

FORM-III

(Persons with Disabilities Employer's Return)

[See rule 14]

Name and Address of the Employer.....

Whether - Head Office.....

Branch Office.....

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

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

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

Total number of persons on the pay rolls of the Government establishment (This figure should include every person whose wage or salary is paid by the Government establishment):-

Total number of persons with disabilities (disability-wise) on the payroll of the Government establishment(This figure should include every person with disability whose wage or salary is paid by the Government establishment):-

On the last working day of the half year (31.03.2021/30.09.2021)					
Gender-wise break-up	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)	(6)
Men with disability					
Women with disability					
Total					

(a) Occupational qualification of all employees (Please give below the number of employees in each occupation separately).

Occupation Use exact terms Such as Engineer (Mechanical); Teacher (domestic/science); Officer on duty (actuary); Assistant Director (Metallurgist); Scientific Assistant (chemist); Research Officer (economist); Instructor (carpenter);	Number of Employees			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.
	Men with disabilities	Women with disabilities	Total	
1.				
2.				
.....				
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.

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
2				
.....				
Total				

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

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..				
.....				

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

Dated....

Signature of employer