

FORM DPER-II
(See Rule 30)

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	Number of Employees						Total	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 Disability			Women with Disability				
Use exact terms Such as engine (Mechanical); teacher (Domestic/Science); Officer-on-duty (actuary); Asst. Director (Metallurgist); Scientific Assistant (Chemist); Research Officer (Economist); Instructor (Carpenter); Supervisor (Tailor); Fitter (internal combustion engine); inspector (Sanitary); Supdt. (office) Apprentice (Electrician)	Ortho	Visual	Hearing	Ortho	Visual	Hearing		
1	2	3	4	5	6	7	8	9
Total								

Dated-----

To
The Assistant Director (Disabled Cell),
The Special Employment Exchange for PH,

Signature of Employer

Gandhi Nagar, Pondicherry -9.

Note: - Total of col.8 under item 2 should correspond to the figures given against item-1.

