

**FORM DPER - I**  
**(DISABLED PERSONS EMPLOYED RETURN)**  
**(SEE RULE 40)**

Quarterly return to be submitted to the Local Employment Exchange for Quarter ending .....

Name of the Employer and Address .....

Whether           Head Office .....

                      Branch Office .....

Nature of Business/ Principal activity .....

**1(a)      EMPLOYMENT**

Total number of persons including workers proprietors/ partners/ commission agents/ contingent paid and contractual workers on the pay roll of the Establishment excluding Part-time workers and Apprentices (The figures should include every person whose wages or salary is paid by the establishment).

	<b>On the last working day</b>			<b>On the last working day</b>		
	Orthopaedically Handicapped	Visually handicapped	Hearing handicapped	Orthopaedically handicapped	Visually handicapped	Hearing handicapped
Men with disability						
Women with disability						
<b>TOTAL</b>						

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

**2. VACAINCIES:**

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 of vacancies with come within the purview of the Act			
Occurred	Notified	Filled	Sources
			(Describe source from which filled) Special Employment Exchange General Employment Exchange Others

(b) Reasons for riot 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	Disability wise
	Essential qualification	Essential experience Experience not necessary

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

Dispatch No. ....

**Signature of employer**

To

The District Employment Officer

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