FORM ER-II

Occupational return to be submitted to the local Employment Exchange once in two years (on a date to be specified by notification in the Official Gazette) {Vide the Employment Exchanges (Compulsory Notification of Vacancies) Rules, 1960}

Name and address of the employer					
Nature of business					
(Please describe what the establishment makes of	or does as	its princip	al activ	ity)	
1. Total number of persons on the pay rolls of th date)	e establis	shment on ((specifi	ed	
(This figure should include every person whose	wage or s	salary is pa	id by th	ne establishment.)	
2. Occupational classification of all employers a number of employees in each occupational separation.		eturn ER-II	(Pleas	e give below the	
Occupation		Number of employees			
Use exact terms such as engineer (Mechanical); teacher (domestic Science); Officer on Special Duty (Actuary); Assistant Director (Metallurgist); Scientific Assistant (Chemist); Research Officer (Economist);	Men	Women		Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next Calendar year due to Retirement, expansion Or Re-organisation	
1	2	3	4	5	
			•••••		
Total Dated			S	ignature of employer	
To The Employment Exchange (Please fill in here the address of your local Em	nploymen	ıt Exchange	e)		

Note:- Total of Column (4) under item 2 should correspond to the figure against item 1.