule 34(13))]***Application for Recovery of Gratuity****Before the Competent Authority for Chapter V under the Code on Social Security, 2020**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer/Trust/Insurer concerned with full address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late.....

an employee of the above mentioned employer/a legal heir of late .....an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the .....under sub-rule (11) or sub-rule (12) of rule 34 of Code on Social Security (Central) Rules, 2025 for payment of a sum of Rs..... as gratuity payable under the Code on Social Security, 2020 (36 of 2020).

2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.

3. The applicant therefore prays that a certificate may be issued under section 129 for recovery of the said sum of Rs. ....due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words not applicable.

**FORM – X***[(See rule 36(1)(a), (d) and (f))]*

**Certificate of Medical Officer/Medical Practitioner for confinement/miscarriage/  
Medical termination of pregnancy or tubectomy operation/ delivery of a child**

This is to certify that-

1. \*I examined.....wife/ daughter of ..... Woman employee in..... (Name of the establishment) on..... (Date) and found/ cannot discover that she is pregnant and is expected to be delivered of a child within (month and/days) from the above mentioned date or has undergone miscarriage/ Medical termination of pregnancy or tubectomy operation/has been delivered of a child on..... (Date) or is suffering from.....(date) from illness arising out of pregnancy or delivery or premature birth of a child or miscarriage/ Medical termination of pregnancy or tubectomy operation.

2. \*Smt..... wife/daughter of..... employed in..... (Name of the establishment) expired on .....before/during/ after confinement. The child died on.....or survives her.
3. \*I examined....wife/ daughter of....a woman employed in..... (Name of establishment) and found that she has been delivered of a child or has undergone miscarriage on..... (date).

\*Strike out unnecessary portion.

Signature and designation of  
Medical Officer/Medical Practitioner/ASHA/ANM/Gram Pradhan/Village Administrative  
Officer/  
Authorised Officer of the Municipality

Date.....

Definitions of "child" and "miscarriage" as in the Code on Social Security, 2020(36 of 2020).-

1. "Child" includes a still-born child.
2. "Miscarriage" means expulsion of the contents of a pregnant uterus at any period prior to or during the twenty-sixth week of pregnancy but does not include any miscarriage, the causing of which is punishable under the Indian Penal Code.

### FORM – XI

*[See rule 36(2)(a) and (c)]*

#### (Notice of claim for maternity benefit and payment thereof under sections 62 and 63)

To

..... (name of establishment)

#### PART I

[See Rule 36(2)(a)]

#### Notice

I ..... (name of woman) wife or daughter of..... employed as..... at.....(name of establishment), hereby give notice that I expect to be confined within six weeks next following from the date of this notice or have given birth to a child on.....(date) and shall be absent from work from.....(date). I shall not work in any establishment during the period for which I receive maternity benefit.

2. For the purpose of section 63, I hereby nominate..... (Here enter name and address of the nominee) to receive maternity benefit and/ or any other amount due to me under the Code in case of my death.

Signature of an Attester in case  
woman

the woman is not able to sign  
and affix thumb impression.

Date.....

Signature or thumb impression of

**PART II**

[See rule 36(2)(c)]

**FORM OF RECEIPT OF MATERNITY BENEFIT**

I, ....., the undersigned, a woman employee/ the nominee of..... woman employee or legal representative of..... woman employee deceased in.....(name of establishment) at..... in..... district received maternity benefit and/or other amount due under the Code on Social Security, 2020(36 of 2020) from the employer of the establishment referred to above, as detailed below:-

Rs..... being the first installment of maternity benefit paid on.....

Rs..... being the second installment of maternity benefit after delivery paid on.....

Rs..... being the medical bonus under section 64 of the Code paid on.....

Rs.....being the wages for the leave period from..... to..... mentioned under section 65.

\*My/ Her confinement/ miscarriage or Medical termination of pregnancy or tubectomy operation took place on.....or I/she fell ill because of pregnancy, delivery, premature birth of a child or miscarriage or Medical termination of pregnancy or tubectomy operation on..... In consequence I..... her nominee/legal representative has received the aforesaid amounts prescribed in sections 60, 64 and 65 of the Code on Social Security, 2020(36 of 2020).

Signature or thumb impression of.....

\*Woman employee or her nominee or legal representative

Signature of an Attester in case the woman is not able to sign  
and affixes thumb impression

Place:

Date:

\*Strike out unnecessary portion.

**Form XII**

[see rule 39(2)]

**Appeal under Section 68**

To

The Competent Authority

(Appointed under Chapter VI of Code on Social Security, 2020)

.....(Address)

Sir,

I, ..... The undersigned, woman employee of ....(name and full address of the establishment) have been wrongly deprived by the employer of maternity benefit or medical bonus or both or wrongly discharged or dismissed during or on account of absence from work in accordance with the provisions of Chapter VI of the Code on Social Security, 2020(36 of 2020) for the reasons attached hereto, prefer this appeal under sub-section (2) of section 68 and



request that the said employer be ordered to pay the above mentioned amount to me and/or set aside the order of discharge/dismissal. A copy of the order of the employer in this behalf is enclosed.

Signature or thumb impression of the Woman employee/  
nominee/ legal representative

Place.....

Date.....

Signature of an Attester in case the woman employee/  
nominee/ legal representative is  
unable to sign and affixes thumb impression.

Full address of the woman employee /nominee/legal representative.

### FORM – XIII-A

*[See rule 40(1)(a)]*

### Complaint to the Inspector-cum-Facilitator

To,

The Inspector-cum-Facilitator  
(under the Code on Social Security, 2020)

Sir,

I..... (Name of woman employee) employed in..... (name and full address of the establishment) or I....., (name), a person nominated under section 62 by or a legal representative of.....(name of woman employee) employed in.....(name and full address of the establishment) having fulfilled the conditions laid down in the Code on Social Security, 2020(36 of 2020) and the rules framed thereunder, am entitled to Rs..... being maternity benefit and/ or Rs..... being the medical bonus and/ or Rs..... being wages for leave due under section 65 but the same has been improperly withheld by the employer/discharged or dismissed during or on account of my/her absence from work in accordance with the provisions of Chapter VI of Code on Social Security, 2020(36 of 2020).

You are, therefore, requested to direct the employer to pay the amount to me and/or to set aside the discharge or dismissal done by the employer.

Signature or thumb impression of the Woman employee/  
nominee/ legal representative

Place.....

Date.....

Signature of an Attester in case the woman employee/  
nominee/ legal representative is  
unable to sign and affixes thumb impression.

Full address of the woman employee/nominee/legal representative.

**FORM-XIII-B**

[See rule 40 (2) (b)]

**Appeal**

To,

The Appellate Authority,

(Appointed under the Code on Social Security, 2020)

.....(Address)

Sir,

I....., the undersigned, woman employee/her legal heir/her representative or employer/his representative of..... (name and full address of the establishment) aggrieved by the order of Inspector-cum-Facilitator Shri..... hereby prefer this Appeal under sub-section (3) of section 72 in view of the facts mentioned in the memorandum and other documents filed herewith.

\*Denial by his order under sub-section (2) of section 72, the maternity benefit or other amount ..... (Nature of amount) to which..... (Name of woman employee) is entitled and/or refused to set aside discharge or dismissal of ..... (Name of woman employee) during or on account of absence from work in accordance with the provisions of Chapter VI of the Code on Social Security, 2020(36 of 2020)(*Strike out unnecessary portion*).

\*It is submitted that the ..... (Name of woman employee) is not entitled to the maternity benefit or the said amount and/or rightly discharged or dismissed hence the order of the Inspector-cum-Facilitator may be set aside.

*\*Strike out unnecessary portion.*

Signature or thumb impression of the Woman employee/Aggrieved person/Employer

Place.....

Date.....

.....  
Signature of an Attester in case the woman employee is  
not able to sign and affixes thumb impression.  
Full address of the nominee/legal representative

**FORM – XIV**

[See rule 41(4)]

**(Abstract for the Maternity Benefit, and the rules made under the Code on Social Security, 2020).**

1. No employer shall knowingly employ a woman during the six weeks immediately following the day of her delivery/miscarriage/Medical termination of pregnancy and no woman shall work in any establishment during the said period.

2. No pregnant woman shall, on a request being made by her in this behalf, be required by her employer to do during the period of one month immediately preceding the period of six weeks before the date of her expected delivery and also for any period during this period of six weeks for which she does not avail of leave of absence, any work which is of an arduous nature or which involves long hours of standing, or which in way is likely to interfere with her pregnancy or the normal development of the foetus, or is likely to cause her miscarriage or otherwise to adversely affect her health.

3. (a) Subject to the provisions of the Code, every woman who has actually worked in an establishment of the employer from whom she claims maternity benefit for a period of not less than eighty days, including the days during which she was laid off, shall be entitled to, and her employer shall be liable for, the payment of maternity benefit at the rate of her average daily wages, or **the minimum rate of wage fixed or revised under the Code on Wages, 2019 (29 of 2019) or two hundred rupees a day**, whichever is higher, for the period of her actual absence not exceeding six weeks immediately preceding the day of delivery and the remaining period immediately following that day:

-

Provided that where a woman dies during the period for which maternity benefit is payable, to her, the benefit shall be payable only for the days up to and including the day of her death. However, where the woman having been delivered of a child, dies during her delivery or during the remaining period of maternity benefit leaving behind in either case the child, the employer shall be liable for the payment of maternity benefit for the entire period of maternity benefit following the day of her delivery but if the child also dies during the said period, then, for the days up to and including the day of the death of the child.

(b) The amount of maternity benefit for the period preceding the date of her expected delivery shall be paid in advance by the employer to the woman on production of a certificate in **Form-X** stating that she is pregnant and is expected to be delivered of a child within six weeks of the date of production of the certificate, and the amount due for the subsequent period shall be paid by the employer to the woman within forty-eight hours of production of the certificate in **Form-X** stating that she has been delivered of a child or production of a certified extract from a Birth Register maintained under the provisions of any law for the time being in force.

4. (a) Any woman employed in an establishment and entitled to maternity benefit under the provisions of the Code may give notice in writing in **Form-XI** to her employer, stating that her maternity benefit and any other amount to which she may be entitled under the Code may be paid to her or to such person as she may nominate in the notice and that she will not work in any establishment during the period for which she receives maternity benefit.

(b) In the case of a woman who is pregnant, such notice shall state the date from which she will be absent from work, not being a date earlier than six weeks from the date of her expected delivery.

(c) Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after the delivery.

(d) On receipt of the notice, the employer shall permit such woman to absent herself from establishment until the expiry of the remaining period of maternity benefit after the day of her delivery.

5. (a) Every woman entitled to maternity benefit under the Code shall also be entitled to receive from her employer a medical bonus of rupees three thousand and five hundred, if no pre-natal, confinement and post-natal care is provided for by the employer free of charge. The medical bonus shall be paid along with the second installment of the maternity benefit.

(b) In case of miscarriage/medical termination of pregnancy, a woman shall, on production of a certificate in **Form-X** be entitled to leave with wages at the rate of maternity benefit, for a period of six weeks immediately following the day of her miscarriage. The wages shall be paid within 48 hours of production of the certificate in **Form-X**.

(c) A woman suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage/ medical termination of pregnancy or tubectomy operation shall, on production of a certificate in **Form-X**, be entitled, in addition to the period of absence allowed to her on account of maternity or miscarriage/ medical termination of pregnancy or tubectomy operation, as the case may be, to leave with wages at the rate of maternity benefit for a maximum period of one month. The wages for the leave period shall be paid within 48 hours of the expiry of that period.

6. Every woman delivered of a child who returns to duty after such delivery shall, in addition to the interval for rest allowed to her, be allowed in the course of her daily work two breaks of 15 minutes' duration for nursing the child until the child attains the age of fifteen months. An extra sufficient period, depending upon the distance to be covered, shall be allowed for the purpose of the journey to and from the creche or the place where the children are left by women while on duty, provided that such extra period shall be upto 15 minutes.

7. (1) When a woman absents herself from work in accordance with the provisions of the Code, it shall be unlawful for her employer to discharge or dismiss her during or on account of such absence or to give notice of discharge or dismissal on such a day that the notice will expire during such absence, or to vary to her disadvantage any of the conditions of her service.

(2) (a) The discharge or dismissal of a woman at any time during her pregnancy, if the woman but for which discharge or dismissal would have been entitled to maternity benefit or medical bonus shall not have the effect of depriving her of the maternity benefit or medical bonus:

Provided that where the dismissal is for one or more of the following acts, the employer may, by order in writing communicate to the woman, deprive her of the maternity benefit or medical bonus or both-

- (i) wilful destruction of employer's goods or property;
- (ii) assaulting any superior or co-employee at the place of work;
- (iii) criminal offence involving moral turpitude resulting in conviction in a Court of law;
- (iv) theft, fraud, or dishonesty in connection with the employer's business or property; and
- (v) wilful non-observance of safety measures or rules on the subject or wilful interference with safety devices or with fire-fighting equipment.

(b) Any woman deprived of maternity benefit or medical bonus or both, may within sixty days from the date on which the order of such deprivation is communicated to her, appeal in **Form-XII** to the Competent Authority and his decision on such appeal whether the woman should or should not be deprived of maternity benefit or medical bonus or both, shall be final.

8. If a woman works in any establishment after she has been permitted by her employer to absent herself under the provisions of the Code, she shall forfeit her claim to the maternity benefit for such period.

9. (1) Any woman claiming the maternity benefit or any other amount to which she is entitled under the Code and any person claiming that payment due has been improperly withheld may make complaint to the Inspector-cum-Facilitators in writing in **Form-XIII-A**.

(2) The Inspector-cum-Facilitators may, on his own motion or on receipt of a complaint in **Form-XIII-A**, make an inquiry or cause an enquiry to be made and if satisfied that payment has been wrongfully withheld, may direct the payment to be made in accordance with his orders.

(3) Any person aggrieved by the decision of the Inspector-cum-Facilitator may, within, thirty days from the date on which such decision is communicated to such person, appeal in **Form-XIII-B** to the Authority prescribed by the appropriate Government.

(4) The decision of Authority where an appeal has been preferred to him or of the Inspector-cum-Facilitator where no such appeal has been preferred, shall be final.

10. (a) The employer shall supply to every woman employed by him at her request free of cost copies of **Forms X, XI, XII, XIII-A and XIII-B**.

(b) The failure to submit a notice, appeal or complaint in the prescribed form shall not affect the right of a woman entitled to receive maternity benefit or any other amount due under the Code. Where a notice, appeal or complaint has been received in a form other than the prescribed form, the authority concerned shall within fifteen days of the receipt of such notice, appeal or complaint, require the woman to submit the notice, appeal or complaint, as the case may be in the prescribed form.

11. (a) (1) The employer of the establishment in which women are employed shall prepare and maintain a register of women employees in **Form-XXII** and shall enter therein particulars of all women employees in the establishment.

(2) All entries in the register of women employees shall be made in ink and maintained up-to-date and it shall always be available for inspection by the Inspector-cum-Facilitator during working hours.

(b) The employer to which the Code applies, on or before the 1<sup>st</sup> day of February in each year, upload a unified annual return in **Form-XXIII** online on the web portal of the Central Government in the Ministry of Labour and Employment, giving information as to the particulars specified, in respect of the preceding year:

Provided that during inspection, the Inspector-cum-Facilitator may require the production of accounts, books, register and other documents maintained in electronic form or otherwise.

Explanation.— The expression “electronic form” shall have the same meaning as assigned to it in clause (r) of section 2 of the Information Technology Act, 2000 (21 of 2000).

**FORM – XV***[See rule 42(1)(a) and (b)]***Information for commencement or modification in respect of building or other construction work by the employer**

1.	Name and address (permanent) of the establishment.	
2.	Name of the employer and address details	
3.	Name and address/ location of place where the building or other construction is proposed to be carried on.	
4.	Name, designation and address of the authorised Person along with contact details	
5.	Correspondence address for the proposed building or other construction work	
6.	Nature of proposed construction work	
7.	Date of commencement of work(in case construction has started)	
8.	Approximate duration of work	
9.	Details of any change /modifications in the proposed construction work	

**Declaration**

I/we hereby intimate that the building or other construction work (name of work) having registration number ..... dated ..... is likely to commence or is likely to modify with effect from (date)/ [on (date)].

Signature and Seal of  
employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**FORM – XVI***[See rule 42 (2)(b)]***Format for Self- assessment of Cess for building or other construction work to be furnished by employer**

1.	Name and address (permanent) of the establishment.		
2.	Name of the employer and address details		
3.	Name and address or location of place where the building or other construction work is proposed to be carried on.		
4.	Name, designation and address of the authorised Person along with contact details		
5.	Correspondence address for the proposed building or other construction work		
6.	Nature of proposed construction work		
7.	Date of commencement of work(in case construction has started)		
8.	Approximate duration of work		
9.	Total proposed area of construction work		
10.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates, as the case may be) along with documents (original) as per Rule 42.		
11.	Total estimated cost of construction as certified by chartered engineer		
12.	Amount of provisional cess	%age of total estimated cost of the construction as notified by the Central Government	Total estimated cess (in Rs.)
13.	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) or deduction at source		
14.	Details of cess paid (when duration of the proposed construction work is more than one year)		
	Sl No	Year	Amount (in Rs.)
	14.1	1 <sup>st</sup> year	
	14.2	2 <sup>nd</sup> Year	
	14.3	3 <sup>rd</sup> Year	
15.	Total amount of the cess paid (Sl.No. 13 + 14)		

**Declaration**

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hereby declare that I/We am/are quite aware of the penal provisions of the Code on Social Security, 2020(36 of 2020) and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of  
employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**Certified by Chartered Engineer**

**Along with his registration number, duly stamped.**

**FORM- XVII**

*[See rules 42 (2) (e) and 42(5)(a)(b)(c)]*

**Notice for stoppage or reduction of Building or Other Construction Work**

1.	Name of Establishment		
2.	Registration number of Establishment		
3.	Address of establishment		
4.	Date of commencement of work	DD MM YYYY	
5.	Approximate proposed period of work	DD MM YYYY	
6.	Date of stoppage or reduction of the building or other construction work		
7.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates, as the case may be) along with documents (original) as per Rule 42.		
8	Total incurred cost of the construction work		
9	Total amount of cess payable	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
10	Advance cess paid, along with details (at the time of approval of the Project or before the		



	commencement of the construction work) /deduction at source, if any		
11	Details of cess paid (when duration of the proposed construction work was more than one year)		
	Sl. No.	Year	Amount (in Rs.)
	11.1	1 <sup>st</sup> year	
	11.2	2 <sup>nd</sup> Year	
	11.3	3 <sup>rd</sup> Year	
12	Total amount of the cess paid (Sl.No. 10 + Sl.No 11)		
13.	Amount of outstanding cess (Sl.No. 9 – Sl.No.12)		
14	Proof of payment of outstanding cess, if applicable		
15.	Amount of overpaid cess, if applicable		
16.	In case overpaid, details of the bank account in which excess amount is to be refunded		
17	Remarks, if any		

### Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.

2. I/We hereby declare that I/We am/are quite aware of the penal provisions of the Code on Social Security, 2020(36 of 2020) and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of  
employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**Certified by Chartered Engineer**

**Along with his registration number, duly stamped.**

**FORM- XVIII***[See rules 42 (2) (f) and 42(4) (a), (c) and (e)]***Return on completion of building or other construction work submitted by employer**

1.	Name and address (permanent) of the establishment		
2.	Name of the employer and address details		
3.	Name and address/ location of place where the building or other construction is proposed to be carried on		
4.	Name, designation and address of the authorised Person along with contact details		
5.	Correspondence address for the proposed building or other construction work		
6.	Nature of proposed construction work		
7.	Date of commencement of work(in case construction has started)		
8.	Date of completion of work		
9.	Duration of work		
10.	Total completed area of construction work		
11.	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates, as the case may be) along with documents (original) as per Rule 42		
12.	Total incurred cost of the construction work		
13.	Total amount of cess payable	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
14.	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
15.	Details of cess paid (when duration of the proposed construction work is more than one year)		
	Sl. No.	Year	Amount (in Rs.)
	15.1	1 <sup>st</sup> year	
	15.2	2 <sup>nd</sup> Year	
	15.3	3 <sup>rd</sup> Year	
16.	Total amount of the cess paid (Sl. No. 14 + Sl. No. 15)		
17.	Amount of outstanding cess (Sl. No. 13 – Sl. No.16)		
18.	Proof of payment of outstanding cess, if any		
19.	Amount of overpaid cess, if applicable		
20.	In case overpaid, details of the bank account in which excess amount is to be refunded		
21.	Remarks, if any		

**Declaration**

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been misrepresented in the above calculation made by me/us.

2. I/We hereby declare that I/We am/are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of  
employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**Certified by Chartered Engineer**

**Along with his registration number, duly stamped.**

**FORM – XIX**

*[See rule 45(1) of the Code on Social Security (Central) Rules, 2025 and section 105 of the Code on Social Security, 2020]*

**Proforma for appeal before the Appellate Authority against Order of assessment or Order imposing penalty**

1	Name and address (permanent) of the establishment.		
2	Name of the employer and address details		
3	Name and address/ location of place where the building or other construction is proposed to be carried on.		
4	Name, designation and address of the authorised Person along with contact details		
5	Correspondence address for the proposed building or other construction work		
6	Nature of proposed construction work		
7	Date of commencement of work (in case construction has started)		
8	Date of completion of work		
9	Duration of work		
10	Total completed area of construction work		
11	Total estimated cost of the construction based on the rates of (PWD or CPWD or RERA or some other rates, as the case may be) along with documents (original) as per Rule 42.		
12	Total incurred cost of the construction work		
13	Total amount of cess payable	%age of total incurred cost of the construction as notified by the Central Government	Total cess payable (in Rs.)
14	Advance cess paid, along with details (at the time of approval of the Project or before the commencement of the construction work) /deduction at source, if any		
15	Details of cess paid (when duration of the proposed construction work is more than one year)		
	Sl.No.	Year	Amount (in Rs.)
	15.1	1 <sup>st</sup> year	
	15.2	2 <sup>nd</sup> Year	
	15.3	3 <sup>rd</sup> Year	
16	Total amount of the cess paid (Sl. No. 14 + Sl. No. 15)		
17	Amount of outstanding cess (Sl. No. 13 – Sl. No.16)		
18	Proof of payment of outstanding Cess, if any		
19	Amount of overpaid cess, if applicable		

20	Amount of cess assessed by the Assessing Officer	
21	Amount of outstanding cess to be paid by the employer	
22	Amount of penalty for non-payment of cess imposed / outstanding cess claimed by the assessing officer.	
23	Ground for appeal with supporting documents	
24	Remarks, if any	

### Declaration

1. I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been mis-represented in the above calculation made by me/us.
2. I/We hereby declare that I/We am/are quite aware of the penal provisions of the Code on Social Security, 2020 and if in future anything mentioned in the above self-assessment of cess amount, is found to be incorrect or inappropriate or any incidence of hiding the facts or under calculation of cess amount is found, punitive action may be taken against me/us.

Signature and seal of  
employer

Name:

Date:

Place:

Mobile Number:

E-mail (if any):

**FORM – XX***[See rule 50(3)(a)]***Format for self- assessment of contribution by aggregators of gig workers or platform workers****( to be submitted by 30<sup>th</sup> June of the current year in which the contribution is payable. )**

1	Registration number (LIN) of Aggregator	
2	Name of the Aggregator and address/ location of Aggregator	
3	Name and address of the authorised person along with contact details	
4	Number of gig workers or platform workers engaged with the Aggregator as on opening day of the current financial year, i.e. 1 <sup>st</sup> day of April in the year in which contribution is payable.	
5	Annual turnover of such aggregator of the preceding year	
6	Provisional contribution assessment (tick whichever is applicable) -	
	6.1	% of the annual turnover as notified under sub-section (4) of section 114 for the preceding year
	6.2	5% of amount paid or payable to gig workers and platform workers, by the aggregator during the preceding year.
		=
7	Amount of contribution payable (in Rs.)	
8	Payment of provisional contribution as assessed above.	
9	Details of the provisional payment	
10	Remarks, if any	

Note: For this purpose, the annual turnover of an aggregator shall not include any tax, levy and cess paid or payable to the Central Government.

**Declaration**

I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been misrepresented in the above calculation made by me/us.

Signature of authorised person  
Along with seal and stamp

Name:  
Date:  
Place:  
Mobile Number:  
E-mail (if any):

**FORM – XXI***[See rule 50 (3)(b) and (c)]*

**Format for return to be submitted by Aggregators of gig workers or platform workers  
( to be submitted by 31<sup>st</sup> October, of the current year in which the contribution is payable. )**

1	Registration number (LIN) of Aggregator		
2	Name of the aggregator and address/ location of aggregator		
3	Name and address of the authorised person along with contact details		
4	Number of gig workers or platform workers engaged with the aggregator as on opening day of the current financial year, i.e. 1 <sup>st</sup> day of April in the year in which contribution is payable.		
5	Annual turnover of such aggregator of the preceding year		
6	Final contribution assessment after audited statement of account		(Amount in Rs.)
	6.1	% of the annual turnover as per notification under sub-section (4) of section 114 for the preceding year	
	6.2	5% of the liability of the aggregator to gig workers and platform workers	
7	Amount of contribution payable (in Rs.)		
8	Amount paid as provisional contribution based on self-assessment.		
9	Details of the provisional payment (along with receipt)		
10	Amount of outstanding contribution to be paid (Sl. No 7- Sl.No. 8)		
11	Proof of payment of outstanding contribution, if any		
12	Amount of excess paid contribution, if any		
13	In case excess paid, details of the bank account in which excess amount is to be refunded		
14	Remarks, if any		

Note: For this purpose, the annual turnover of an aggregator shall not include any tax, levy and cess paid or payable to the Central Government.

**Declaration**

I/We hereby declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been misrepresented in the above calculation made by me/us.

Signature of authorised person  
Along with seal and stamp

Name:  
Date:  
Place:  
Mobile Number:  
E-mail (if any):

**FORM – XXII**

[(See rule 54(1)(a))]

**REGISTER OF WOMEN EMPLOYEES**

1. Name of establishment
2. Name of woman and her father's (or, if married, husband's) name.
3. Date of appointment.
4. Nature of work.
5. Dates with month and year in which she is employed, laid off and not employed.

Month	No. of days employed	No. of days laid off	No. of days not employed	Remarks
a	b	c	d	e

6. Date on which the woman gives notice under section 62.
7. Date of discharge/dismissal, if any.
8. Date of production of proof of pregnancy under section 62.
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage/medical termination of pregnancy/ tubectomy operation /death / adoption of child.
11. Date of production of proof of illness referred to in section 65.
12. Date with the amount of maternity benefit paid in advance of expected delivery.
13. Date with the amount of subsequent payment of maternity benefit.
14. Date with the amount of bonus, if paid, under section 64.
15. Date with the amount of wages paid on account of leave under sub-section (1) and (3) of section 65.
16. Date with the amount of wages paid on account of leave under sub-section (2) of section 65 and period of leave granted.
17. Name of the person nominated by the woman under section 62.
18. If the woman dies, the date of her death, the name of the person to whom maternity benefits and/or other amount was paid, the amount thereof, and the date of payment.
19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.
20. Signature of the employer of the establishment authenticating the entries in the register of women employees.
21. Remarks column for the use of the Inspector-cum-Facilitator.



**FORM XXIII***[(See rule 54(5)(a) and (b)]***ANNUAL RETURN**  
**FOR THE YEAR .....ENDING 31<sup>st</sup>December.**

**Single annual integrated return to be filed online under the Occupational Safety, Health and Working Conditions Code, 2020(37 of 2020), the Code on Industrial Relations, 2020(35 of 2020), the Code on Social Security, 2020(36 of 2020), and the Code on Wages, 2019(29 of 2019) and the rules made there under.**

**Instructions to fill up the annual return**

1. This return is to be filled-up and furnished on or before 1<sup>st</sup> February every year.
2. The return has three parts i.e. Part-I to be filled up by all establishments.
3. Part-II to be filled-up by the establishments who are a mine only.
4. The term establishment and mines shall have the same meaning as under the respective Codes.
5. Part-III is to be submitted by the principal employer on Shram Suvidha Portal.

**Applicable to All Establishments - Part-I****A. General Information:**

Sl. No.			Instructions for filling the column
1.	Labour Identification Number		EPFO, ESIC, MCA, MoLE (LIN)
2.	Period of the Return	From - To -	Period should be calendar year
3.	Name of the Establishment		
4.	Email ID (employer)		
5.	Telephone No. (employer)		
6.	Mobile number (employer)		
7.	Premise name		
8.	Sub-locality		
9.	District		
10.	State		
11.	Pin code		
12.	Geo Co-ordinates		
<b>B(a).</b>	<b>Hours of Work in a day</b>		
<b>B(b).</b>	<b>Number of shifts number of hours in a shift</b>		

C. Details of Manpower Deployed									
Details	Directly employed				Employed through Contractor				Grand Total
Skill Category	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	
(i) Maximum No. of employees employed in the establishment in any day during the year	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(ii) Average Number of employees employed in the establishment during the year	No. to be indicated	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(iii) Maximum number of Migrant Worker during the year (Section 59 of OSH Code)	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	
(iv) Number of fixed term employee engaged	M/F/T	M/F/T	M/F/T	M/F/T					

D. Details of contractors engaged in the establishment:		
Sl. No.	Name with LIN of the Contractor	No. of Contract Labour Engaged

E. Details of various health and welfare amenities provided.			
Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)	Instructions for filling
1.	Whether facility of Canteen provided (as per section 24(v) of Occupational safety, health and working conditions Code, 2020)	Tick yes or no in the box and not applicable	Applicable to all establishments wherein hundred or more worker including contract labour were ordinarily employed
2.	Crèches(as per section 67 of Code on Social Security, 2020 and Section 24 of the Occupational safety, health and working conditions Code, 2020)	Tick yes or no in the box and not applicable	Applicable to all establishments where fifty or more workers are employed
2a	If 2 above is not given then whether Crèches allowance under rule 39 of the Code on Social Security(Central) rules, 2025 given.	Tick yes or no in the box and not applicable	Reference rule 39 of the Code on Social Security (Central) Rules, 2025.

3.	Ambulance Room(as per section 24(2)(i) of Occupational safety, health and working conditions Code, 2020)	Tick yes or no in the box and not applicable	Applicable to mine, building or other construction work wherein more than five hundred workers are ordinarily employed
4.	Safety Committee (as per Section 22(1) of Occupational safety, health and working conditions Code, 2020.	Tick yes or no in the box and not applicable	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or more workers.
5.	Safety Officer (as per Section 22(2) of Occupational safety, health and working conditions Code, 2020)	No. of safety officers Appointed	In case of mine 100 or more workers and <b>in case of Dock Work 500 or more workers and</b> in case of BOCW 250 or more workers are ordinarily employed.
6.	Qualified medical practitioner (as per section 12 (2) of Occupational safety, health and working conditions Code, 2020.	No. of qualified medical practitioner appointed.	There is no specification for minimum number of qualified medical practitioner employed in establishment. However, this detail is required to have data on occupational health.

F. The Industrial Relations:				Instructions for filling
1	Is the works committee has been functioning. (section 3 of Code on Industrial Relations, 2020)	Yes/No and not applicable		Industrial establishment in which 100 or more workers are employed
(a)	Date of its constitution.			
2	Whether the Grievance Redressal Committee constituted (Section 4 of Code on Industrial Relations, 2020)	Yes/No and not applicable		Industrial establishment employing 20 or more workers
3	Number of registered Unions in the establishments.			
4	Whether any negotiating union exist (Section 14 of Code on Industrial Relations, 2020)	Yes/No		
5	Whether any negotiating council is constituted (Section 14 of Code on Industrial Relations, 2020)	Yes/No		
6	Number of workers discharged/dismissed, retrenched or whose services were terminated during the year:			
	Dismissed	Retrenched	Discharged / Terminated or Removed	Grand Total

7.	Man-days lost during the year on account of				
Sl. No.	Reasons	Period / Date	No. of man-days lost	=	
(a)	Strike				
(b)	Lockout				

8.	Details of retrenchment / lay off				
Sl. No.	No. of persons retrained during the period	Details of payment paid to retrained employees	No. of workers laid off during the period	No. of man-days lost due to lay-off	Applies on industrial establishment employing 300 or more workers

G. Details pertaining to maternity benefit:				
No. of female employees	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

H. Details of payment of bonus:				
Sl. No.	No. of employees covered under the Bonus provision	Total amount of bonus actually paid	Date on which the bonus paid	
I. Details of accidents, dangerous occurrence and notifiable diseases:				
Sl. No.	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per Section 10 of the Occupational safety, health and working conditions Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the Occupational safety, health and working conditions Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the Occupational safety, health and working conditions Code, 2020.	Total number of cases of notifiable diseases specified in Third Schedule of the Occupational safety, health and working conditions Code, 2020 along with the details of affected persons

<b>J. Mandays and Production Lost due to accidents / dangerous occurrence</b>			
<b>Sl. No.</b>	<b>Accident/Dangerous Occurrence</b>	<b>Man days lost</b>	<b>Production Lost</b>

**Part II (For Mines)**

General information		
1.	Establishment Name	
2.	Name of Company/ Name of Owner	
3.	Type of organization (drop down)	PSU Central/ PSU State/ Private/
4.	Type of ownership (drop down)	Firm/Association/Individual/Partnership/Company
5.	Type of Mineral (drop down)	Coal/Metal/Oil
6.	Name of Mineral	
7.	Type of Mine (drop down)	Belowground/ Opencast/ Aboveground/Mixed/OffShore/OnShore
8.	Date of opening	To be filled for first time
9.	Mine Code	To be filled for first time
10.	Date of closing (if any)	NA/ Calendar to be given
11.	Date of reopening (if any)	NA/ Calendar to be given
12.	Depth of working in mts.	Maximum Depth: Minimum Depth:

**B. Statutory personnel employed in the mine (as on 31<sup>st</sup> December)**

Sl. No.	Designation as per Code	Number of Statutory Persons required	Number of Statutory Persons employed
1.			

**C. Method of Working vis-a-vis safety parameters**

1	Name of Method (Specify the name) (as per drop down menu)		
2	Quantity of mineral Produced in Cu.m./Tonne		
3	Quantity of Waste/overburden removed in Cu.m./Tonne		
4	Stage of Working (as per drop down menu)	Development/Extraction/Mixed	
5	Permissible Void in Cu.m.		For extraction stage

6	Actual Void in Cu.m.		For extraction stage
7	Area of overhang		For extraction stage
8	Maximum inflammable gas released in Cu. Meter per ton of coal produced		For Development stage
9	Overall pit slope		For Opencast mines
	Individual entry for each pit		
10	Overall dump slope		For Opencast mines
	Individual entry for each dump		
11	Area of fire in Sq. m.		
12	Length of embankment required to be provided against the water body		
13	Length of embankment provided against the water body		
14	Length of fencing required/provided as per statute		
15	No. of opening required to be sealed in case of abandoned mines:		
16	No. of openings sealed in case of abandoned mines:		
17	Number of mock drills conducted and date of same with coverage of employees		
18	No. of Oil/gas wells: under drilling/ under production/ under work over (as per drop down menu)		For Oil and gas mines
19	No. of wells where production discontinued		For Oil and gas mines
20	If yes to pt. 19 above, action taken		
21	Action taken in respect of wells where production has been discontinued		For Oil and gas mines

22	Maximum quantity of explosive used in any day (in Kgs.)		For all types of mine
23	Whether building or structures not belonging to owner lies within danger zone?	Yes/No/NA	For Coal & metalliferous Mines
24	Aggregate HP/KW of machineries installed/deployed in the mine for the year		For all types of mine

**D. Medical examinations - Initial/Periodical (IME/PME):**  
**During the year, total number of persons including contractual workers:**

Particulars	Total No. of Persons
Undergone IME	
Undergone PME	
Declared medically temporary unfit	
Given alternate Employment due to Medical unfitness	
Terminated on account of being medically unfit	

**E. Details of vocational training imparted:**

**During the year, total number of persons including contractual workers:**

Particulars	Total No. of persons
Imparted basic vocational training	
Imparted refresher training	
Imparted special training	

**F. Details of accident, dangerous occurrence and occupational diseases :****(1) Details of accidents and dangerous occurrences:**

Sl. No.	Date of accidents/ dangerous occurrences	No. of persons killed	No. of persons received serious bodily injury	Number of persons injured (Excluding serious bodily injury) and thereby prevented from working for a period of 48 hours or more	Nature of occurrence	Man days lost
1.						

**(2) Details of Occupational diseases:**

Sl. No	Notified Disease	No. of cases
1		

**G. Details of safety management plan:****(a) Safety management plan prepared: (Yes/No/NA)**

- b. Date of Submission : Date  
 c. Last date of review of Safety Management Plan: Date

**(d ) Principal Hazards Identified:**

Sl. no.	List of Principal hazards identified	Principal hazard Mitigation date	Principal hazard not mitigated till 31 <sup>st</sup> December	Reasons for failure to mitigate the same
1.				

**H. Mines rescue station: (For belowground mines only)****I. For mine: (to be filled by mine owner)**

- i. Address of the rescue station with geo-coordinates serving the mines;  
 ii. Distance of the rescue station from mine opening; -----(in KM)  
 iii. Whether mine rescue station has been established by the mine or not? (Yes/No)



**Mines rescue station: (For belowground mines only)****(For rescue station)**

For mine rescue station (To be filled by the superintendent, rescue station)

- i. Name of the owner of mine where MRS stationed:
- ii. Address of MRS:
- iii. Name of the Superintendent :
- iv. Details of the mine served by the rescue station:

Sl. No.	Name of the Mines	Distance of the Mine from MRS (in Kms)

- v. Details of personnel deployed at rescue station;

Sl. No.	Designation as per Code	Number of statutory persons required	Number of statutory persons employed

- vi. Details of equipment/apparatus

Sl. No.	Type of equipment/apparatus required	Numbers of equipment/apparatus available

- vi. Particulars of emergency attended:

Sl.No.	Name of the mine	Nature of emergency	Response time (time taken by rescue services to attend the emergency)	Time taken for rescue & recovery	Action taken

- vii. Additional Information :

- a. Number of rescue rooms :
- b. Number of rescue trained persons required :
- c. Number of rescue trained person available :
- d. Whether canteen facility exist or not? ( Yes/No):

Certified that the tables are duly filled in and information and figures given in all the tables are correct to the best of my knowledge.

Signature of employer/occupier/Owner/Agent/Manager

Place:

Dated:

**PART III**Annual return period ending 31<sup>st</sup> December

(to be submitted by the principal employer on Shram Suvidha Portal)

1. Name of the principal employer:
2. Name of the establishment:
3. Registration number (LIN) of the establishment:
4. Details of the Contractors, wages paid, etc.:

Sl. No.	Month	Name and address of the contractors	LIN of the contractor	Name of the work	Maximum number of contract worker employed	Amount paid against wage bill (if applicable) to the contractor (including EPF, ESIC, Bonus etc.)	Date of payment of wage bill (if applicable)	Amount of the wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Date of payment of wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Remarks

Signature of the principal employer

Date:

**FORM-XXIV**

[See rule 55 (1)]

**Notice to the employer for an offence committed under the provisions of the Code for the first time for compounding of offences under sub-section (1) of section 138**

Notice No.....

Date:

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the establishment..... (Registration No.....), have committed an offence for the violation of provision of the Code or the Schemes or the Rules or the Regulations framed thereunder as per the details given below:-

**PART – I**

1.	Name of the person:	
2.	Name and Address of the establishment :	
3.	Registration No. of the establishment:	
4.	Particulars of the offence:	
5.	Provisions of the Code/Scheme/Rules/Regulations under which the offence is committed:	
6.	Compounding amount required to be paid towards composition of the offence:	
7.	Name and details of account for depositing the amount specified in serial no. 6:	

**PART –II**

In view of the above, you have an option to pay the entire amount mentioned in serial no. 6 in Part-I within fifteen days from the date of issue of this notice and return the application duly filled in Part – III of this notice.

In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

(Signature)  
(Name and designation of Officer)

**Date:**

**Place:**

**To:**

.....(Employer/Establishment)

.....(Name and registration number)

.....(Address)

**PART – III***[See rule 55 (2)]***Application under sub-section (4) of section 138 for compounding of offence****Ref: Notice No.....****Date:**

The undersigned has deposited the entire amount as specified in serial 6 of Part-I and the details of payment are given below with a request to compound the offences mentioned in Part-I.

8. Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):

9. Details of the prosecution, if filed for the violation of above-mentioned offences may be given:

10. Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then, full details of the offence:

11. Any other information which the applicant desires to provide:

**Signature of the applicant  
(Name and Designation)**

**Date:****Place:****To:**

.....(Compounding Officer)

.....(Name of the Office)

.....(Address)

**PART – IV**  
[See rule 55 (3)]

**Composition Certificate**

**Ref: Notice No.....**

**Date:**

This is to certify that the offence under sub-section ..... of section 133 in respect of which Notice No. \_\_\_\_\_ Dated: \_\_\_\_\_ was issued to Sh..... (Applicant), the employer of ..... (name and registration number of establishment) has been compounded on account of remission of full amount of Rs ..... (Rupees \_\_\_\_\_) towards the composition of offences to the satisfaction of the said notice.

(Signature)  
Name and Designation of the Officer

**Date:**

**Place:**

**To:**

.....(Employer/Establishment)

.....(Name and registration number)

.....(Address)

**FORM-XXV**

[See rule 57(3)(b)]

**Form for reporting vacancies to career centres**  
(Separate forms to be used for each type of posts)

1	<b>Particulars of the employer:</b> Name: Address with pin code: Telephone No. : Mobile No.: Email address : Name and Type of Establishment (Central Government, State Government, PSU, Autonomous, Private, etc) Registration No of establishment under the Code: Economic activity details:	
2.	<b>Particulars of the indenting officer:</b> Name: Designation: Telephone No. : Mobile No.: Email address :	
3.	<b>Particulars of vacancy(ies):</b>  a. Designation/nomenclature of the vacancy(ies) to be filled b. Description of duties of the post  (job role/functional role)	

c. Qualifications/Skills required (educational, technical, experience)		Essential	Desirable/Preferable
i. Educational qualifications ii. Technical qualifications iii. Skills iv. Experience			
d. Age limits, if any ( Age as on last date of application)			
(e) Preferences (such as ex-servicemen, persons with disabilities, women, etc) if any			
(f) duration of employment (i) 3-6 months (ii) 6-12 months (iii) 12 months and more		Number of posts	
4. <b>Whether there is any obligation for arrangement for giving reservation/ preference to any category of persons such as Scheduled Castes (SCs), Scheduled Tribes (STs), Economically Weaker Sections (EWSs), Other Backward Classes (OBCs), Ex-serviceman and persons with disabilities (pwd) , etc, in filling up the vacancies:</b> Yes/No ( if yes, give the number of vacancies to be filled by such categories of persons as detailed below)			
Category		Number of vacancies to be filled	
		Total	*By Priority candidates *(Applicable for Central Government vacancies)
(a) Scheduled Caste (b) Scheduled Tribe (c)OBC (d)EWS (e) Ex-Serviceman (f) Persons with disabilities (pwd) (g) women (h) Others(specify)			
6. <b>Pay and Allowances:</b> For Government vacancies: Mention pay level/pay scale of the post with basic pay/pay per month with other details, if any. For others: Mention minimum total emoluments per month with other details, if any.			
7. Place of work ( Name of the town/village and district, pin code ,etc. in which it is situated)			
8. Mode of application(email, online, in writing, etc) and last date for receipt of applications.			

9.	Particulars of officer to whom the applications be sent/candidates should approach (Mention Name, designation, email id, address , telephone No., website address in case of online)	
10	Mode of recruitment {Through career centre, placement agency , self-management, any other mode(specify) }	
11	Would like to obtain list of eligible candidates registered with Career Centre	Yes/No
12	Any other relevant information	

Signature, Name and Designation of authorised signatory of establishment/ employer with seal and date

(For Official Use- to be filled by Career Centre)

13	Name, address, email id of the Career Centre	
14	Date of receipt of Vacancies	
15	NIC Code of the establishment/	
16	NCO Code of the post	
17	Unique Vacancy ID(number)	

Signature

Name& Designation of Authorised Signatory  
of Career Centre with seal & date

#### NOTE:

1. Career Centre to which the vacancies are reported, would provide a unique vacancy reporting number for the vacancy reported and convey it to the employer in writing, through email or digitally or through any other such media immediately but in any case not later than seven working days from the date of receipt of reporting of vacancies in north-eastern States and three working days in other States.
2. An employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, may invariably quote that unique vacancy reporting number in that advertisement or recruitment process.
3. Any change in the particulars already furnished to the Career Centre, shall be reported in writing or through valid official email or digitally (including through a portal) as the case may be, to the appropriate Career Centre.

**FORM-XXVI**

[See rule 57(6)]

**Form EIR (Employment Information Return)**

**Yearly Return to be submitted to the Career Centre (Regional) for the Year ended.....**

The following information is required to be submitted under the Code on Social Security, 2020 (Chapter XIII – Employment Information and Monitoring).

Name and address of the employer		
Whether – Head Office		
Branch Office Type of Establishment (Public /Private Sector)		
Nature of business/principal activity		
<b>Establishment Registration No. under the Code</b>		
<b>1. (a) EMPLOYMENT</b> Total number of <i>manpower of establishment</i> including working <i>proprietors/partners/contingent</i> paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary <i>is paid</i> ).		
Category	On the last working day of the previous Year	On the last working day of the Year under report
Men		
Women		
Other (Transgender)		
TOTAL : PWD(persons with disabilities) out of above total		

**2. Number of vacancies\* occurred and reported to career centre during the year and the number of vacancies filled during the year**

Occurred	Reported		Filled	Source (career centre/ NCS Portal/ Govt. Recruiting Agencies/ Private Placement Organisations/ others)
	career centre (Regional)	career centre (Central)		
1	2	3	4	5



\*As per the provisions of the Code on Social Security, 2020 (Chapter XIII) and rules made thereunder.

### 3. MANPOWER SHORTAGES:

Vacancies/posts remained unfilled because of shortage of suitable applicants.

Name of the occupation or designation of the post	Number of unfilled vacancies/posts		
	Skill/ qualifications (educational / technical/ experience) prescribed	Essential	Desirable
1	2	3	4

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

4. Estimated Manpower Requirement by Occupational Classification during the next financial year (Please give below the number of employees in each occupation separately).

Occupation	Number of employees				
	Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next financial year due to retirement/ expansion or re-organisation.				
Description	<u>Men</u>	Women	<u>Others</u> (trans-gender)	<u>Total</u>	PWD (persons with disabilities) out of total
1	2	3	4	5	6
*					
Total :					

\* In the column(description) -Use exact terms such as Engineer (Mechanical),Assistant Director(Metallurgist);Research Officer (Economist);Supervisor (Tailoring),Inspector(Sanitary), Superintendent (Office) , Manager(Sales), Manager(Accounts), Executive(Marketing), Data Entry Operator.....so on.

Signature, Name and Designation of Authorised Signatory  
of establishment/ employer with seal and date

To

The Career Centre,

.....

Note:- 1. This return is to be rendered to the Career Centre (Regional) within 30 days after the end of the *financial year* concerned by establishments/employers vide their obligation under the Code on Social Security, 2020( Chapter XIII-Employment Information and Monitoring).

2. The main purpose in obtaining the information from employers is to know (i) the vacancies/employment opportunities available; (ii) type of personnel who are in short supply; and (iii) future job opportunities for providing vocational guidance to the jobseekers and connecting them with the employers. This is helpful in ascertaining the skill needs also. Employers too will be able to call on the Career Centres for getting suitable candidates as per their requirements.

### FORM-XXVII

[See rule 60(1)]

#### Application for Compensation by Employee

To

The Competent authority for Employee's Compensation.

Applicant residing at

Versus

Opposite Party residing at

It is hereby submitted that:-

(1) The applicant, an employee employed by (a contractor with) the opposite party on the \_\_\_\_ day of \_\_\_\_ 20\_\_ received personal injury by accident arising out of and in the course of his employment. The cause of the injury was (here insert briefly in ordinary language the cause of the injury)

(2)The applicant sustained the following injuries namely:--

(3) The monthly wages of the applicant amount to Rs. \_\_\_\_\_. The applicant is over/under the age of 15 years.

(4 ) (a) Notice of the accident was served on the \_\_\_\_ day of \_\_\_\_\_

(b) Notice was served as soon as practicable.

(c)Notice of the accident was not served (in due time) by reason of.

(5) The applicant is accordingly entitled to receive:--

(a) half monthly payment of Rs. \_\_\_\_ from the \_\_\_\_\_ 20\_\_ to \_\_\_\_

(b) a lump sum payment of Rs. \_\_\_\_\_

(6)The applicant has taken the following steps to secure a settlement by agreement, namely, - \_\_\_\_ but it has proved impossible to settle the question in dispute because .

\*You are therefore requested to determine the following questions in dispute, namely: --

- (a) Whether the applicant is an employee within the meaning of the Code;
- (b) Whether the accident arose out of or in the course of the applicant's employment;
- (c) Whether the amount of compensation claimed is due, or any part of that amount;
- (d) Whether the opposite party is liable to pay such compensation as is due;
- (e) etc., (as required)

Date 20.

Applicant

\* Strike out the clauses which are not applicable.

### FORM-XXVIII

[See rule 60(2)]

#### Application for order to Deposit Compensation

To

The Competent authority for Employee's Compensation

Applicant      Residing at

Versus

Opposite Party      Residing at

It is hereby submitted that: --

(1) An employee employed by (a contractor with) the opposite party on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ received personal injury by accident arising out of and in the course of employment resulting in his death on the day \_\_\_\_\_ of 20\_\_\_\_. The cause of injury was (here insert briefly in ordinary language the cause of the injury) \_\_\_\_\_.

(2) The applicant(s) is/are dependant(s) of the deceased Employee being his \_\_\_\_\_.

(3) The monthly wages of the deceased amount to Rs. \_\_\_\_\_. The deceased was over/under the age of 15 years at the time of his death.

\* (4) (a) Notice of the accident was served on the \_\_\_\_\_ day of \_\_\_\_\_.

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of \_\_\_\_\_.

(5) The deceased before his death received as compensation the total sum of Rs. \_\_\_\_\_. The applicant(s) is/are accordingly entitled to receive a lump sum payment of Rs. \_\_\_\_\_.

You are, therefore, requested to award to the applicant the said compensation or any other compensation to which he may be entitled.

Dated:

Applicant.

\* Strike out the clauses which are not applicable.

**FORM-XXIX**

[See rule 62(1)(a)]

Whereas a claim for compensation has been made by ..... (applicant) against.....and the said applicant has claimed that he is entitled to file an application under clause (b) or (c) of sub-section (1) of section 92 of the Chapter VII under the Code on Social Security, 2020;

And whereas the undersigned is satisfied that the said applicant is entitled to file the aforesaid claim;

Now, therefore, the competent authority for Employees Compensation...../Government of..... is hereby given notice that the undersigned proposes to settle the claim of the applicant as provided under the Code.

Dated:

Competent authority

**FORM-XXX**

[See rule 63(1)]

To

.....

Sir,

The report about an accident which occurred on.....at.....(here enter details of premises) and which resulted in death/disablement of the employee is furnished as given below :—

1. (a) Name of the employee ----- Sex ----- Age -----  
 (b) Monthly wages  
 (c) Nature of employment  
 (d) Name of the employer  
 (e) Full postal address of the employee/dependants (local and permanent both).  
 (f) Full postal address of the factory/establishment where its registered office is located.
  
2. The circumstances leading to death/disablement of the employee :—  
 (a) Time of the accident  
 (b) Place where the accident occurred  
 (c) Manner in which deceased was/were employed at that time  
 (d) Cause of the accident

3. The amount of money deposited by the employer with the competent authority under section 81.

4. (a) Details of compensation paid, if any

(b) Particulars of money invested for the benefit of dependants of deceased employee.

5. Documents forwarded (in original) as under :—

(a) Death certificate

(b) Disablement certificate from the competent medical authority

(c) Receipt for Deposit of Compensation by the employer

(d) Statement of Disbursement

(e) Receipt of compensation from the employee/dependants

(f) Memorandum of Agreement, if any

[F. No. R-11011/03/2020-SS-II]

ASHUTOSH A.T. PEDNEKAR, Jt. Secy.