ICL

FORM-II

ER-II

Occupational return to be submitted to the local Employment Exchange **once in Two years** (on a date to be specified by notification in the Office gazette).

[Vide the Employment Exchanges (Compulsory Notification of Vacancies) Rules, 1960]

Name and Address of the Employer:

Nature of business :

(Please describe what the establishment makes or does as its principal activity).

1. **Total number of persons on the pay rolls of the establishment on (Specified date).**

2. **Occupational classification of all employers as given in item 1 above.**

Occupational code No. along with Educational / technical alphabetical number (to be filled & assigned by the Employment Exchange)	Actual designation of the post	Educational & Technical qualification along with professional qualification of the present holder of the post	**No. of employees**			Please give as for as possible approximate number of vacancies in each occupation, you are likely to fill during the next calendar year due to retirement, expansion or reorganisation
			Men	Women	Total	
TOTAL						

(Use separate sheet, if required)

Signature of Employer

Note: **Total of column 6 under item 2 should correspondence to the figure given against item 1**.

To
The Sub-Regional Employment Officer
Sub-Regional Employment Exchange
Tripura, Agartala