**Form Dper - I**

**(Disabled Persons Employed Return)**

**(See Rule 40)**

Quarterly Return To Be Submitted To The Special Employment Exchange For The Quarter

Ended …………….

Name and Address of the Employer:................................................................

Whether-

Head Office ……………….

Branch Office………………

Nature of Business/Principal activity ……………………………….

1.

**(a) Employment :**

Total number of persons including working proprietors/partners/commission agents/ contingent paid and contractual workers, on the pay rolls of the Establishment excluding part-time workers and apprentices.(The figures should include every person whose wage or salary is paid by the establishment.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | On the last working day of the previous quarter | | | | On the last working day of the quarter under report | | |
|  | | Orthopaedically handicapped | Visually Handidic-apped | Hearing Impairment | Orthopaedi-cally han-dicapped | Visually Handidic-apped | Hearing Impairment |
| Men with disability  Women with disability | |  | | | | | |
| Total | |  | | | | | |

(b) Please indicate the main reasons for any increase or decrease in employment if the increase or decrease in more than 5% during the quarter.

**2. Vacancies-**

Vacancies carrying total emoluments as per prevailing minimum wage per month and of over three months' duration.

(a) Number of vacancies occurred and notified during the quarter and the number filled during the quarter (separate figures may be given for men with disability and women with disability).

Number if vacancies which come within the purview of the Act

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occurred | Notified | | Filled | Sources | (Describe the source from which filled) |
|  | Local Special Employment Exchange | General Employment Exchange |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 |

(b) Reasons for not notifying all vacancies occurred during the quarter under report, vide 2(a) above....................

**3. Manpower Shortages**

Vacancies/posts unfilled because of shortage of suitable applicants.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the occupation or designation of the post | Number of unfilled vacancies\posts disabilitywise | | |
|  | Essential qualification | Essential experience | Experience not necessary |
| 1 | 2 | 3 | 4 |
|  |  |  |  |

Please list any other occupations for which this establishment had recently any difficulty in obtaining suitable applicants.

Signature of employer

To

The Employment Exchange,

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**Note-** This return relates to quarters ending 31st March/30th June/30th September and 31st December and shall be rendered to the local Special Employment Exchange within thirty days after the end of the quarter concerned.