

**Form-II**  
 (Persons with Disabilities Employer's Return)  
 [See rule 13(1)]

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 Government establishment makes or does as its principal activity)

1. Total number of persons on the pay rolls of the Government establishment on (Specify date).....(This figure should include every person whose wage or salary is paid by the Government 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 Use exact terms	Number of Employees		Total
	Men with disability	Women with disability	
Such as Engineer (Mechanical);			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.
Teacher (domestic/science);			
Officer on duty (actuary);			
Assistant Director(Metallurgist);			
Scientific Assistant (chemist);			
Research Officer (economist);			
Instructor (carpenter);			
Supervisor (tailor);			
Fitter (internal Combustion engine);			
Inspector ( Sanitary);			
Superintendent (Office);			
Apprentice (Electrician);			
<b>Total</b>			

Dated.....

Signature of the employer

To

The Employment Exchange  
 (please fill in here the address of your local Special Employment Exchange)

Note: Total of column 5 under item 2 should correspond to the figure given against item-1.