

Signature, Name and Designation of authorised signatory of establishment/ employer with seal and date

(For Official Use- to be filled by Career Centre)

|    |                                              |  |
|----|----------------------------------------------|--|
| 13 | Name, address, email id of the Career Centre |  |
| 14 | Date of receipt of Vacancies                 |  |
| 15 | NIC Code of the establishment/               |  |
| 16 | NCO Code of the post                         |  |
| 17 | Unique Vacancy ID(number)                    |  |
| 18 | Order No./ Diary No.                         |  |

Signature

Name& Designation of Authorised Signatory

of Career Centre with seal & date

NOTE:

1. Career Centre to which the vacancies are reported, would provide a unique vacancy reporting number for the vacancy reported and convey it to the employer in writing, through email or digitally or through any other such media immediately but in any case not later than seven working days from the date of receipt of reporting of vacancies in north-eastern States and three working days in other States.
2. An employer, if advertises that vacancy in any media or makes recruitment through any agency or any other mode, may invariably quote that unique vacancy reporting number in that advertisement or recruitment process.
3. Any change in the particulars already furnished to the Career Centre, shall be reported in writing or through valid official email or digitally (including through a portal) as the case may be, to the appropriate Career Centre.

### FORM-XXVI

[See rule 56(1)(d) and 56 (6)]

#### Form EIR (Employment Information Return)

**Yearly Return to be submitted to the Career Centre (Regional) for the Year ended.....**

The following information is required to be submitted under the Code on Social Security, 2020 (Chapter XIII – Employment Information and Monitoring).

|                                                            |  |
|------------------------------------------------------------|--|
| Name and address of the employer with Pin code             |  |
| Email ID of the Employer                                   |  |
| Mobile No. / Contact No. of the Employer                   |  |
| Name of Establishment                                      |  |
| Type of Entity                                             |  |
| (Factory, shop, commercial office, mine, plantation, etc.) |  |
| Type of Ownership                                          |  |
| (Firm/Association/Individual/Partnership/Company, etc.)    |  |
| Whether – Head Office                                      |  |
| If yes, specify                                            |  |

|                                                                                                                                                                                                                                                                                                                      |  |                                              |         |              |                                                  |         |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|---------|--------------|--------------------------------------------------|---------|--------------|
| Branch Office<br>If yes, specify<br>(a)<br>(b)<br>(c)                                                                                                                                                                                                                                                                |  |                                              |         |              |                                                  |         |              |
| Type of Establishment {Public Sector (Central) / Public Sector (State) / Private Sector}                                                                                                                                                                                                                             |  |                                              |         |              |                                                  |         |              |
| Nature of business/principal activity                                                                                                                                                                                                                                                                                |  |                                              |         |              |                                                  |         |              |
| <b>Labour Identification Number – (LIN Number)</b>                                                                                                                                                                                                                                                                   |  |                                              |         |              |                                                  |         |              |
| <b>Establishment Registration No. under the Code</b>                                                                                                                                                                                                                                                                 |  |                                              |         |              |                                                  |         |              |
| 1. (a) <b>EMPLOYMENT</b><br>Total number of <i>manpower of establishment</i> including working <i>proprietors/partners/contingent</i> paid and contractual workers, out-sourced workers excluding part-time workers and apprentices. (The figures should include every person whose wage or salary <i>is paid</i> ). |  |                                              |         |              |                                                  |         |              |
| Category                                                                                                                                                                                                                                                                                                             |  | On the last working day of the previous Year |         |              | On the last working day of the Year under report |         |              |
|                                                                                                                                                                                                                                                                                                                      |  | Highly Skilled                               | Skilled | Semi-Skilled | Highly Skilled                                   | Skilled | Semi-Skilled |
| Men                                                                                                                                                                                                                                                                                                                  |  |                                              |         |              |                                                  |         |              |
| Women                                                                                                                                                                                                                                                                                                                |  |                                              |         |              |                                                  |         |              |
| Other (Transgender)                                                                                                                                                                                                                                                                                                  |  |                                              |         |              |                                                  |         |              |
| TOTAL :<br>PWD(persons with disabilities)<br>out of above total                                                                                                                                                                                                                                                      |  |                                              |         |              |                                                  |         |              |
|                                                                                                                                                                                                                                                                                                                      |  |                                              |         |              |                                                  |         |              |

|                                                                                                                                          |                          |                         |        |                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <b>2. Number of vacancies* occurred and reported to career centre during the year and the number of vacancies filled during the year</b> |                          |                         |        |                                                                                                        |
| Occurred                                                                                                                                 | Reported                 |                         | Filled | Source (career centre/ NCS Portal/ Govt. Recruiting Agencies/ Private Placement Organisations/ others) |
|                                                                                                                                          | career centre (Regional) | career centre (Central) |        |                                                                                                        |
| 1                                                                                                                                        | 2                        | 3                       | 4      | 5                                                                                                      |
|                                                                                                                                          |                          |                         |        |                                                                                                        |

\*As per the provisions of the Code on Social Security, 2020 (Chapter XIII) and rules made thereunder.

### 3. MANPOWER SHORTAGES:

Vacancies/posts remained unfilled because of shortage of suitable applicants.

| Name of the occupation or designation of the post | Number of unfilled vacancies/posts                                              |   |           |
|---------------------------------------------------|---------------------------------------------------------------------------------|---|-----------|
|                                                   | Skill/ qualifications (educational /Essential technical/ experience) prescribed |   | Desirable |
| 1                                                 | 2                                                                               | 3 | 4         |
|                                                   |                                                                                 |   |           |

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

4. Estimated Manpower Requirement by Occupational Classification during the next financial year (Please give below the number of employees in each occupation separately).

| Occupation Number of employees                                                                                                                                                           |     |       |                       |       |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----------------------|-------|----------------------------------------------|
| Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next financial year due to retirement/ expansion or re-organisation. |     |       |                       |       |                                              |
| Description                                                                                                                                                                              | Men | Women | Others (trans-gender) | Total | PWD (persons with disabilities) out of total |
| 1                                                                                                                                                                                        | 2   | 3     | 4                     | 5     | 6                                            |
| *                                                                                                                                                                                        |     |       |                       |       |                                              |
|                                                                                                                                                                                          |     |       |                       |       |                                              |
|                                                                                                                                                                                          |     |       |                       |       |                                              |
| Total :                                                                                                                                                                                  |     |       |                       |       |                                              |

\* In the column(description) -Use exact terms such as Engineer (Mechanical),Assistant Director(Metallurgist);Research Officer (Economist);Supervisor (Tailoring),Inspector(Sanitary), Superintendent (Office) , Manager(Sales), Manager(Accounts), Executive(Marketing), Data Entry Operator.....so on.

Signature, Name and Designation of Authorised Signatory  
of establishment/ employer with seal and date

To

The Career Centre,  
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Note:- 1. This return is to be rendered to the Career Centre (Regional) within 30 days after the end of the *financial year* concerned by establishments/employers vide their obligation under the Code on Social Security, 2020( Chapter XIII-Employment Information and Monitoring).

2. The main purpose in obtaining the information from employers is to know (i) the vacancies/employment opportunities available; (ii) type of personnel who are in short supply; and (iii) future job opportunities for providing vocational guidance to the jobseekers and connecting them with the employers. This is helpful in ascertaining the skill needs also. Employers too will be able to call on the Career Centres for getting suitable candidates as per their requirements.

Form-XXVI(A)

[See Rule 56 (1)(d)]

**Form for reporting of Job seeker Information**

| <b><u>Sr.</u></b><br><b><u>No.</u></b> | <b>Particulars</b>        | <b>Description</b>                                                      |
|----------------------------------------|---------------------------|-------------------------------------------------------------------------|
| 1.                                     | Name:                     |                                                                         |
| 2.                                     | Father's Name:            |                                                                         |
| 3.                                     | Mother's Name:            |                                                                         |
| 4.                                     | Date of Birth:            |                                                                         |
| 5.                                     | Place of Birth:           |                                                                         |
| 6.                                     | Aadhaar No. of Jobseeker: |                                                                         |
| 7.                                     | Mobile:                   |                                                                         |
| 8.                                     | Gender:                   | i. Male<br>ii. Female iii. TG<br>(Transgender)                          |
| 9.                                     | Location:                 | i. Rural<br>ii. Urban                                                   |
| 10.                                    | Marital Status:           | i. Married<br>ii. Unmarried<br>iii. Divorced<br>iv. Widow<br>v. Widower |
| 11.                                    | Category:                 | i. General<br>ii. SC<br>iii. ST<br>iv. O.B.C.                           |

| 12. | Religion:                                                                                                                                                      | i. Hindu<br>ii. Muslim<br>iii. Christian<br>iv. Sikh<br>v. Others                                                                                                                                                                                                                                                                             |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|--|----------|------|-------|-------|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|
| 13. | Reservation Category:                                                                                                                                          | i. PwD (Differently abled)<br>ii. Ex-Serviceman<br>iii. EWS                                                                                                                                                                                                                                                                                   |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 14. | i. If Disability type: (OH/VH/HH/PwBD other) differ<br>ntly<br>abled:<br>ii. Disability percentage:<br>a. Below 40%<br>b. 40-60 %<br>c. 60-80%<br>d. Above 80% |                                                                                                                                                                                                                                                                                                                                               |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 15. | # Employment Status:                                                                                                                                           | i. Employed<br>ii. Unemployed<br>iii. Self- Employed<br>iv. Student                                                                                                                                                                                                                                                                           |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 16. | Language Known:<br>(Primary Language)                                                                                                                          | <table border="1"> <thead> <tr> <th></th> <th>Language</th> <th>Read</th> <th>Speak</th> <th>Write</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |       |       |  |  | Language | Read | Speak | Write | 1. |  |  |  |  | 2. |  |  |  |  | 3. |  |  |  |  |
|     | Language                                                                                                                                                       | Read                                                                                                                                                                                                                                                                                                                                          | Speak | Write |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 1.  |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 2.  |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 3.  |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |       |       |  |  |          |      |       |       |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |

|     |                                                                                                                                                                  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 17. | Physical Fitness:<br>i. Height (in cms.):<br>ii. Chest (in cms.):<br>iii. Weight (in kgs.):<br>iv. Eye Sight:<br>v. Partial Disability:<br>क. Blind:<br>ख. Deaf: |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|     |                                                     |              |                             |      |                     |                 |
|-----|-----------------------------------------------------|--------------|-----------------------------|------|---------------------|-----------------|
|     | ग. Dumb:                                            |              |                             |      |                     |                 |
| 18. | Address with pin code:                              |              |                             |      |                     |                 |
| 19. | Qualification:<br>(Starting from Highest Education) |              |                             |      |                     |                 |
|     | Passed Exam                                         | Subject Code | Boards/Uni./<br>School Name | Year | Class Div.<br>Grade | Certificate No. |
|     |                                                     |              |                             |      |                     |                 |
|     |                                                     |              |                             |      |                     |                 |
|     |                                                     |              |                             |      |                     |                 |
|     |                                                     |              |                             |      |                     |                 |
|     | Other Training/ Key Skills:                         |              |                             |      |                     |                 |
| 20. | Medium of Education:                                |              |                             |      |                     |                 |
| 21. | Specialization / Major:                             |              |                             |      |                     |                 |
| 22. | Additional Course/Certificate                       |              |                             |      |                     |                 |
|     | i. Name:                                            |              |                             |      |                     |                 |
|     | ii. Year:                                           |              |                             |      |                     |                 |
|     | iii. Issued by:                                     |              |                             |      |                     |                 |

| 23. | Professional Desired Employment: |                                                                                                                                              |             |                |                                   |    |                        |    |
|-----|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------------------------|----|------------------------|----|
| 24. | Vocational Guidance:             |                                                                                                                                              |             |                | Yes/No<br><br>If Yes, Trade Code: |    |                        |    |
| 25. | # Work Experience                |                                                                                                                                              |             |                |                                   |    |                        |    |
|     | Sector Code                      | Organisation Type                                                                                                                            | Designation | Specialization | Period                            |    | Experience Certificate |    |
|     |                                  |                                                                                                                                              |             |                | From                              | To | Yes                    | No |
|     |                                  | Central/State/<br>Central<br>PSU/State<br>PSU/Local<br>Bodies/<br>Autonomus/<br>Company/<br>NGO/<br>Partenship/<br>Proprietorship/<br>Others |             |                |                                   |    |                        |    |
|     |                                  |                                                                                                                                              |             |                |                                   |    |                        |    |
|     |                                  |                                                                                                                                              |             |                |                                   |    |                        |    |
|     |                                  |                                                                                                                                              |             |                |                                   |    |                        |    |
|     |                                  |                                                                                                                                              |             |                |                                   |    |                        |    |
| 26. | Available to Join (in days):     |                                                                                                                                              |             |                |                                   |    |                        |    |

**## To be filled by those interested in seeking placement services in the Police Department, Paramilitary Forces/Armed Forces etc.**