

FORM ER – 11

OCCUPATION RETURN TO BE SUBMITTED TO THE LOCAL EMPLOYMENT EXCHANGE ONCE IN TWO YEARS )ON A DATE TO BE SPECIFIED BY NOTIFICATION IN THE OFFICIAL GAZETTE)

(RETURN AND ADDRESS OF THE EMPLOYER

NATURE OF BUSINESS

(Please describe what the establishment makes or does is its principal activity

1. The total number of persons on the pay rolls of the establishment as specified . This figures should include every person whose wage or salary is paid by the establishment
2. Occupational classification of all employees as given in item-1 above.(Please given below the number of employees in each occupation separately)

OCCUPATION	NUMBER OF EMPLOYEES			PLEASE GIVEN AS FAR AS POSSIBLE
----- USE EXACT TERMS SUCH AS ENGINEERS(MECHANICAL)TEACHER(DOMESTIC/SCIENCE) OFFICER ON A SPECIAL DUTY ASSISTANT DIRECTOR (METTALLURGIST)SCIEN-TISTS ASSISTANT(CHEMI-ST)RESEARCH OFFICER-(ECONOMICS)INSTRUCTOR (CARPENTER)SUPERVISOR (TAILORS)FITTER(INTER-NATIOANAL COMPUSTION ENGINE)INSPECTOR(SANI-TARY);SUPERINTENDENT-(OFFICE)S APPRENTICE (ELECTRICALS)	MEN	WOMEN	TOTAL	NO. OF VACANCIES IN EACH OCCU-PATION YOU ARE LIKELY TO FILL DUR.THE NEXT CALENDER YEAR DUE TO RETIRE-MENT, EXPANCIES OR RE-ORGANISA-TION
1	2	3	4	5
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TOTAL

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NOTE: TOTAL NUMBER OF COLUMN(4) UNDER ITEM 2 SHOULD CORRESPOND TO THE FIGURES GIVEN AGAINST ITEM 1