

FORM DPER-II
(See rule 40)

Occupational return to be submitted to the local Special Employment Exchange once in two years.

Name and address of the Employer.....

Nature of business.....

(Describe what the establishment makes or does as its principal activity)

1. Total number of persons on the pay rolls of the establishment on (specify date).....(This figure should include every person whose wage or salary is paid by the Establishment) (Separate figures for men with disability and women with disability may be given).
2. Occupational classification of all employees as given in item-1 above.
(Please give below the number of employees in each occupation separately).

Occupation	Numbers of employees							
	Men with Disability		Women with Disability		Total			
Use exact terms	O	V	H	O	V	H	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	
Such as engineer (Mechanical);	R	I	E	R	I	E		
teacher(domestic Science)	T	S	A	T	S	A		
; officer on duty (actuary);	H	U	R	H	U	R		
assistant director (Metallurgist);	O	A	I	O	A	I		
Scientific Assistant (chemist); Research	P	L	N	P	L	N		
Officer(economist)	A	L	G	A	L	G		
instructor(carpenter);	D	Y		E	Y			
Supervisor(tailor) fitter(internal combustion engine); inspector (sanitary); superintendent (office); apprentice(electrician)	A			D				
	E			I				
	D			C				
	I							
	C							
1	2	3	4	5	6	7	8	9
Total								

Dated.....

To
The Employment Exchange

(Please fill in here the address of your Local special Employment Exchange)

Note : Total of col. 8 under item 2 should correspond to the figures given against item-1
The Biennial return shall be furnished with in thirty days of the due date.