

FORM-I

(Persons with Disabilities Employer's Return)

[See rule 13 (1)]

Six- monthly return to be submitted to the Special Employment Exchange for the half year ended.....

Name and Address of the Employer.....

Employer Code (allotted by Employment office):.....

National Industrial Code (allotted by Employment office):.....

Whether - Head Office.....

Branch Office.....

Nature of business/principal activity:.....

1. Employment

- (a) Total number of persons including working proprietors/ partners/ commission agents/contingent paid and contractual workers, on the pay rolls of the Government establishment excluding part-time workers and apprentices. (The figures should include every person whose wage or salary is paid by the Government establishment).

On the last working day of the previous half year					
	Blindness and low vision	Deaf and hard of hearing	Locomotive disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	Autism, intellectual disability, specific learning disability and mental illness	Multiple disabilities from amongst persons with disabilities under columns (1) to (4) including deaf-blindness
	(1)	(2)	(3)	(4)	(5)
Men with disability					
Women with disability					
Total					

On the last working day of the half year under report					
	Blindness and low vision	Deaf and hard of hearing	Locomotive disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	Autism, intellectual disability, specific learning disability and mental illness	Multiple disabilities from amongst persons with disabilities under columns (1) to (4) including deaf-blindness
	(1)	(2)	(3)	(4)	(5)
Men with disability					
Women with disability					
Total					

(b) Please indicate the main reasons for any increase or decrease in employment if the increase or decrease is more than 5% during the half year.

2. Vacancies.- Vacancies carrying total emoluments as per prevailing minimum wage per month and of over six months duration.

(a) Number of vacancies occurred and notified during the half year and the number filled during the half year (Separate figures may be given for men with disability and women with disability).

Number of vacancies which come within the purview of the Act				
Occurred (Designation wise)	Notified		Filled	Sources (Describe the source form which filled)
	Local Special Employment Exchange	General employment		
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3				
.....				
Total				

(b) Reasons for not notifying all vacancies occurred during the half year under report vide 2(a).....

3. Manpower Shortages

Vacancies/posts unfilled because of shortage of suitable applicants.

Name of the occupation or Designation of the posts	Number of unfilled vacancies/posts	Essential qualification	Essential experience	Experience Not necessary
1.				
2..				
.....				
Total				

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

Signature of employer

Dated.....

To

The Employment Exchange

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Note.- This return relates to half yearly ending 31st March/30th September and shall be rendered to the local Special Employment Exchange within thirty days after the end of the half year concerned.