

**CHANDIGARH ADMINISTRATION  
LABOUR DEPARTMENT  
NOTIFICATION**

**No. 662869-HII(2)-2026/6258**

**Chandigarh, dated the 02.07.2026**

The following draft rules, which the **Administrator, UT, Chandigarh** proposes to make, in exercise of the powers conferred by sections 154 and 156 of the Code on Social Security, 2020 (Central Act No. 36 of 2020) (hereafter referred to as 'said code') and all other powers enabling him in this behalf, is hereby published as required by section 158 of the said Code, for the information of the persons likely to be affected thereby.

Notice is hereby given that the draft will be taken into consideration by the **State Government** on or after the expiry of a period of forty five days from the date of publication of this notification in the Official Gazette of Chandigarh Administration, together with any objections or suggestions, if any, which may be received in the office of the **Labour Commissioner, UT Chandigarh, Labour Welfare Centre Building, Sector 30-B, UT, Chandigarh** in writing or on email [alclld-chd@chd.nic.in](mailto:alclld-chd@chd.nic.in) from any person before the expiry of the period so specified with regard to the proposed draft, namely:-

**DRAFT RULES  
CHAPTER-I  
PRELIMINARY**

- 1. Short title, extent and commencement.** - (1) These rules may be called **the Chandigarh Social Security Rules, 2026**.
- (2) They shall extend to the whole of **Union Territory of Chandigarh**.
- (3) They shall come into force from such date on which the Code on Social Security, 2020 comes into force.
- 2. Definitions.** - (1) In these rules, unless the context otherwise requires:-
  - (a) "Appellate Authority" means an officer of the State Government, appointed by the State Government by notification, for the purpose of hearing and deciding appeals under section 105 of the Code on Social Security, 2020 and the rules made there under;
  - (b) "Assessing Officer" means an officer of the State Government, appointed by the State Government by notification, for the purpose of assessment of cess under Chapter VIII of the Code, and includes any officer authorised to exercise such powers under sections 100 to 103 of the Code on Social Security, 2020;
  - (c) "beneficiary" means a building worker registered under sec 106 of the code;
  - (d) "Board" means the **Chandigarh Unorganized Workers Social Security Board and The Chandigarh Building and Other Construction Workers Welfare Board** constituted under sub-section (9) of section 6 of the Code and under sub-section (1) of section 7 of the Code respectively;

- (e) "Cess Collector" means an officer appointed by the State Government for collection of cess under the Code;
  - (f) "Chairperson" means the Chairperson of the Board;
  - (g) "code" means the Code on Social Security, 2020 (Act No. 36 of 2020);
  - (h) "Form" means a Form appended to these rules;
  - (i) "member" means a member of the Board;
  - (j) "nominations" means nomination made under section 55;
  - (k) "section" means a section of the Code;
  - (l) "specified" means specified by the **State Government** by an order published in the Official Gazette;
  - (m) "State" means Union Territory of Chandigarh;
  - (n) "State Government" means the Administrator, Union Territory of Chandigarh as appointed under Article 239 of the Constitution of India;
- (2) All other words and expressions used in these rules which are not defined therein, but are defined in the Code shall have their respective meanings assigned to them in the Code.

## CHAPTER – II

### SOCIAL SECURITY ORGANISATIONS

#### PART – I

#### CHANDIGARH UNORGANIZED WORKERS SOCIAL SECURITY BOARD

**3. Term of office of members.** - (1) A member, other than an ex-officio member, shall hold office for a period not exceeding three years from the date of his nomination.

**(2) A member nominated under sub-clause (iii) of clause (d) of sub-section (10) of section 6 shall cease to be a member of the Board if he ceases to be a Member of Parliament representing the Union Territory of Chandigarh.**

**(3) A member nominated under sub-clauses (i), (ii) and (iv) of clause (d) of sub section 6 shall cease to be a member of the Board if he/she ceases to represent the category of interest from which he/she was so nominated:**

***Provided that out of seven persons nominated under sub-clause (i) and (ii) of clause (d) of sub-section (10) of section 6, atleast one member each shall be from the Scheduled Castes, Minorities and the Women shall be represented.***

(4) A member shall be eligible for re nomination.

**4. Resignation.**-(1) A member of the Board, not being an ex-officio member, may resign his office by a letter in writing addressed to the Chairperson.

(2) The seat of such a member shall fall vacant from the date on which his resignation is accepted or on the expiry of thirty days from the date of receipt of intimation of resignation, whichever is earlier.

(3) The power to accept the resignation of a member shall vest in the Chairperson, who, on accepting the resignation, shall report to the Board at its next meeting.

Sections 6(12)  
and 156(2) (a)

Sections 6(12)  
and 156 (2) (a)

Sections 6(12)  
and 156 (2) (a)

**5. Removal of member.** - The State Government may remove from office any member of the Board, if, in its opinion, such a member has ceased to represent the interest which he purports to represent on the Board:

Provided that no such member shall be removed unless a reasonable opportunity is given to him of making any representation against the proposed action.

***The Chairperson may disqualify any member other than ex-officio members, from taking part in the meeting of the Board if:-***

- a) he absents himself from three consecutive meetings of the Board without written information and consent of Chairperson; or***
- b) In view of the State Government, such members ceased to represent the interest which he purports to represent in the Board.***

Sections 6(12)  
and 156 (2) (a)

**6. Address of the members.** - (1) ***Every Member should be a permanent resident of Union Territory of Chandigarh.***

Sections 6(12)  
and 156 (2) (a)

**7. Manner of filling vacancies.** - When a vacancy occurs or is likely to occur on completion of the term of the member in the membership of the Board, the Secretary of Board shall submit a report to the State Government and on receipt of such report, the State Government may, by notification, nominate a person to fill the vacancy:

***Provided that State Government may by order or notification allow old members to continue till new members are replaced or nominated.***

Sections 6(12)  
and 156 (2) (a)

**8. Allowances of members.** - (1) ***If an officer of the State Government is permanently posted in the board, his/her pay and allowances shall be paid by the State Government as per his/her entitlement.***

(2) The non-official members of the Board shall be entitled to the payment of travelling and daily allowance for attending the meetings of the Board at such rates as are admissible to Group 'A' Officers of the **State Government.**

Sections 6(12),  
6(14) and 156 (2)  
(a)

**9. Disposal of business.-** Every matter which the Board is required to take into consideration shall be considered at a meeting of the Board, or if the Chairperson so directs, by sending the necessary papers to every member for opinion, and the matter shall be disposed of in accordance with that decision of the majority:

Provided that where there is no opinion of majority on a matter and the members of the Board are equally divided, the Chairperson shall have a second or a casting vote.

Explanation. -The expression "Chairperson" for the purpose of the above proviso shall include a member nominated or chosen under sub-rule (2) of rule 10 to preside over a meeting.

Sections 6(14)  
and 156 (2) (a)

**10. Meetings.-** (1) The Board shall meet at such places and at such times as may be decided by the Chairperson and it shall meet at least once in a quarter of the year.

(2) **The Chairperson shall preside over every meeting of the Board in which he is present and in his absence, he may nominate the Vice Chairperson of the Board to preside over such meeting in his place.**

Sections 6(14)  
and 156 (2) (a)

**11. Notice of meetings and list of business.-** (1) Ordinarily, **seven days' notice** shall be given to the members of the Board of a proposed meeting:

Provided that the Chairperson, if he is satisfied that it is expedient so

to do, may give notice of shorter period not exceeding 24 hours for such meeting.

(2) No business except which is included in the list of business for a meeting of the Board shall be considered at the meeting without the permission of the Chairperson.

Sections 6(14)  
and 156 (2) (a)

**12. Quorum.-** (1) No business shall be transacted at any meeting of the Board unless atleast one third of the total members are present in that meeting which shall include at least one non-official member from category nominated under sub-clause (i) and (ii) of clause (d) of sub section (10) of section(6).

Provided that if at a meeting, less than one third of total members are present, the Chairperson shall adjourn the meeting to another date and time informing all the members, However for subsequent meeting their will no requirement of Quorum.

## PART II

### CHANDIGARH BUILDING AND OTHER CONSTRUCTION WORKERS' WELFARE BOARD

Sections 7(4)  
and 156 (2) (b)

**13. (1) Terms and conditions of appointment of the Chairperson and other members of the Board.—**

(a) The term of office of Chairperson and other members of the Board shall be three years.

**(b) If the Chairperson is not an officer of the State Government, then the terms and conditions of his appointment shall be such as notified by the State Government.**

**(c) The Chairperson and all the private members of the Board shall be entitled to travelling and daily allowance for attending the meetings of the Board at such rates as are admissible to Group 'A' Officers of the State Government.**

**(2) Filling up of casual vacancies—**A member, nominated to fill a casual vacancy, shall hold office for the remaining period of the term of office of the member in whose place, he is nominated.

**(3) Meetings of the Board:- The Board shall meet at least once in six months: Provided that the Chairperson shall, within fifteen days of the receipt of a requisition in writing from not less than one third of the members of the Board, may call a meeting earlier than six months.**

**(4) Notice of meeting and the agenda:-** Notice intimating the date, time and venue of every meeting together with the agenda, to be discussed at the meeting, shall be sent by registered post, courier service, special messenger or by email, to each member seven days before the meeting:

**Provided that when the Chairperson calls a meeting for the consideration of any matter, which in his opinion, is urgent, notice of not less than 24 hours shall be deemed sufficient.**

**(5) Absence from the State: If any member leaves the State for a period of not less than six months without intimation to the Chairperson, he shall be deemed to have resigned from the Board.**

**(6) Transaction of Business:** Every question considered at a meeting of the Board shall be decided by a majority of the votes of the members present, and in the event of equal votes, the Chairperson shall exercise a casting vote.

**(7) Quorum:** No business shall be transacted at any meeting of the Board, unless atleast six members are present.

Provided that if in a meeting, less than six members are present, the Chairperson shall adjourn the meeting to another date and time informing all the members. However, for subsequent meetings, there shall be no requirement of quorum.

**(8) Minutes of the Meeting:** The minutes of every meeting, duly approved by the Chairperson, shall be recorded by the Secretary of the Board in a Minutes Book, which shall be a permanent record.

Sections 156 (2) (l)

#### **14. Appointment of Sub-Committees:-**

**1. The Board may appoint such number of sub-committees for such purposes, as it may deem necessary for the proper discharge of its duties.**

**2. Constitution of Sub-Committees :**

**(a) A sub-committee shall consist of the following persons, namely:-**

- i. A Chairperson to be appointed by the Board;*
- ii. One member representing the employers;*
- iii. One member representing the building workers; and*
- iv. two members representing the State Government.*

**(b) If the Chairperson is absent at any time, the members present shall select one from amongst themselves to preside over the meeting.**

**(c) No business shall be transacted at a meeting of the sub-committee, unless at least three members are present of whom, one each shall be from the members representing employers and the building workers.**

**(d) The term of the sub-committee shall be one year from the date of its constitution:**

**Provided that the sub-committee shall continue in office until a new sub-committee is constituted; Provided further that in no case, the sub-committee shall continue beyond a period of two years from the date of its original constitution.**

**(e) The recommendations of the sub-committee shall be placed before the Board for its decision.**

**15. Terms and conditions of appointment of Secretary, other officers and employees of the Board:—** (1) The Secretary of the board shall be the Labour Commissioner, UT, Chandigarh, or any other officer appointed by the State Government, not below the rank of Special Secretary / Labour Commissioner. The Secretary, other officers, and employees of the Board shall be appointed on such terms and conditions and shall be paid such salary and allowances as may be determined by the Board from time to time with the approval of the State Government, by regulations to be made by the Board.

Sections 7(5)  
and 156 (2) (b)

**(2) Administrative and financial powers of the Secretary:-**

(a) The Secretary of the Board may, without reference to the Board, sanction expenditure and contingencies, supplies, services, purchase of articles and refund for administering the Fund subject to the limits upto which, he may be authorized from time to time by the Board.

(b) The Secretary may also exercise such other administrative and financial powers, other than those, specified in sub-rule (1), as may be delegated to him from time to time by the Board.

(c) The Board may, from time to time delegate, subject to such conditions as it may deem fit, administrative and financial powers to any other officer under its control and supervision to the extent considered necessary for its efficient functioning.

(d) In the absence of holding of the meeting of the Board for any reason whatsoever, the Chairperson shall have the powers to approve adhoc budget, which shall be deemed to be the budget, until the approval of regular budget by the Board. This ad hoc budget shall be signed by the Chairperson and the Secretary.

(e) The Secretary of the Board shall have the power to hire a building for the efficient use of the Board on such rent as may be assessed by the Public Works Department.

(f) The Secretary of the Board shall have the powers to make appointments on contract basis in accordance with the requirements of the Board:

**(3). Social security schemes and welfare measures under sub-section (6) of Section 7.**

(a) Board with the prior approval of the State Government shall notify social security scheme and welfare measures prescribed in clause(c), (d) and (e) of sub-section (6) of Section 7.

(b) Board shall formulate social security schemes and welfare measures in which eligibility limit, detail of various benefits; application form procedure, determination of competent authority for sanction of benefit and manner of payment and other incidental matters thereto shall be clearly mentioned.

**CHAPTER III  
EMPLOYEES INSURANCE COURT**

**16. Appeal.-** The Insured Person or the Corporation may file a second appeal to the Employees' Insurance Court by presenting an application within ninety days from the date of receipt of the copy of order of the Medical Appeal Tribunal and other cases related to Insured Person;

Provided that the Employees' Insurance Court may entertain the appeal after the period of ninety days, if it is satisfied that the appellant had sufficient reasons for not presenting the appeal within the prescribed period. The applications to the Employees' Insurance Court, shall be in Form I.

**17. Procedure and fees.-** (1) The procedure for filing appeal to the Employee Insurance Court-

(i) An Appeal under section 49 shall be presented in triplicate in Form II and shall contain the following particulars, namely:-

(a) the name of the Court in which an appeal is filed;

Sections 7(6) (c)  
and 156 (2) (b)

Sections 37(7) (b)  
and 154(2) (b)

Sections 51(1)  
and 154(2) (c)

- (b) full name, description including age, occupation and full postal address of applicant and the opposite party;
- (c) where the applicant or the opposite party is a minor or a person of unsound mind, a statement to that effect and the full name, age, occupation and full postal address of his or her guardian, next-of-kin, or any other person authorized to act on his or her behalf;
- (d) the fact constituting the cause of action and the date when it arose;
- (e) the facts showing that court has jurisdiction;
- (f) the relief which the applicant claims;
- (ii) every appeal shall be verified in the same manner as a pleading in a Civil Court;
- (iii) all the documents on which the appeal is based or has desired by applicant shall be appended to appeal with an accurate list thereof;
- (iv) all appeals shall be entered in a register in Form III to be maintained by the Court.

(2) Proceeding of Employees' Insurance Court:-

(i) Where the Employees' Insurance Court is of the opinion that, for reasons to be recorded in writing, an appeal or proceeding pending before it ought to be transferred to another Employees' Insurance Court, it shall make a reference to the **State Government** along with such reasons and relevant records, and the **State Government** may, after consideration and if satisfied that such transfer is necessary in the interest of justice, transfer the appeal or proceeding to such other appropriate Employees' Insurance Court as it may deem fit.

(ii) If an insured person feels that he can't get a fair trial he/she can submit an application to **State Government** specifying the reasons thereof. The **State Government** on receiving such application will give its findings and may refer his application to an Employee Insurance Court.

(3) Fees: - (i) The fee payable on an appeal in respect of any matter referred to in section 49 of the Code shall be notified by the **State Government** from time to time.

(ii) All fees referred to in this rule shall be collected by way of Court fee stamps.

## CHAPTER IV GRATUITY

Sections 53(1)  
and 154 (2) (d)

**18. Bank or other financial institution in which the gratuity shall be invested for the benefit of minor.**—In the case of nominee, or an heir, who is minor, the competent authority shall invest the gratuity amount deposited with him for the benefit of such minor in term deposit with any Nationalized Bank ***at the best rate available in the name of the minor till he/she attains 18 years of age.***

Explanation.- "Nationalized Bank" means a corresponding new bank specified in the First Schedule to the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1970 (Central Act 5 of 1970) or a corresponding new bank specified in the First Schedule of the Banking Companies (Acquisition and Transfer of Undertakings) Act, 1980 (Central Act 40 of 1980).

**19. Time, form and manner of nomination by an employee.—**

Sections 55(1),  
55(4), 55(5)  
and 154(2)(e)

(1) A nomination shall be in Form IV and submitted in duplicate by the employee either by personal service or by speed post or electronically to the employer,

(i) if an employee who is already in employment for a year or more on the date of commencement of these rules but has not submitted the nomination, ***shall submit his nomination within ninety days from such date of commencement of the rules; and***

(ii) if an employee who completes one year of service after the ***date of commencement of these rules, shall submit his/her nomination with in thirty days of the completion of one year of service;***

Provided that nomination in Form IV shall be accepted by the employer if filed after the specified period, and no nomination shall be invalid merely because it was filed after the specified period.

(2) Within thirty days from the receiving the nomination in Form IV under sub-rule (1), the employer shall verify the employee's service details mentioned in the nomination with the establishment's records. After verification, the employer shall attest the duplicate copy of Form IV, either himself or through an authorised person, and return it to the employee after taking a receipt. The other copy of the nomination shall be kept on record by the employer.

(3) If an employee does not have a family at the time of making a nomination, he shall submit a fresh nomination within ninety days of acquiring a family. This shall be done in duplicate in Form V, in the same manner as stated in sub- rule (1). After such nomination is submitted, the procedure mentioned in sub-rule (2) will apply in the same way as if the nomination had been made under sub-rule (1).

(4) A notice of modification of a nomination, including cases where a nominee predeceases an employee, shall be submitted in duplicate in Form-VI to the employer in the manner specified in sub-rule (1), and thereafter the provision of sub-rule (2) shall apply mutatis mutandis.

**(5) A nomination or a fresh nomination or a notice of modification of nomination duly signed by the employee and in case he/she is bearing his/her impression shall be submitted by the employee either electronically or through registered post. Such nomination or a fresh nomination or a notice of modification of nomination must be signed or marked in the presence of two competent witnesses, who shall also sign a declaration to the effect that the nomination, fresh nomination or notice of modification of nomination, as the case may be has been signed or marked in their presence. The receipt of such a nomination or fresh nomination or a notice of modification of nomination shall be acknowledged by the employer.**

**(6) A nomination, fresh nomination or notice of modification of nomination shall take effect from the date of receipt thereof by the employer.**

**20. Time within which and the form in which a written application shall be made.- (1) Application for Gratuity.-** (i) An employee who is eligible for payment of gratuity under the Code, or any person authorized, in writing, to act on his behalf, shall apply, ordinarily within thirty days from the date the gratuity became payable, in 'Form VII' to the employer:

Provided that where the date of superannuation or retirement of an employee is known, the employee may apply to the employer before thirty days of the date of superannuation or retirement:

Provided further that an employee on fixed term employment shall be eligible for gratuity, if he renders service under the contract for a period of one year and he shall be paid gratuity at the rate of fifteen days' wages, based on the rate of wages last drawn by him, for every completed year of service or part thereof in excess of six months.

Sections 56(5)  
and 154(2) (f)

(ii) A nominee of an employee who is eligible for payment of gratuity under the second proviso to sub-section (1) of section 53 shall apply, ordinarily within thirty days from the date gratuity became payable to him, in Form VII to the employer;

Provided further that an application in plain paper with relevant particulars shall also be accepted.

(iii) A legal heir of an employee who is eligible for payment of gratuity under the second proviso to sub-section (1) of section 53 shall apply, ordinarily within one year from the date of gratuity became payable to him, in Form VII to the employer.

(iv) Where gratuity becomes payable under the Code before the commencement of these rules, the periods of limitation specified in clauses (i), (ii) and (iii) of sub-rule (1) shall be deemed to be operative from the date of such commencement.

(v) An application for payment of gratuity filed after the expiry of the periods specified in this rule shall also be entertained by the employer, if the applicant adduces sufficient cause for the delay in preferring his claim, and no claim for gratuity under the Code shall be invalid merely because the claimant failed to present his application within the specified period. Any dispute in this regard shall be referred to the competent authority for his decision.

(vi) An application under this rule shall be presented to the employer either electronically, or by personal service or ***by speed post***.

**(2) Notice for payment of gratuity.**— (i) Within fifteen days of the receipt of an application under sub-rule (1) for payment of gratuity, the employer shall—

(a) if the claim is found admissible on verification, issue a notice in Form VIII to the applicant employee, nominee or legal heir, as the case may be, specifying the amount of gratuity payable and fixing a date, not being later than the thirtieth day after the date of receipt of the application, for payment thereof, or

(b) if the claim for gratuity is not found admissible, issue a notice in Form VIII to the applicant employee, nominee or legal heir, as the case may be, specifying the reasons why the claim for gratuity is not considered admissible. In the case of denial of gratuity a copy of the notice shall be endorsed to the competent authority.

(ii) When gratuity is to be paid at the employer's office, and the date for payment has been mentioned in the notice issued in 'Form VIII' under sub-clause (a) of clause (i) of sub-rule (2), the employer shall fix a new date if the person entitled to receive gratuity submits a written request ***explaining "why he cannot appear in person on he originally fixed date."***

(iii) If the person claiming gratuity is a nominee or legal heir, the employer may require reasonable proof or document to verify the identity of the claimant or the validity of the claim. In such cases, the time limit for issuing notices under clause (i) of sub-rule (2) shall begin from the date on which the required documents or proof are submitted to the employer.

(iv) A notice in Form VIII shall be served on the applicant either by personal service or by speed post or electronically.

**(3) Mode of payment of gratuity.**—The gratuity payable under the Code shall be paid through Demand Draft or by crediting in the bank account of

the eligible employee, nominee or legal heir, as the case may be;

Provided that intimation about the details of payment shall also be given by the employer to the competent authority of the area and eligible employee, nominee or legal heir.

**(4) Application to competent authority for direction under clause (b) of sub-section (5) of section 56:-**

- (i) If an employer-
  - (a) refuses to accept the nomination submitted under sub-rule (1) of **rule 20**, or refuses to accept an application made under sub-rule (1), or
  - (b) issues a notice under clause (i) of sub-rule (2) **of rule 20**, specifying an amount of gratuity which the applicant considers less than what is actually payable, or rejects the claim for gratuity, or
  - (c) ***receives an application under sub-rule (1) of rule 20 but does not issue notice required under sub-rule (2) of rule 20 within the prescribed time, then the employee, nominee, or legal heir may apply to the competent authority within one hundred eighty days from the date of such event. Such application shall be made in Form IX and must be filled with enough extra copies for all opposite parties. The competent authority may also accept applications filed after the expiry of the 180-day period if sufficient reason is shown for the delay.***
- (ii) ***The application under clause (i) of the sub-rule, along with relevant supporting documents, may be submitted to the competent authority, personally or speed post.***

**(5) Procedure for dealing with application for direction:—**

- (a) on receipt of an application under sub-rule (4), the competent authority shall, by issuing a notice in 'Form X', by electronically or **speed post** acknowledgment due or in person call upon the applicant as well as the employer to appear before him on a specified date, time and place, either by himself or through his authorized representative together with all relevant documents and witnesses, if any.
- (b) Any person wants to act on behalf of an employer, employee, nominee, or legal heir, must submit a letter of authority from that person to the competent authority, Such person must also give a written statement explaining his interest in the matter and requesting permission to act. The competent authority shall then pass an order either granting such permission or refusing it, and in case of refusal, shall record the reasons for such refusal.
- (c) a party appearing through an authorized representative shall be bound by the acts of the representative.
- (d) after completion of hearing on the date fixed under clause (a), or after such further evidence, examination of documents, witnesses, hearing and inquiry, as may be deemed necessary, the competent authority shall record his finding as to whether any amount is payable to the applicant under the Code. A copy of the finding shall be given to each of the parties.
- (e) if the employer concerned fails to appear on the specified date of hearing after due service of notice without sufficient cause, the competent authority may proceed to hear and determine the

application ex parte. If the applicant fails to appear on the specified date of hearing without sufficient cause, the competent authority may dismiss the application.

Provided that an order under clause (e) of sub-rule (5) may, on good cause being shown within thirty days of the said order, be reviewed and the application re-heard after giving not less than fourteen days' notice to the opposite party of the date fixed for rehearing of the application:

Provided further that the time limit for disposal of application for direction shall not exceed ninety days from the date of filing of the application before the Competent Authority. In case of non-appearance by either of the parties, a maximum of three opportunities may be given before disposal of the application.

**(6) Place and time of hearing.—***The competent authority shall hold hearings at such times and places as he decides, and he shall inform the parties about the schedule in a manner he considers appropriate.*

**(7) Administration of oath.—**The competent authority may authorize a clerk or any other staff member of his office to administer oaths for the purpose of making affidavits.

**(8) Summoning and attendance of witnesses.—***At any stage of the proceedings, the competent authority may, on its own or on the request of any party, issue a summons in Form X. The summons may require any person to appear and give evidence, to produce documents, or both, on a specified date, time and place, on such terms as the competent authority considers fair.*

**(9) Service of summons or notice.—**

(a) subject to the provisions of clause (b), any notice, summons, process or order issued by the competent authority may be served either personally or by speed post duly acknowledged or electronically or in any other manner as prescribed under the Code of Civil Procedure, 1908 (Central Act 5 of 1908).

(b) where there are numerous persons as parties to any proceeding before the competent authority and such persons are members of any trade union or association or are represented by an authorised person, the service of notice on the Secretary, or where there is no Secretary, on the principal officer of the trade union or association, or on the authorized person shall be deemed to be service on such persons.

**(10) Maintenance of records of cases by the competent authority.—**

(a) the competent authority shall record the particulars of each case under section 56 and at the time of passing orders shall sign and date the particulars so recorded.

(b) the competent authority shall, while passing orders in each case, also record the findings on the merits of the case and file it together with the memorandum of evidence with the order sheet.

(c) any record, other than a record of any order or direction, which is required by these rules to be signed by the competent authority, may be signed on behalf of and under the direction of the competent authority by any subordinate officer appointed in writing for this purpose by the competent authority.

**(11) Direction for payment of gratuity.**—If a finding is recorded under clause(d) of sub rule (5) that the applicant is entitled to payment of gratuity under the Code, the competent authority shall issue a notice to the employer concerned in Form XI electronically or speed post acknowledgment due or in person specifying the amount payable (including interest due, if any, under sub-section (4) of section 56 of the Code) and directing payment thereof to the applicant under intimation to the competent authority within thirty days from the date of the receipt of the notice by the employer. A copy of the notice shall be endorsed to the applicant employee, nominee or legal heir, as the case may be.

**(12) Appeal.**—

- (a) the Memorandum of appeal under sub-section (8) of section 56 of the Code shall be submitted to the appellate authority with a copy thereof to the opposite party and the competent authority either through delivery in person or under speed post acknowledgement due or electronically.
- (b) the Memorandum of appeal shall contain the facts of the case, the decision of the competent authority, the grounds of appeal and the relief sought.
- (c) there shall be appended to the Memorandum of appeal a certified copy of the finding of the competent authority and direction for payment of gratuity.
- (d) on receipt of the copy of Memorandum of appeal, the competent authority shall forward records of the case to the appellate authority.
- (e) within fourteen days of the receipt of the copy of the Memorandum of appeal, the opposite party shall submit his comments of each paragraph of the memorandum with additional pleas, if any, to the appellate authority with a copy to the appellant.
- (f) the appellate authority shall record its decision after giving the parties to the appeal a reasonable opportunity of being heard. A copy of the decision shall be given to the parties to the appeal by electronically or speed post or in person and a copy thereof shall be sent to the competent authority returning his records of the case.
- (g) the competent authority shall, on receipt of the decision of the appellate authority, make necessary entry in the records of the case maintained by him.
- (h) on receipt of the decision of the appellate authority, the competent authority shall, if required under that decision, modify his direction for payment of gratuity and issue a notice to the employer concerned in Form XI specifying the modified amount payable and directing payment thereof to the applicant, under intimation to the competent authority within fifteen days of the receipt of the notice by the employer. A copy of the notice be endorsed to the appellant employee, nominee or legal heir, as the case may be, and to the appellate authority.
- (i) the time limit for disposal of appeal shall not exceed ninety days from the date of filing of appeal. In case of non-appearance by either of the parties, a maximum of three opportunities may be given before disposal of the appeal.

**(13) Application for recovery of gratuity.**—Where an employer fails to pay the gratuity due under the Code in accordance with the notice by the

competent authority under sub-rule (11) or sub-rule (12), as the case may be, the employee concerned, his nominee or legal heir, as the case may be, to whom the gratuity is payable may apply to the competent authority in duplicate in **Form XII** for recovery thereof under section 129 of the Code.

Sections 57(3),  
57(4) and 154  
(2)(g)

**21. Manner of registration of an establishment by the employer and the manner of composition of the Board of Trustees of the approved gratuity fund and the manner in which the competent authority may recover the amount of the gratuity payable to an employee from the insurer under-**

**1. Registration of Establishment: - Every employer whose establishment falls under the Code must, within the time fixed by the appropriate Government, get the establishment registered with the competent authority.**

**If the employer is not exempt, registration is mandatory at the time the State Government notifies that compulsory insurance is required.**

**2. Insurance or Approved Gratuity Fund Requirement as required under Section 57(1):**

**The employer must take out and maintain an insurance policy covering his liability for payment of gratuity from an insurer registered under the relevant national insurance law. Alternatively, if the employer already has to wishes to establish an “approved gratuity fund”, then under section 57(2) and subject to the conditions prescribed, he may be exempted from the insurance requirement.**

**No establishment shall be registered under section 57 unless it has either valid insurance or an approved gratuity fund.**

**3. Board of Trustees for Approved Gratuity Fund:- Where an employer opts for an approved gratuity fund, the fund must be managed by a Board of Trustees. The composition of this Board must include equal numbers of representatives of the employer and of the employees of the establishment.**

**4. Employer’s Liability, Premium/Fund Contribution and Consequences of Default:- If the employer fails to pay the insurance premiums or fails to contribute to the approved gratuity fund as required, then his liability to pay gratuity to employees becomes immediately due and payable.**

*In that situation, the competent authority may recover the gratuity amount (including interest, if any, for delay) as a debt for instance, as arrear of land-revenue.*

**5. Recovery from Insurer or Fund (When Insurance/Fund Is in Place):-**

*If the employer has taken insurance or established a fund, then in case of a valid gratuity claim, the competent authority may recover the gratuity amount payable to the employees either from the insurer (under the insurance policy) or from the Board of Trustees of the approved gratuity fund in the manner prescribed under the Rules.*

Sections 58(1)  
and 154 (2) (h)

## **22. Qualifications and experience of the officer appointed as the competent authority —**

(1) The Competent Authority for the purposes of this chapter shall be appointed by the **State Government** by notification, in accordance with Section 58(1) of the code.

(2) Any officer of the **Labour Department, U.T., Chandigarh**, not below the rank of Labour-cum- Conciliation Officer shall be eligible to be appointed as competent authority for the purpose of Chapter V of the code.

## **CHAPTER V MATERNITY BENEFIT**

Sections 72(3)  
and 154(2) (i)

### **23. (1) Complaint and Appeal: (1) Complaint:**

(a) A complaint under sub-section (1) of section 72 shall be made in writing **in Form XIV** as the case may be.

(b) When a complaint referred to in sub-section (2) of Section 72 is received by an Inspector-cum-Facilitator, he shall examine the relevant record maintained by the employer in this behalf, examine any person employed in the establishment and take down necessary statement for the purpose of the enquiry and if he is satisfied that the maternity benefit or the amount has been improperly withheld, he shall direct the employer to make the payment to the woman or to the person claiming the payment under section 63, as the case may be, immediately or within a specified period.

Provided that the time limit for disposal of complaint shall not exceed ninety days from the date of filing of complaint. In case of non-appearance by either of the parties, a maximum of three opportunities may be given before disposal of the complaint.

### **(2) Appeal:**

(a) An appeal against the decision of the Inspector-cum-Facilitator under sub-section (2) of section 72, shall lie with the competent authority.

(b) The aggrieved person shall prefer an appeal in writing to the prescribed authority in **Form XV** and file other supporting documents.

(c) When an ***appeal is filed***, the prescribed authority shall direct the Inspector-cum-Facilitator to ***submit the complete case record by a specific date***. The prescribed authority may also record the statements of the aggrieved person and the Inspector-cum-Facilitator, and may seek any further clarification ***that is necessary for deciding the appeal***.

(d) Taking into account the documents, the evidence produced before him and the facts presented to him or ascertained by him, the prescribed authority shall give his decision within a period of ninety days from filing of the application before him. In case of non-appearance by either of the parties, a maximum of three opportunities may be given before disposal of the appeal.

### **(3) Filing of Complaint or Appeal on Plain Paper:**

***Notwithstanding anything contained in these rules, a complaint or an appeal may also be filed on a plain paper, provided it contains all the requisite particulars prescribed for such complaint or appeal. No complaint or appeal shall be rejected merely on the ground that it has not been submitted in the prescribed format.***

**(4) Authority to whom an appeal may be preferred:**

A person aggrieved by the order of Inspector-cum Facilitator under sub- section (2) of section 72 may appeal the authority appointed by the **State Government** by way of notification for the said purpose.

**CHAPTER VI**

**EMPLOYEE'S COMPENSATION**

Sections 76(7)  
and 156(2) (d)

**24. Amount to be deposited towards the expenditure of the funeral of the employee with the competent authority by the employer.**—If the injury of employee results in death, the employer shall in addition to compensation to be given under the code shall deposit with the competent authority an amount of fifteen thousand rupees or such amount as may be notified by the **State Government**. **The payment of this amount shall be made as per the provision of section 76(7) of the code.**

Sections 79(1)  
and 156(2) (e)

**25. Conditions for review of Half- Monthly Payment without certificate:**

An application for review of half-monthly payment under sub-section (1) of section 79, may be submitted without a medical certificate in the following situations:-

- (a) **By the employer, when his wages have increased after the earlier determination of his right to compensation.**
- (b) **By the employer, when his wages have decreased after the earlier determination of his right to compensation.**
- (c) **By the employee, when the employer, after starting to pay compensation, has stopped making such payments, even though there has been no change in the employee's physical condition that would justify stopping the payment.**
- (d) **By either the employer or the employee, when the existing rate of compensation was obtained through fraud, undue influence, or any other improper means.**
- (e) **By either the employer or the employee, when there is a mistake or an error apparent on the fact of the record in the determination of compensation.**

Sections 82(4)  
and 154(2) (j)

**26. Class of employers and the form of notice-book:** Every employer to which the Code applies, shall maintain a notice book in accordance with sub-section (4) of section 82 in **Form XVI**.

Sections 84(1)  
and 154(2) (f)

**27. Interval for medical examination**—An employee who is in receipt of a half monthly payment shall not be required to submit himself for medical examination elsewhere than at the place where he is residing for the time being for more than twice in the first month following the accident or more than once in any subsequent month.

Sections 88(1)  
and 156 (2) (g)

**28. Form of statement to be submitted by the employer:** The statement for fatal accident required under sub-section (1) of section 88 shall be in Form XVII.

Sections 89 (1)  
and 156 (2) (j)

**29. Manner of Recording Memorandum of Agreement:**

**(1) Form of Memorandum:** A memorandum of agreement submitted to the competent authority under sub-section (1) of section 89 shall, unless the competent authority directs otherwise: be submitted in duplicate, and conform as closely as possible to Form XVIII, Form XVIII A, or Form XVIII B,

depending on the nature of the case.

**2) Notice to parties:** After receiving a memorandum of agreement, the competent authority shall issue a notice to all parties in Form XIX, Specifying the date and place of hearing.

**The notice shall also state that, if no objection is received, the memorandum is proposed to be recorded on the date fixed.**

**The notice may be sent: personally, or by speed post, or electronically.**

**Provided that, if any party is present when notice would ordinarily be issued, the competent authority may communicate the notice orally.**

**(3) Decision to Record or Refuse: On the date fixed for hearing, the competent authority shall hear the parties and decide whether to record or refuse to record the memorandum.**

**Provide that, even if no objection is filed by any party, the Competent Authority may still refuse to record the memorandum if he considers it proper to do so.**

**(4) Intimation of Refusal: If the competent authority decides not to record the memorandum: he shall inform the parties present of his decision and the reasons for such refusal; and if any party seeking recording of the memorandum is absent, he shall send the information to that party.**

**(5) Registration of Memorandum :** When a memorandum is accepted for recording, the competent authority shall: enter it in register in **Form- XX**, and endorse the copy retained in his office with the following note, under his signature:

“The memorandum of agreement bearing Serial No. \_\_\_\_\_ of 20 \_\_\_\_\_ in the register has been recorded this \_\_\_\_\_ day \_\_\_\_\_ of”.

(Signature)  
Competent Authority

Sections 91(1)  
and 154(2) (l)

### **30. Qualifications and experience for competent authority:**

**(1) The Competent Authority for the purposes of this chapter shall be appointed by the State Government by notification, in accordance with Section 91(1) of the Code.**

**(2) A person shall be eligible to be appointed as the Competent Authority by the State Government by notification for the purpose of the Chapter VII of the code if he or she-**

**(a) possesses the qualifications and experience prescribed under sub-section (1) of section 90 of the Code; or**

**(b) is an officer of the State Government, who has experience of handling quasi-judicial matters for a period of not less than five years.**

Sections 92(1)  
and 156(2) (h)

**31. Manner in which matters may be dealt with by or before a competent authority-**

(1) On receipt of the application, the competent authority shall verify the jurisdiction as per the parameters specified in clause (a), (b) and (c) of sub-section (1) of section 92.

(2) If at any stage of the case it appears to the competent authority the application should be entertained by another competent authority, he shall send file of the case to that authority who has then jurisdiction, and inform to the applicant and other parties in accordance with the procedure mentioned in sub-section (3) of section 93 of the Code **and the Centre Rules.**

(3) The competent authority to whom the case has been transferred, shall continue to proceed as if the previous proceedings were done before him, provided he is satisfied that it shall not cause prejudice to the concerned parties.

(4) *Where any question or dispute arises regarding the jurisdiction of the competent authority to entertain, inquire into, or decide any matter under Chapter VII of Code, the competent authority shall, after recording reasons in writing, make a reference to the State Government for determination of such question. The State Government shall, on receipt of the reference, decide the question of jurisdiction in accordance with the provisions of sub-section (6) of section 92 of the Code, and such decision shall be communicated to the competent authority and the parties concerned. Pending such decision, the proceedings before the competent authority remain stayed, and upon such decision being communicated, the matter shall be taken up and proceeded with by the competent authority so determined, in accordance with the procedure prescribed under section 93 of the Code and the rules made thereunder. The decision of the State Government on the question of jurisdiction shall be final and binding.*

Sections 93(4)  
and 156(2) (i)

**32. Time-limit for disposal of application and cost incidental to the proceedings:**

(1) The competent authority shall dispose the application within six months from the date of receiving the application.

(2) Incidental Costs- **(i) Certified Copies**

(a) Any party to the dispute may obtain certified copies of any decision, order, decree, statement, or other document on payment of a fee of rupees ten per copy.

(b) The cost of service of summons or notices, expenses of witnesses, and any other incidental costs not covered above shall be as ordered by the competent authority in each case.

***The following rates shall apply:***

- ***Rs.500/- for expenses of a witness appearing from outside the State;***
- ***Rs.200/- for expenses of a witness appearing from within the State;***

***(c) If the competent authority is satisfied either on an application or on its own that the applicant is unable to pay the required costs, it may exempt the applicant from payment of such costs.***

**(ii) Copies for Non- Parties**

***Any person who is not a party to the dispute may obtain certified copy of decisions, decrees, or other documents (except confidential documents) on payment of the same fees specified under clause (1).***

### **33. Manner of Authentication of memorandum.**

#### **(1) Evidence by Affidavit:-**

After the issues are framed, the parties may submit their evidence by affidavit. The opposite party shall have the right to cross-examine the deponent of any such affidavit.

#### **(2) Summoning and Recording of Witnesses:-**

*(a) The competent authority may, on an application by any party and on deposit of the fees and expenses fixed by it, summon any witness whose evidence is considered necessary for a just decision of the case.*

*(b) The evidence of witnesses may be recorded through video conferencing, including platforms such as Zoom, Webex, WhatsApp, or any other suitable platform. However the competent authority shall before recording the statement of any witness appearing through video conferencing mode, ascertain the identity and genuineness of such witness.*

*(c) The recorded statement shall be: signed by the authorised representative and the petitioner, countersigned by the competent authority, read over to the witness, and signed by the witness.*

*(d) It shall be the responsibility of the respondent to prove that any document relied upon is false.*

**(3) Authentication of Evidence:** *All evidence of witnesses shall be recorded in the presence of the competent authority and shall be authenticated by: the signature and seal of the competent authority or the signature of a person authorised by the competent authority.*

## **CHAPTER VII**

### **SOCIAL SECURITY AND CESS IN RESPECT OF BUILDING AND OTHER CONSTRUCTION WORKERS**

**34. Time limit to pay the amount of cess :—** (1) The cess levied under sub-section (1) of section 100 shall be paid by an employer, within thirty days of the completion of the construction project or within thirty days of the date on which assessment of cess payable is finished; whichever is earlier, to the Cess Collector.

(2) Notwithstanding anything contained in sub-rule (1), where the duration of the project or construction work exceeds one year, cess shall be paid within thirty days of completion of one year from the date of commencement of work and every year thereafter at the notified rates on the cost of construction incurred during the relevant period.

**35. Fees for appeal.** An appeal preferred under sub-section (1) of Section 105 shall be accompanied by non-refundable fee equivalent to half per cent, but not exceeding rupees twenty five thousand of the amount in dispute or penalty or both, as the case may be, under such appeal which shall be paid on portal and shall be credited to the account of **Chandigarh Building and Other Construction Workers Welfare fund.**

Sections 97  
and 156 (2) (j)

Sections 101  
and 154 (2)(m)

Sections 105 (2)  
and 154 (2)(n)

## CHAPTER VIII

### FINANCE AND ACCOUNTS

Sections 120  
and 154 (2) (o)

**36. Conditions to acquire, hold, sell or otherwise transfer any movable or immovable property. —** The State Government shall in consultation with the Chandigarh Unorganised Social Security Board and the **Chandigarh Building and Other Construction Workers Welfare Board** frame a detailed policy for the purposes specified in Section 120 of the Code.

Sections 121  
and 154 (2) (p)

**37. Conditions and manner of writing off irrecoverable dues.—**

**1.** Where the Chandigarh Unorganized Workers Social Security Board or the Chandigarh Building and Other Construction Workers Welfare Board is of the opinion that any amount of contribution, cess, interest or damages due to the Board has become irrecoverable, the Board shall pass a resolution to that effect.

**2. After passing such resolution, the Board shall submit a detailed report to the State Government. The report shall include:-**

- (a) the amount outstanding,
- (b) the steps taken and efforts made to recover the dues, and
- (c) the reasons why the amount could not be recovered.

**3. The State Government shall examine the report and consider all relevant aspects, including:-**

- (a) the nature and extent of the outstanding dues,
- (b) the recovery efforts made by the Board, and
- (c) the reasons for non- recovery.

**4. After such consideration, the State Government may record its satisfaction that the amount is irrecoverable, along with the reasons for arriving at such decision.**

## CHAPTER IX

### AUTHORITIES ASSESSMENT COMPLIANCE AND RECOVERY

Section 122 (6)  
(e) and 154 (2)  
(q)

**38. Other powers of Inspector-cum-Facilitator.:** In addition to powers specified in sub-section (6) of section 122, the Inspector-cum-Facilitator may exercise such other powers as the **State Government** may notify from time to time.

## CHAPTER X

### RECORDS

Sections 123  
and 154 (2) (r)

**39. Form and manner for Maintenance of records, registers, returns etc:**

**(1)(Register of Maternity Benefit Claims:**

(a) Every employer of an establishment where women are employed shall prepare and maintain a Register of Notice of Claim for Maternity Benefit and Payment in **Form XXI**, either electronically or in hard copy. This register shall contain details of all women employees and shall be kept available for inspection by the Inspector-cum-Facilitator.

(b) The employer may include in this register any additional particulars required for any other purpose under the Code.

**2. Maintenance and Preservation of Records:**

*(a) All records required to be maintained for the purposes of Chapter V of the Code and these rules shall be preserved for three years from the date they are prepared.*

*(b) Every employer shall also prepare and maintained such records and registers as are required under the Code on Wages, 2019 and rules framed thereunder.*

### **3. Annual and Additional Returns:**

*(a) Every employer of an establishment to which the provisions of the Code on Social Security, 2020 apply shall, for each calendar year, submit an Annual Return in Form XXII UAR (Unified Annual Return) through the web Portal of the Labour Department, U.T., Chandigarh on or before 1<sup>st</sup> February each year.*

*(b) the UAR (Unified Annual Return) in Form XXII prescribed under sub-rule (1) shall be common for compliance under the Code on Social Security, 2020 and shall also be deemed to be the Annual Return required under the Code on Wages, 2019, read with rule 47 and Form VII of the Chandigarh Code on Wages Rules, 2026 or vice-versa, and no separate annual return shall be required to be filed under the said rules in respect of matters covered in UAR. A copy of such return shall also be forwarded electronically to the Labour Bureau, Ministry of Labour and Employment, Government of India.*

*(c) Where an employer sells, abandons, or discontinues the establishment, he shall upload an additional unified annual return in Form XXII on the web portal of Labour Department, U.T., Chandigarh within one month of the date of sale and abandonment; or within four months of the date of discontinuance, whichever is applicable. This additional return shall cover the period from the end of the last calendar year up to the date of sale, abandonment, or discontinuance.*

### **4. Display of Notice at the Workplace:**

*The State Government may, by notification, prescribe the manner and form of notices and information that employers must display at the workplace under section 123(b). Every employer shall display such information conspicuously at the workplace in Form XVII and Form XXVIII, and shall update the display every month as required.*

## **CHAPTER XI**

### **OFFENCES AND PENALTIES**

#### **40. Form and manner of application for compounding of an offence.-**

**1. Issue of compounding notice:** The officer authorized by the **State Government**, by notification, to compound offences under section 138 shall issue Government a compounding notice electronically in Form **XXIII** for offences which are compoundable under the said section.

**2. Application for compounding and payment:** The person to whom the compounding notice is issued may apply for compounding in **Part III of Form XXIII** and shall deposit the entire compounding amount electronically or through any other mode specified, within fifteen days from the date of receipt of the notice.

**3. Issue of composition certificate:** Upon receipt of the full compounding amount, the Compounding Officer shall issue a composition certificate in **Part IV of Form XXIII** within ten days, and the offence shall be treated as lawfully compounded.

**4. Failure to compound within time:** If the person fails to deposit the compounding

Sections 138(4)  
and 154(2) (s)

amount within the prescribed period, the authorised officer shall initiate prosecution before the Competent Court, for the offence mentioned in the compounding notice.

**5. Compounding after institution of prosecution:**

*(a) where a complaint has already been filed before a Court for a compoundable offence under section 138, such offence may be compounded by the Court at an stage of the proceedings.*

*(b) The procedure for such compounding shall be governed by the provisions applicable to compounding of offences under the criminal procedure law for the time being in force.*

## CHAPTER XII

### EMPLOYMENT INFORMATION AND MONITORING

**41. Manner and form of reporting vacancies and form of filing the return by the employer, to the concerned career centers.—**

**1. Reporting of vacancies:-**

i. Public sector establishments:

After the commencement of the Code in the Union Territory, Chandigarh or any area thereof, every employer in a public sector establishment shall, before filling any vacancy, report such vacancy or cause it to be reported to the Career Centre specified by the **Government** by notification.

ii. Private sector establishments:

Every employer in a private sector establishment, or in any notified class or category of private establishments, shall, before filling any vacancy, report such vacancy to the **Employment Exchange**/Career Centre from such date as may be notified by the **Government**.

iii. Acknowledgement of vacancy:

The State Government shall provide a mechanism, including a digital mechanism, for receipt of vacancy reports.

The **Employment Exchange** /Career Centre shall issue a unique vacancy reporting number and communicate the same to the employer in writing, by email or digitally, within three working days of receipt of the vacancy information

**2. Meaning of public and private sector establishments:-**

i. Public sector establishment means an establishment owned, controlled or managed by:

(a) the **Government**;

(b) a **Government** company as defined under the Companies Act, 2013 ;

(c) a corporation, autonomous organisation, authority or body (including a cooperative society) established by or under a Central or State law and owned, controlled or managed by the **Government**; or

(d) a local authority.

ii. Private sector establishment means an establishment which is not a public sector establishment and employs twenty or more employees, or such other number of employees as may be notified by the **Government**.

Sections 139 (2)  
and 154(2) (t)

### **3. Types of vacancies and Employment Exchange/ Career Centres for reporting:-**

i. The following vacancies shall be reported, namely:-

(a) vacancies of technical or scientific nature carrying minimum pay or pay level, as notified by the **Government**, in establishments for which the **Government** is the Appropriate Government;

(b) Vacancies which the employer desires to circulate to **Employment Exchange/ Career Centres** outside the State or Union Territory, to such **Employment Exchange/ Career Centres** as may be notified by the **Government**.

ii. Vacancies reported for State-level, inter-State or all-India recruitment shall also be reported to the Central Career Centre or uploaded on the digital portal specified by the Central Government

### **4. Form and manner of reporting vacancies:-**

i. Vacancies shall be reported:-

(a) in writing; or

(b) through official email; or

(c) through a digital portal, to the **Employment Exchange/ Career Centre** specified by the **Government**.

ii. Vacancies shall be reported in Form XXIV, furnishing relevant details separately for each type of vacancy.

iii. Any change in the particulars already furnished shall be reported to the Employment Exchange/ Career Centre in the same manner

### **5. Time limit for reporting vacancies:-**

Vacancies required to be reported shall be reported at least fifteen days before:-

(i) the last date for receipt of applications; or

(ii) the date of interview or test, whichever is earlier.

### **6. Maintenance of records:-**

i. Public sector establishments shall maintain records, manually or electronically, relating to-

(a) total number of employees as on 31st March each year;

(b) persons recruited during the year;

(c) occupational details of employees;

(d) vacancies for which suitable candidates were not available;

(e) vacancies likely to arise during the next financial year.

ii. The **Government** may, by notification, require private sector establishments or any class thereof to maintain similar records from such date as may be specified.

### **7. Submission of annual returns:-**

Every employer shall submit an annual return in **Form XXV** to the concerned **Employment Exchange/ Career Centre**, manually or electronically, within thirty days from 31st March of each year, in the manner specified by the **Government**

### **8. Appointment of Executive Officer:-**

The **Regional Employment Officer**, or an officer of equivalent or higher rank, shall designate an officer as the Executive Officer for implementation of Chapter XIII of the Code.

Such officer shall exercise the powers and perform the duties under section 139 of the Code, or may authorize any officer in writing to do so.

### **9. Authority for levy of penalty:-**

The **Government** shall notify the competent authority to approve or sanction the initiation of proceedings for levy of penalty for offences under Chapter XIII of the Code, as referred to in section 133.

## **CHAPTER-XIII MISCELLANEOUS**

### **42. Constitution and Administration of the Chandigarh Social Security Fund:—**

**(1) Establishment of the Fund:** There shall be a fund called as the **Chandigarh Social Security Fund**. All expenses relating to the schemes notified under sub-section (2) of section 109 for unorganized workers shall be met from this Fund.

**2. Sources of the Fund:** In addition to the amount referred to in clause (i) of sub-section (5) of section 141, the following amounts shall be credited to the Fund, namely:-

- (a) Grants given by the **State Government** for establishing the Fund;
- (b) Grants received from the Government of India, **State Government**, or any other authority or statutory body;
- (c) fees or amounts received for registration or renewal of beneficiaries, including their contributions;
- (d) Grant received for implementation of schemes notified by the Government of India;
- (e) Grant received for implementation of schemes notified by the **State Government**;
- (f) Contributions, donations or any other financial assistance received from employers, employers' associations, or from Corporate Social Responsibilities (CSR) funds, as determined by the **State Government** by general or special order;
- (g) Any other source approved by the State Government by notification in Official Gazette.

### **3. Administration of the Fund:**

The Chandigarh Social Security Fund shall be administered by the **State Government** through such agency as may be designated by the **State Government**, in the manner notified.

### **4. Compliance with Government directions:**

The agency designated to administer the Fund shall comply with all directions issued by the **State Government** from time to time.

### **5. Maintenance of accounts:**

The designated agency shall maintain proper accounts of the fund in such form and manner as may be specified by the **State Government** and shall submit statements of accounts to the **State Government** at such intervals as may be directed.

## **6. Audit of accounts:**

The accounts of the Chandigarh Social Security Fund shall be audited by the Comptroller and Auditor General of India or by any other authority or agency as may be notified by the **State Government**.

**43. Time within which the Chandigarh Social Security Board shall forward its view to the appropriate Government under sub-section (1) of section 143:** *The Chandigarh Social Security Board, shall forward its views on the application seeking exemption under section 143 of the Code to the appropriate Government, i.e. the State Government, within thirty (30) days of receipt of the proposal for exemption. If the Board, is unable to provide its views within the said period, the State Government may extend the time limit or take such action on the application for exemption as it may deem fit.*

**44. Conditions to be complied with after grant of exemption (Framed under sub-section (2) of section 143)**

**1. Maintenance of records and submission of returns:** *Every establishment granted exemption from the provisions of Chapter IV of the Code shall—*

*(a) maintain records relating to the exempted employees; and*

*(b) submit returns and such other information to the Corporation, in the form and manner as specified by the Central Government in the relevant regulations.*

**2. Effect of change in legal status**

***Where an exempted establishment undergoes any change in its legal status due to merger, demerger, acquisition, sale, amalgamation or conversion into a subsidiary (whether wholly owned or otherwise),—***

*(a) the exemption granted under section 143 shall stand automatically cancelled; and*

*(b) the establishment shall apply afresh for exemption to the appropriate Government, i.e. the State Government.*

**45. Conditions for management of exempted Provident Fund or Pension Trust (to be dealt by EPFO Deptt.)**

**1. Constitution of Board of Trustees:-**

Every exempted establishment shall constitute a Board of Trustees for managing the Provident Fund or Pension Fund in accordance with the directions issued by the Central Government or the Central Provident Fund Commissioner.

**2. Composition of the Board:-**

The Board of Trustees shall consist of an equal number of representatives of employers and employees, as provided in the applicable Provident Fund Scheme or Pension Scheme.

**3. Chairperson:-**

The employer shall be the Chairperson of the Board of Trustees and shall have a casting vote in case of equality of votes.

The Chairperson shall act in a fair and impartial manner and shall follow arm's-length principles in all meetings.

**4. Meetings of the Board:-**

The Board of Trustees shall meet at least once every three months and shall function in accordance with the guidelines issued by the Central Government or the Central Provident Fund Commissioner.

**5. Other conditions of trust management**

***Matters relating to—***

- (a) tenure of trustees,
- (b) election or nomination,
- (c) disqualification or cessation ,
- (d) quorum,
- (e) maintenance of records, and
- (f) all other conditions for trust management

shall be governed by the **Provident Fund Scheme or Pension Scheme**, as applicable.

**6. Resolution of disputes:-**

Any dispute or doubt relating to the general administration of the trust shall be referred to the Regional Provident Fund Commissioner having jurisdiction over the head office of the establishment, whose decision shall be final and binding.

**46. Repeal and Saving:-**

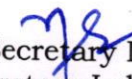
***The Chandigarh Maternity Benefit Rules, 1975, the Payment of Gratuity Rules, 1972, the Chandigarh Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Rules, 2009, the Chandigarh Unorganised Workers Social Security Rules, 2018, and the Workmen's Compensation Rules, 1924, are hereby repealed.***

***Provided that any order issued or any action taken under the rules so repealed shall be deemed to have been issued or taken under the corresponding provisions of these rules.***

By order and in the name of  
Administrator, Union Territory,  
Chandigarh.

**No.662869-HII(2)-2026/ 6259****Dated: 2-7-2026**

A copy is forwarded to the Controller, Printing & Stationery, Union Territory, Chandigarh for information and necessary action. It is requested that this notification may please be published in the Chandigarh Administration Gazette Extra - ordinary.

  
Joint Secretary Labour  
for Secretary Labour,  
Chandigarh Administration.

**No.662869-HII(2)-2026/ 6260****Dated: 2-7-2026**

A copy is forwarded to the Labour Commissioner, U.T. Chandigarh for previous publication of above said notification on the official website for inviting objections and suggestions from the general public and other stakeholders within the prescribed period.

  
Joint Secretary Labour  
for Secretary Labour,  
Chandigarh Administration.

**FORM I**  
**[See rule 16 (2)]**  
**Appeal to Employees' Insurance Court**

To

The Authority,  
 (Appointed under the Code on Social Security, 2020)  
 .....(Address)

Sir,

I....., the undersigned, employee of..... (Name and full address of the establishment)

\*Feel aggrieved by the order of..... under sub section 7(a) of section 37 for the reasons attached hereto, prefer this second appeal under sub-section 7(b) of section 37 and request that the said ..... be ordered .....

A copy of the order of ..... in this behalf is enclosed.

Signature or thumb impression  
of the Aggrieved person

Date .....

Signature of an Attester in case the person is not able to sign and affixes thumb impression.

**Form II**  
**[See rule 17 (2)(i)]**

In the Employees, Insurance Court at .....  
 .....  
 .....

Applicant  
 (add description and residence)  
 Against

.....  
 Opposite Party (add description and residence) Other Particulars of Application specified  
 in ..... rule ..... 6(2)  
 .....

Signature of Applicant

Date.....

(verification by the applicant)

The statement of facts contained in this application is to the best of my knowledge and belief, true and correct.

Signature

Date .....

**FORM III**  
**See Rule 17 (2) (iv)**

**Employee’s Insurance Court at.....**  
**Register of proceeding in the year 20.....( to be dealt by ESIC)**

|  |  |    |                                                   |                |
|--|--|----|---------------------------------------------------|----------------|
|  |  | 1  | Date of presentation of application               |                |
|  |  | 2  | No of proceedings                                 |                |
|  |  | 3  | Name                                              | Applicant      |
|  |  | 4  | Description                                       |                |
|  |  | 5  | Place of residence                                |                |
|  |  | 6  | Particulars                                       | opposite party |
|  |  | 7  | Amount of value, if any                           |                |
|  |  | 8  | Place of residence                                | Claim          |
|  |  | 9  | Particulars                                       |                |
|  |  | 10 | Amount or value, if any                           |                |
|  |  | 11 | When the cause of action occurred                 |                |
|  |  | 12 | Day of parties to appear                          | appearances    |
|  |  | 13 | Applicant                                         |                |
|  |  | 14 | Opposite-party                                    |                |
|  |  | 15 | Date                                              | final          |
|  |  | 16 | For whom                                          |                |
|  |  | 17 |                                                   |                |
|  |  | 18 | Order                                             |                |
|  |  | 19 | Date of Decision of appeal, if any                | appeal         |
|  |  | 20 | Judgment in appeal,                               |                |
|  |  | 21 | Date of application                               | executive      |
|  |  | 22 | against whom                                      |                |
|  |  | 23 | For what, and amount of money                     |                |
|  |  | 24 | Amount of costs                                   |                |
|  |  | 25 | Date of order transferring to another civil court |                |
|  |  | 26 | Other remarks, if any                             |                |

**FORM IV**  
**[See rule 19 (1) (2)]**  
**Nomination**

To

(Give here name or description of the establishment with full address)

(Name in full here)

I, Shri/Shrimati/Kumari \_\_\_\_\_ whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name (s) of the nominee(s).

2. I, hereby certify that the person (s) mentioned is a/are member(s) of my family within the meaning sub section (33) of section 2 of the code.

3. I hereby declare that I have no family within the meaning of sub-section (33) of Section 2 of the Code.

4 (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

**NOMINEE(S)**

| Name in full with full address of nominee(s) | Relationship with the Employee | Age of nominee | Proportion by Which the gratuity will be shared |
|----------------------------------------------|--------------------------------|----------------|-------------------------------------------------|
| 1                                            | 2                              | 3              | 4                                               |
| 1.                                           |                                |                |                                                 |
| 2.                                           |                                |                |                                                 |
| 3.                                           |                                |                |                                                 |
| 4.                                           |                                |                |                                                 |
| so on                                        |                                |                |                                                 |

**STATEMENT**

1. Name of the Employee in full. \_\_\_\_\_

2. Sex. \_\_\_\_\_

3. Religion. \_\_\_\_\_

4. Whether unmarried/married/widow/widower. \_\_\_\_\_

5. Department/branch/section where employed \_\_\_\_\_

6. Post held with ticket no., or serial no., if any. \_\_\_\_\_

7. Date of Appointment \_\_\_\_\_

8. Permanent Address: \_\_\_\_\_

Village \_\_\_\_\_ Police sub-division

Post office, Station, district, State

Place

Date

signature/thumb-impression  
of the employee.

Declaration by witness Nomination signed/thumb-impressed before me

Signature of the employer/officer authorized  
Designation

Note-Strike out the words and paragraphs not applicable.

**FORM V**  
**[See rule 19 (2)(3) ]**  
**Fresh Nomination**

To

Give his/her name or description of the establishment with full address.)

I, shri/srimati..... (name in full here) whose particulars are given in the statement below, have acquired a family within the meaning of sub-section (33) of section 2 of the code with effect from the..... (date here)... in the matter indicated below and therefore nominate a fresh person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid, direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify the person(s) nominated is a/are member(s) of my family within the meaning of sub-section (33) of section 2 of the code.

3. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

4. I have excluded my husband from my family by a notice, dated the .....to the controlling authority in terms of the provision to sub-section (33) of section 2 of the code

**NOMINEE(S)**

| Name in full with full address of nominee(s) | Relationship with the Employee | Age of nominee | Proportion by Which the gratuity will be shared |
|----------------------------------------------|--------------------------------|----------------|-------------------------------------------------|
| 1                                            | 2                              | 3              | 4                                               |
|                                              |                                |                |                                                 |
|                                              |                                |                |                                                 |
|                                              |                                |                |                                                 |
|                                              |                                |                |                                                 |

Manner of acquiring a 'family'

(here give details as to how a family was acquired, i.e. whether by marriage or parents being rendered dependent or through other process like adoption.)

**STATEMENT**

1. Name of the Employee in full.\_\_\_\_\_

2. Sex.\_\_\_\_\_

3. Religion.\_\_\_\_\_

4. Whether unmarried/married/widow/widower.\_\_\_\_\_

5. Department/branch/section where employed\_\_\_\_\_

6. Post held with ticket no., or serial no., if any.\_\_\_\_\_

7. Date of Appointment\_\_\_\_\_

8. Permanent Address:\_\_\_\_\_

Village\_\_\_\_\_ Police sub-division Station,

Post office, district, State

Place

Date signature/thumb-impression  
of the employee.

Declaration by witness Nomination signed/thumb-impressed before me

Name in full and full address of witness signature of witness

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |

#### CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's reference no., if any.

Designation

Name and address of the establishment

Or rubber stamp thereof.

Acknowledgment by the employee

Received the duplicate copy of the nomination in form' filed by me on.....,  
duly certified by the employer.

Date signature of the employee

Note-Strike out the words and paragraphs not applicable.

**FORM VI**  
**[See rule 19 (2) (4)]**  
**MODIFICATION OF NOMINATION**

To .....

[Give here name or description of the establishment with full address]

I, Shri/Shrimati/Kumari [Name in full here] whose particulars are given in the statement below, hereby give notice that the nomination filed by me on [date] and recorded under your reference No..... dated shall stand modified in the following manner.

[Here give details of modifications intended].

**STATEMENT**

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department /Branch/Section where employed.
6. Post held with Ticket or Serial No. if any.
7. Date of appointment.
8. Address in full.

Place

Signature/Thumb impression of the employer

Date:

**DECLARATION BY WITNESSES**

Modification of nomination signed/thumb impressed before me.

Name in full and full address of witness

Signature of witness

1.

1.

2.

2.

Place

Date:

**CERTIFICATE BY THE EMPLOYER**

Certified that the above modifications have been recorded. Employer's Reference No., if any.

Signature of the employer/officer authorized

Designation

Name and address of the Establishment  
or rubber stamp thereof.

**ACKNOWLEDGMENT BY THE EMPLOYEE**

Received the duplicate copy of the notice for modification in Form 'H' filed by me on.....duly certified by the employer.

Date

Signature of the employee

Note

**FORM VII****[See rule 20(1) (i) and (ii) and (iii)]****Application for Gratuity by an Employee/Nominee/Legal Heir  
(Strike out the words not applicable)**

To,

.....

(Give here name or description of the establishment with full address)

Sir/Madam,

I, (name of employee/nominee/legal heir) /nominee of late.....(Name of the employee)/ as a legal heir of late.....(Name of the employee), beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 53 of the Code on Social Security, 2020 on account of-

(a) my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease/ on termination of contract period under fixed term employment with effect from the or;

(b) death of the aforesaid employee while in service/superannuation on.....after completion of.....years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the or; death of aforesaid employee of your establishment while in service/superannuation on.....(date) without making any nomination after completion of years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....

Necessary particulars relating to my appointment are given in the statement below.

1. Name of employee in full, (if, the gratuity is claimed by an employee)
  - a. Marital Status of employee (unmarried/married/widow/widower)
  - b. Address in full of employee or
2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)
  - a. Name of Employee
  - b. Marital status of nominee/legal heir unmarried/married/widow/widower)
  - c. Relationship of nominee/legal heir with the employee
  - d. Address in full of nominee/legal heir
  - e. Date of death and proof of death of the employee
  - f. Reference No. of recorded nomination if available
3. Department/Branch/Section where last employed
4. Post held by employee.
5. Date of appointment.
6. Date and cause of termination of service
7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee.

10. Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.

11. Payment may please be made by crossed bank cheque/credit in my bank account no....

|        |                                                                             |
|--------|-----------------------------------------------------------------------------|
| Place: | Yours faithfully,                                                           |
| Date:  | Signature/Thumb-impression of the applicant<br>employee/nominee/legal heir. |

**FORM VIII****[(See rule 20(2)(i)(a) and rule 20(2)(i)(b)]****Notice for Payment/Rejecting claim of Gratuity****(Strike out the words not applicable)**

To,.....

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed that

(a) \*as required under **sub clause (b) of clause (i) of sub-rule (2) of rule 20 of the Chandigarh Social Security Rules, 2026**, that your claim for payments of gratuity as indicated on your application in Form VII under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

(b) \*as required under **sub clause (a) of clause (i) of sub-rule (2) of 20 of the Chandigarh Social Security Rules, 2026**, that a sum of Rs.\_\_\_\_\_(Rupees) is payable to you as gratuity/as your share of gratuity in terms of nomination made by..... on.....and.....recorded in this as a legal heir of an employee of this establishment.

2. \*Please call at .....on..... (Here specify place).....(date) at... ..(time) for collecting your payment of gratuity crossed cheque.

3. Amount payable shall be sent to you through demand draft or shall be credited in your bank account as desired by you.

4. Brief statement of calculation

- (a) Date of appointment.
- (b) Date of termination/superannuation/resignation/ disablement/death.
- (c) Total period of service of the employee concerned:.....years  
.....months.
- (d) Wages last drawn:
- (e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:
- (f) Amount payable:

Place:

Signature of the Employer/

Date:

authorized officer.

Name or description of establishment or rubber stamp thereof.

Copy to: The Competent Authority in case of denial of gratuity.

Copy also to: Office of DG Labour Bureau, Ministry of Labour and Employment, Chandigarh.

**FORM IX**  
**[(See rule 20(4)(i)(c))]**  
**Application for Direction**

**Before the Competent Authority for Chapter V under the Code on Social Security, 2020**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/a nominee of late .....an employee of the above-mentioned employer/a legal heir of late.....and employee of the abovementioned employer, and is entitled to payment of gratuity under section 53 of the Code on Social Security, 2020 on account of his own/aforesaid employee's superannuation on... (date)/his own retirement/aforesaid employees' resignation on.....(date) completion of years of continuous service/his own/aforesaid employees' total disablement with effect from (date) due to accident/disease death of aforesaid employee on.....

The applicant submitted an application under **Rule 20(1) of the Chandigarh Social Security Rules, 2026** on the.....but the above-mentioned employer refused to entertain it/issued a notice dated.....the under clause of..... sub-rule of rule offering an amount of gratuity which is less than my due/issued a notice dated .....the under clause..... of sub- rule... of rule... rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.

2. The applicant submits that there is a dispute on the matter (specify the dispute).

3. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above-mentioned employer to pay the same to the petitioner.

4. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Date:

Signature/Thumb impression of the applicant.

**ANNEXURE**

1. Name in full of applicant with full address.
2. Basis of claim (Death/Superannuation/Retirement/Resignation/Disablement of Employee/Completion of contract period under Fixed Term Employment).
3. Name and address in full of the employee.
4. Marital status of the employee (unmarried/married/widow/widower).
5. Name and address in full of the employer.
6. Department/Branch/Section where the employee was last employed (if known).
7. Post held by the employee with Ticket or Sl. No., if any (if known).
8. Date of appointment of the employee (if known).
9. Date and cause of termination of service of the employee (Superannuation / retirement/resignation/disablement/death/Completion of contract period under Fixed Term Employment).
10. Total period of service by the employee.
11. Wages last drawn by the employee.
12. If the employee is dead, date and cause thereof.
13. Evidence/witness in support of death of the employee.
14. If a nominee, No. and date of recording of nomination with the employer.
15. Evidence/witness in support of being a legal heir if a legal heir.
16. Total gratuity payable to the employee (if known).
17. Percentage of gratuity payable to the applicant as nominee/legal heir.
18. Amount of gratuity claimed by the applicant.

Signature/Thumb-impression of the applicant

Place:

Date:

**FORM X****[(See rule 20 (5)(a) & rule 20(8)]****Notice for Appearance before the Competent Authority/Summon**  
**(Strike out the words not applicable)**

To,

(Name and address of the employer/applicant)

Whereas Sh./Smt. \_\_\_\_\_ (name of employee) under you/a nominee(s)/legal heir(s) of Shri..... an employee under the above-mentioned employer, has/have filed an application under sub-rule.....of rule.....of **the Chandigarh Social Security Rules, 2026** alleging that \_\_\_\_\_ (A copy of the said application is enclosed, if, summon is issued then copy of application is not required) Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at..... (place) either personally or through a person duly authorized in this behalf for the purpose of answering all material questions relating to the application on the.....day of .....20.....at 'O' clock in the forenoon/afternoon in support of/to answer the allegation; and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence, and the documents upon which you intend to rely in support of your allegation/defence.

Take notice that in default of your appearance on the day before-mentioned, the application will be dismissed/heard and determined in your absence.

Whereas your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of ..... in this case arising out of the claim of gratuity by..... Form and referred to this Authority by an application under section 56 of the code on Social Security, 2020, you are hereby summoned to appear personally before this Authority on the.....day of ..... 20..... at ..... 'O' Clock in the forenoon/afternoon and to bring with you for to send to this Authority) the said documents.

List of documents:-

- 1.
- 2.
3. so on

Given under my hand and seal, this .....day of .....20.....

Competent Authority  
under the Code on Social Security Code, 2020

Note:

1. Strike out the words and paragraphs not applicable.
2. The portion not applicable to be deleted.
3. The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.

4. In case the summons is issued only for producing a document and not to given evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

**FORM XI**

**[(See rule 20 (11) and rule 20(12)(h) ]**

**Notice for Payment of Gratuity as Determined by Competent/Appellate Authority**

**(Strike out the words not applicable)**

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumari of an employee..... (address) under you/a nominee(s)/legal heir(s) of late..... an employee under you, filed an application under section 56 of the Code on Social Security, 2020, before me; or Whereas a notice was given to you on..... requiring you to make payment of Rs. \_\_\_\_\_ Rupees to Shri/Smt./Kumari \_\_\_\_\_ as gratuity under the Code on Social Security, 2020.

2. And whereas the application was heard in your presence on... and after the hearing have come to the finding that the said Shri/Smt./Kumari..... is entitled to a payment of Rs. \_\_\_\_\_ as gratuity under the Code on Social Security, 2020; or Whereas you/the applicant went in appeal before the appellate authority, who has decided that an amount of Rs. .... is due to be paid to Shri/Smt./Kumari..... as gratuity due and the amount as interest due under the Code on Social Security, 2020.

Now, therefore, I hereby direct you to pay the said sum of Rs. .... to Shri/Smt./Kumari \_\_\_\_\_ within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, this .....day of.....20.....

Competent Authority  
under the Code on Social  
Security Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer for collecting payment.
2. The Appellate Authority if applicable.

Note-(Strike out paragraphs if not applicable)

**FORM XII**  
**[(See Rule 20 (13))]**  
**Application for Recovery of Gratuity**  
**Before the Competent Authority for Chapter V under the Social Security Code,**  
**2020.**

Application No.

Date

BETWEEN

(Name in full of the applicant with full address)

AND

(Name in full of the employer/Trust/Insurer concerned with full address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above mentioned employer/a legal heir of late..... an employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the.....of the Social Security (*Chandigarh*) Rules, 2026 for payment of a sum of Rs \_\_\_\_\_as gratuity payable under the Code on Social Security, 2020.
2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.
3. The applicant therefore prays that a certificate may be issued under section 129 of the Code for recovery of the said sum of Rs.\_\_\_\_\_ due to me as gratuity in terms of your direction.
- 4.

Signature/Thumb-impression of applicant

Place:

Date:

Note.—Strike out the words not applicable.

**FORM XIII****[See rule 21(3)]****Application for Registration of an Establishment under sub-section (3) of Section 57.****A. Establishment Details.**

1. Retrieve details of Establishment through LIN/Registration Number:
2. Name of Establishment:
3. Location and Address of the Establishment:
4. Others details of Establishment:
  - a. Total Number of employees engaged directly in the establishment:
  - b. Total Number of the contract employees engaged:
  - c. Total Number of Inter-State Migrant workers employed:
5. Ownership Type/Sector:
6. Activity as per National Industrial Classification (NIC):
7. Details of Selected NIC Code:
8. Identification of the establishment e-sign/ digital sign of employer/ representative:

**B. Details of Employer:-**

1. Name & Address of Employer / Occupier / Owner/Agent/ Chief Executive-
2. Designation:
3. Father's/ Husband's Name of the Employer:
4. Email Address, Telephone& Mobile No:

**C. Manager/ Agent Details**

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment;
2. Address of Manager/ Agent:
3. Email Address, Telephone& Mobile No :

**D. Details of Approved Gratuity Fund/Insurance obtained for liability of payment towards the Gratuity;****E. Others Details:-**

Signature/ E-sign/digital sign of employer

Date:-

Place:

**FORM XIV**  
**[See rule 23(1)(a)]**  
**Complaint to the Inspector-cum-Facilitator**

The Inspector-cum-Facilitator  
 (Under The Code on Social Security, 2020)

Sir,

I.....(name of the women) employed in (name and full address of the establishment) or I, (name), a person nominated under section 62 or by a legal representative of .....(name of the women) employed in (name and full address of the establishment) having fulfilled the conditions laid down in the code on Social Security 2020, and the rules thereunder, am entitled to Rs.....being maternity benefit and/ or Rs.....being the medical bonus and/ or Rs. \_\_\_\_\_ being wages for leave due under section 65 but the same has been improperly withheld by the employer/discharged or dismissed during or on account of her absence from work in accordance with the provisions of this chapter VI of code on social Security,2020.

You are therefore requested, to direct the employer to pay the amount to me/ to set aside the discharge or dismissal done by the employer.

Date.....

Signature or thumb impression of the  
 Woman/ nominee/ legal representative

Signature of an Attester in case the woman/ nominee/ legal representative is unable to sign and affixes thumb impression.

Full address of the women/nominee/legal representative.

**FORM XV**  
**Appeal**  
**[See rule 23 (2) (b)]**

To,

The Authority,

(Appointed under the Code on Social Security, 2020)

..... (Address)

Sir,

I..... the undersigned, women employee of..... (name and address of the establishment)

\*Feel aggrieved by the order of Inspector-cum-Facilitator under sub section (2) of the section 72 for the reasons attached hereto, prefer this appeal under sub-section (2) of section 68 and request that the said employer be ordered to pay the above mentioned amount to me. A copy of the order of Inspector-cum- facilitator in this behalf is enclosed; or \*Shri, Inspector-cum- Facilitator, having directed under sub section (2) of section 72 to pay the maternity benefit or other amount being..... (nature of amount) to which.....(Name of woman) is said to be entitled/ to set aside my discharge or dismissal during or on account of absence from work in accordance with the provisions of this Chapter V of the Code on Social Security, 2020 (Strike out unnecessary portion).

I prefer this appeal under sub-section (3) of Section 72. In view of the facts mentioned in the memorandum attached hereto and other documents filed herewith it is submitted that the woman is not entitled to the maternity benefit or the said amount and hence the order of the Inspector-cum-Facilitator in the copy of which is enclosed, may be set aside.

\*Strike out unnecessary portion.

Date.....

Signature or thumb impression of the woman/  
Aggrieved Person

Signature of an Attester in case the woman is not able to sign and affixes thumb impression.

Full Address of the nominee/legal representative.

**FORM XVI**  
**(Notice Book of the Accidents)**  
**[See rule 26 ]**

Name of the Establishment.....  
Nature of Business .....  
Date of opening.....  
Registration no (if any)-.....  
Name of the employer/occupier.....

| Date of accidents | Short detail of Accidents | Name of the injured person | Whether accident resulted in death | Whether accident resulted in total disablement | Whether accident resulted in partial disablement | Whether accident resulted in temporary disablement | Amount of compensation paid to employee or his dependent | Amount of compensation deposited to competent authorities | Date of payment of deposited compensation |
|-------------------|---------------------------|----------------------------|------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| 1                 | 2                         | 3                          | 4                                  | 5                                              | 6                                                | 7                                                  | 8                                                        | 9                                                         | 10                                        |
|                   |                           |                            |                                    |                                                |                                                  |                                                    |                                                          |                                                           |                                           |
|                   |                           |                            |                                    |                                                |                                                  |                                                    |                                                          |                                                           |                                           |

**FORM XVII**  
**[See rule 28]**  
**Statement of Fatal Accidents**

To,  
Competent Authority,  
.....

- Sir,
1. I hereby submit the following statement of an accident which occurred in (date), at (here enter details of premises) and which resulted in the death of the employee/ employees of whom particulars are given in the statement annexed.
2. The circumstances relating to the death of the employee/employees were as under: -
- a. Time of accident.
  - b. Brief History of Accident
  - c. Place where the accident occurred.
  - d. Manner in which deceased was/were employed at the time.
  - e. Cause of the accident.
  - f. Accident reported at the local police station (Copy of FIR if any)(Y/N)
  - g. Any Other Relevant Information
3. I am responsible for payment of compensation.
4. Details of employee .....
- a. Name of the employee .....
  - b. Age of the employee .....
  - c. Wages of the employee .....
5. The Establishment is not responsible for payment of compensation due to reasons mentioned below .....

(Signature and designation of person making the statement)  
Name:  
Mobile:  
Address:

**FORM XVIII****[See rule 29]****Memorandum of Agreement**

It is hereby submitted that on the ..... day of 20\_\_\_\_\_ personal injury was caused to \_\_\_\_\_ residing at \_\_\_\_\_by accident arising out of and in the course of his employment in \_\_\_\_\_.The said injury has resulted in permanent disablement to the said workman of the following nature, namely:-

The said employee's monthly wages are estimated at Rs.\_\_\_\_\_ The employee is of the age of ..... years/will reach the age of 16 years on .....

The said employee has, prior to the date of the agreement, received the following payments,namely: --

Rs. ....on ..... Rs. .... on..... .

Rs. .... on ..... Rs. .... on.....

Rs. .... on ..... Rs. .... on..... .

It is further submitted that the employer of the said employee has agreed to pay, and the said employee has agreed to accept, the sum of Rs.....in full settlement of all and every claim under the Code on Social Security, 2020 in receipt of the disablement stated above and all disablement now manifest. It is therefore requested that this memorandum be duly recorded.

Dated .....20.....

Signature of employer

Witness

Signature or employee

Witness

*Note-* Application to register an agreement can be presented under signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received the sum of Rs.....

Dated .....20.... .

Employee

The money has been paid and this receipt signed in my presence.

Witness

Note- This form may be varied to suit special cases, e.g. injury by occupational disease, agreement when employee is under legal disability, etc.

**FORM XVIII-A****[See Rule 29(1)]****Memorandum of Agreement**

It is hereby submitted that on the .....day of 20..... personal injury was caused to .....residing at..... by accident arising out of said in the course of employment. The said injury has resulted in temporary disablement to the said employee, who is at present in receipt of wages amounting to Rs.\_\_\_\_\_ per month/no wages.

The said employee's monthly wages prior to the accident are estimated at Rs.....The employee is subject to a legal disability by reason of.

It is further submitted that the employer of the employee has agreed to pay and on behalf of the said employee has agreed to accept half-monthly payments at the rate of Rs.....for the period of the said temporary disablement. This agreement is subject to the condition that the amount of the half-monthly payments may be varied in accordance with provisions of the said Act on account of an alteration in the earnings of the said employee during disablement. It is further stipulated that all rights of commutation under Section 80 of the said Code are unaffected by this agreement it is therefore requested that this memorandum be duly recorded.

Dated ..... 20.....

Signature of employer

Witness

Signature of employee

Witness

Note- An Application to register and agreement can be presented under the signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received the sum of Rs.....

Employee

Dated .....20.....

The money has been paid and this receipt signed in my presence.

Note- This form may be varied to suit special cases, e.g., injury by occupational disease, etc.

**FORM XVIII-B****[See rule 29(1)]****Memorandum of Agreement**

It is hereby submitted that on the ..... day of .....20..... personal injury was caused to \_\_\_\_\_residing at \_\_\_\_\_ by accident arising out of and in the course of his employment in\_\_\_\_\_. The said injury has resulted in permanent disablement to the said workman of the following nature, namely:-

The said employee's monthly wages are estimated at Rs.\_\_\_\_\_ The employee is of the age of ..... years/will reach the age of 16 years on .....

The said employee has, prior to the date of the agreement, received the following payments,namely: --

Rs. .... on ..... Rs. .... on..... .  
 Rs. .... on ..... Rs. .... on.....  
 Rs. .... on ..... Rs. .... on..... .

It is further submitted that the employer of the said employee has agreed to pay, and dependent(s) of the said employee has agreed to accept, the sum of Rs.\_\_\_\_\_ in full settlement of all and every claim under the Code on Social Security, 2020 in receipt of death stated above. It is therefore requested that this memorandum be duly recorded.

Dated .....20.....

Witness

Signature of employer

Witness

Signature of dependent(s)

*Note-* Application to register an agreement can be presented under signature of one party: provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received the sum of Rs.....

Dated ..... 20.... .

Dependent(s)

The money has been paid and this receipt signed in my presence.

Witness

**FORM XIX**  
**[See rule 29(2)]**

To

(Name and Address of the employer/applicant)

Whereas an agreement to pay compensation is said to have been reached between..... and.....and whereas has/have applied for registration of the agreement under Section 89 of the Code of Social Security, 2020, notice is hereby given that said agreement will be taken into consideration on \_\_\_\_\_20 and that any objections to the registration of the said agreement should be made on that date. In the absence of valid objections it is my intention to proceed to the registration of the agreement.

Dated

Competent Authority

**FORM XX**  
**[See rule 29(5)]**

Register of Agreement for year 20.....

| Sr. No. | Date of agreement | Date of registration | Employer | Employee | Initial of competent authority | Reference to orders rectifying the register |
|---------|-------------------|----------------------|----------|----------|--------------------------------|---------------------------------------------|
|         |                   |                      |          |          |                                |                                             |
|         |                   |                      |          |          |                                |                                             |
|         |                   |                      |          |          |                                |                                             |
|         |                   |                      |          |          |                                |                                             |

**FORM XXI**  
**[(See rule 39(1)(a))]**

Register of Notice of Claim for Maternity Benefit and Payment Thereof

Name of establishment

- 1. Serial Number.
- 2. Name of woman and her father's (or, if married, husband's) name.
- 3. Date of appointment.
- 4. Nature of work.
- 5. Dates with month and year in which she is employed, laid off and not employed.

| Month | No. of days employed | No. of days laid off | No. of days not employed | Remark |
|-------|----------------------|----------------------|--------------------------|--------|
|       |                      |                      |                          |        |
|       |                      |                      |                          |        |
|       |                      |                      |                          |        |

- 6. Date on which the woman gives notice under section 62.
- 7. Date of discharge/dismissal, if any.
- 8. Date of production of proof of pregnancy under section 62.
- 9. Date of birth of child.
- 10. Date of production of proof of delivery/miscarriage/Medical Termination of pregnancy/ tubectomy operation/death / adoption of child.
- 11. Date of production of proof of illness referred to in section 65.
- 12. Date with the amount of maternity benefit paid in advance of expected delivery.
- 13. Date with the amount of subsequent payment of maternity benefit.
- 14. Date with the amount of bonus, if paid, under section 64.
- 15. Date with the amount of wages paid on account of leave under section 65(1) & 65(3).
- 16. Date with the amount of wages paid on account of leave under section 65(2) and period of leave granted.
- 17. Name of the person nominated by the woman under section 62.
- 18. If the woman dies, the date of her death, the name of the person to whom maternity benefits and/or other amount was paid, the amount thereof, and the date of payment.
- 19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.
- 20. Signature of the employer of the establishment authenticating the entries in the register of women employees.
- 21. Remarks column for the use of the Inspector-cum-Facilitator.

FORM XXII  
UNIFIED ANNUAL RETURN

(Under the Code on wages, 2019 and the Code on Social Security, 2020)  
(See rule 47 of the Code on wages (Chandigarh) Rules, 2026 and Rule 39(3) of  
the Code on Social Security (Chandigarh) Rules 2026)  
Return for the year ending 31<sup>st</sup> December \_\_\_\_\_

PART A- GENERAL INFORMATION

- 1. Name of the Establishment
- 2. Complete Postal Address of the Establishment  
House No./Flat No. ....Street No./Plot No .....  
Town/City.....District.....State.....PIN     Code.....  
Email ID..... Phone No.....
- 3. Nature of Establishment/Industry
- 4. Date of Commencement of Establishment

PART B- EMPLOYER/MANAGEMENT DETAILS

- 5. Name and Residential Address of Employer/Owner/Contractor
- 6.Name and Address of Managing Director/Partner/Managing Agent/Person In-charge of day to day affairs
- 7. Person Responsible for Payment of Wages  
Name \_\_\_\_\_  
Address\_\_\_\_\_
- Email\_\_\_\_\_
- Mobile No.\_\_\_\_\_

PART C- REGISTRATION/ LICENSE DETAILS

- 8. Registration/Licence Details under Labour Codes:

| Sr. No. | Code | Registration No. |
|---------|------|------------------|
|         |      |                  |
|         |      |                  |

- i) Code on Wages, 2019
- ii) Code on Social Security, 2020
- iii) Code on OSH, 2020 (if applicable)
- iv) Any other applicable law

PART D- WORKING DAYS AND HOURS

- 9. Number of working days during the year
- 10. Number of man-days worked during the year
- 11. Daily hours of work
- 12. Weekly day of rest

PART E- EMPLOYMENT DETAILS

- 13. Average Daily Employment
- 14. Maximum Number of Persons Employed on any day  
Category:    Male     \_\_\_\_\_    Female\_\_\_\_\_    Adolescents    (14-18    years)\_\_\_\_\_
- Total\_\_\_\_\_

15. Skill- wise & Gender-wise Employment

| Sr. No. | Skill Category | Male | Female | Adolescents (14-18) Years | Total |
|---------|----------------|------|--------|---------------------------|-------|
| i)      | Highly Skilled |      |        |                           |       |
| ii)     | Skilled        |      |        |                           |       |
| iii)    | Semi-Skilled   |      |        |                           |       |
| iv)     | Unskilled      |      |        |                           |       |
|         | Grand Total    |      |        |                           |       |

**PART F- WAGES & PAYMENTS**

16. Total Wages Paid During the Year Rs.....

17. Wage Details

| Sr. No. | Particulars        | Amount (Rs) |
|---------|--------------------|-------------|
| i)      | Gross Wages        |             |
| ii)     | Deductions (Total) |             |
| iii)    | Net Wages Paid     |             |

18. Details of Deductions

| Nature of Deduction                  | No of Cases | Amount (Rs) |
|--------------------------------------|-------------|-------------|
| i) Fines                             |             |             |
| ii) Damage/ Loss                     |             |             |
| iii) Breach of Contract              |             |             |
| iv) Any other permissible Deductions |             |             |

19. Balance of Fine Fund at the end of the year Rs\_\_\_\_\_

20. Arrears of wages of previous years paid during the year Rs.\_\_\_\_\_

**PART G- BONUS**

21. Number of employees eligible for bonus

22. Percentage of bonus declared ..... %

23. Total amount of bonus paid Rs.....

24. Date(s) of payment of bonus

**PART H- CONTRACT LABOUR ( IF APPLICABLE)**

25. Number of contractors engaged during the year

26. Total number of days contract labour was engaged

27. Total man-days worked by contract labour

**PART I- WELFARE & SOCIAL SECURITY**

28. Statutory Welfare Amenities Provided

| Sr. No. | Nature of Amenity | Statutory (Specify the Statue) |
|---------|-------------------|--------------------------------|
|         |                   |                                |
|         |                   |                                |
|         |                   |                                |
|         |                   |                                |

**PART J- MATERNITY BENEFIT**

- 29. Total number of female employees
- 30. Number of employees granted maternity benefit/ESI
- 31. Total maternity leave days granted
- 32. Creche facility provided (Yes/No)

**PART K- EMPLOYEES’ COMPENSATION**

33. Accidents during the year

| Nature                     | No. of Cases |
|----------------------------|--------------|
| i) Death                   |              |
| ii) Permanent Disablement  |              |
| iii) Temporary Disablement |              |

34. Amount of compensation paid (Rs.....)

**DECLARATION**

I hereby certify that the information furnished above is true and correct to the best of my knowledge and belief and that I have complied with the provisions of the Code on Wages, 2019 and the Code on Social Security, 2020 and the rules framed there under.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
  
Signature of Employer  
Name: \_\_\_\_\_  
  
Designation: \_\_\_\_\_

**Unified Annual Return**  
**A. General Part:**

- (a) Name of the establishment.....  
Address of the establishment: House No/Flat No..... Street No./Plot No..... Town.....District.....State.....Pin code.....
- (b) Name of the Employer .....  
Address of the Employer: House No/Flat No..... Street No./Plot No..... Town.....District.....State.....Pin code.....  
Email ID..... Telephone No.....Mobile No.....
- (c) Name of the Manager or Person responsible for supervision and Control of Establishment.....  
Address: House No/Flat No..... Street No./Plot No..... Town.....District.....State.....Pin code.....  
Email ID..... Telephone No.....Mobile No.....

**B. Employer’s Registration/License number under the Codes mentioned in column (2) of the table below:**

| Sr. No. | Name                                               | Registration |  | If yes (Registration No.) |
|---------|----------------------------------------------------|--------------|--|---------------------------|
|         |                                                    |              |  |                           |
|         | The Code on Occupational Safety Health and working |              |  |                           |
|         | The Code on Social Security, 2020                  |              |  |                           |
|         | Any other law for the time being in force.         |              |  |                           |

C. Details of Employer, Contractor and Contract Labour:

|  |                                                                                                                                                                                                                                  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | Name of the employer in the case of a Contractor's establishment                                                                                                                                                                 |  |
|  | Date of commencement of the establishment                                                                                                                                                                                        |  |
|  | Number of Contractors engaged in the establishment during the year                                                                                                                                                               |  |
|  | Total Number of days during the year on which contract labour was employed                                                                                                                                                       |  |
|  | Total number of man-days worked by Contract Labour during the year                                                                                                                                                               |  |
|  | Name of the Manager or Agent (in case of mines).<br><br>Address: House No/Flat No.....<br>Street No./Plot No.....<br>Town.....District.....State.....<br>.....Pin code.....<br>Email ID..... Telephone No.....<br>Mobile No..... |  |

D. Working hours and weekly rest day:

|  |                                           |  |
|--|-------------------------------------------|--|
|  | Number of days worked during the year     |  |
|  | Number of man-days worked during the year |  |
|  | Daily hours of work                       |  |
|  | Weekly day of rest                        |  |

E. Maximum number of persons employed in any day during the year:

| Sr. No. | Males | Females | Adolescents (between the age of 14 to 18 years) | Children (below 14 years of age) |  |
|---------|-------|---------|-------------------------------------------------|----------------------------------|--|
|         |       |         |                                                 |                                  |  |
|         |       |         |                                                 |                                  |  |

F. wages rates (Category Wise):

| Category       | Rates of wages | No. of Workers |        |          |            |          |        |          |            |
|----------------|----------------|----------------|--------|----------|------------|----------|--------|----------|------------|
|                |                | Regular        |        |          |            | Contract |        |          |            |
|                |                | Male           | Female | Children | Adolescent | Male     | Female | Children | Adolescent |
| Highly Skilled |                |                |        |          |            |          |        |          |            |
| Skilled        |                |                |        |          |            |          |        |          |            |
| Semi Skilled   |                |                |        |          |            |          |        |          |            |
| unskilled      |                |                |        |          |            |          |        |          |            |

G. (a) Details of Payments:

| Gross wages Paid |         | Deductions |                                |        | Net wages Paid |         |
|------------------|---------|------------|--------------------------------|--------|----------------|---------|
| In cash          | In kind | Fines      | Deductions for damages or loss | Others | In cash        | In kind |
|                  |         |            |                                |        |                |         |
|                  |         |            |                                |        |                |         |
|                  |         |            |                                |        |                |         |

(b) Number of workers who were granted leave with wages during the year:

| Sl. No. | During the Year | Number of Workers | Granted leave with wages |
|---------|-----------------|-------------------|--------------------------|
|         |                 |                   |                          |
|         |                 |                   |                          |
|         |                 |                   |                          |

**H. Details of various amenities provided under the statutory schemes:**

| Sl. No. | Nature of various welfare amenities provided | Statutory (specify the statute) |
|---------|----------------------------------------------|---------------------------------|
|         |                                              |                                 |
|         |                                              |                                 |
|         |                                              |                                 |

**I. Maternity Benefit under the Code on Social Security, 2020:****(a) Details of establishment, medical and Para- Medical Staff:**

|          |                                                                   |  |
|----------|-------------------------------------------------------------------|--|
| 01       | Date of opening of establishment                                  |  |
| 02       | Date of Closing, if close                                         |  |
| 03       | Name of Medical Officer                                           |  |
| 03(i)    | Qualification of Medical Officer                                  |  |
| 03(ii)   | Is Medical Officer at ( the mines or circus)?                     |  |
| 03 (iii) | If a part time, how often does he/she pay visit to establishment? |  |
| 03(iv)   | Is there a Hospital?                                              |  |
| 03(v)    | If so, how many beds are provided?                                |  |
| 03 (vi)  | Is there a lady Doctor?                                           |  |
| 03(vii)  | If so, what is her qualification?                                 |  |
| 03(viii) | Is there a qualified midwife?                                     |  |
| 03(ix)   | Has any crèche been provided?                                     |  |

**(b) Leave Granted under the Code on Social Security, 2020:**

|    |                                                              |  |
|----|--------------------------------------------------------------|--|
| 01 | Total number of female employees in the establishment        |  |
| 02 | Total number days of eave granted                            |  |
| 03 | Number of employees granted maternity leave/benefited by ESI |  |

**J. Employees Compensation under the Code on Social Security, 2020:**

|           |                                                                                        |  |  |
|-----------|----------------------------------------------------------------------------------------|--|--|
| Accidents |                                                                                        |  |  |
| (a)       | No. of cases which occurred during the year:-                                          |  |  |
| (i)       | Death                                                                                  |  |  |
| (ii)      | Permanent Disablement                                                                  |  |  |
| (iii)     | Temporary Disablement                                                                  |  |  |
| (b)       | No. of injuries in respect of which final compensation has been paid during the year:- |  |  |
| (i)       | Death                                                                                  |  |  |
| (ii)      | Permanent Disablement                                                                  |  |  |
| (iii)     | Temporary Disablement                                                                  |  |  |
| (c)       | Amount of compensation paid                                                            |  |  |
| (i)       | Death                                                                                  |  |  |
| (ii)      | Permanent Disablement                                                                  |  |  |
| (iii)     | Temporary Disablement                                                                  |  |  |
| (d)       | No. of cases in respect of which final compensation has been paid during the year:-    |  |  |
| (i)       | Death                                                                                  |  |  |
| (ii)      | Permanent Disablement                                                                  |  |  |
| (iii)     | Temporary Disablement                                                                  |  |  |
| (e)       | Amount of compensation paid:-                                                          |  |  |
| (i)       | Death                                                                                  |  |  |
| (ii)      | Permanent Disablement                                                                  |  |  |
| (iii)     | Temporary Disablement                                                                  |  |  |

Declaration

It is to certify that the above information is true and correct and also I certify that I have complied with all provisions of Labour Laws applicable to my establishment.

Place

Date

Signature

**FORM XXIII**

**Part I**

**[See rule 40 (1)]**

**Notice to the Employer who committed an offence for the first time for compounding of offence under subsection (1) of section 138 of the Code on Social Security, 2020**

Notice No.....

Date:

To,  
.....  
.....  
.....  
.....

This is to inform you that your establishment M/s.....was inspected by Inspector-cum-Facilitator on Dated: .....at.....

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the establishment M/s. \_\_\_\_\_ (Registration No...), have committed offence for the violation of provision of the Code on Social Security 2020 or the Schemes or the Rules or the Regulations framed there under as per the details given below:

|    |                                                                                       |  |
|----|---------------------------------------------------------------------------------------|--|
| 1. | Name of the Person:                                                                   |  |
| 2. | Name and Address of the Establishment:                                                |  |
| 3. | Registration No of the Establishment:                                                 |  |
| 4. | Particulars of the offence:                                                           |  |
| 5. | Provisions of the Code/Scheme/Rules/Regulations under which the offence is committed: |  |
| 6. | Compounding amount required to be paid towards composition of the offence             |  |
| 7. | Name and Details of Account for depositing the amount specified in Column             |  |

**PART –II**

In view of the above, and as per provisions of sub-section (1) of Section 138 read with Sub-Rule (1) of Rule 40 you have an option to pay the above-mentioned amount within fifteen days from the date of issue of this notice and return the application duly filled in Part – III of this notice. The compounding amount mentioned in Column 6 of Part 1 of this notice can be deposited in the account mentioned in column 7 of Part 1 of this notice through treasury challan or electronically on the designated web portal of the **State Government** as the case may be. In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

(Signature of the Compounding Officer)

**Part III****Form XXIII****[See rule-40(2)]****APPLICATION UNDER SUB-SECTION (4) OF SECTION 138 FOR COMPOUNDING OF OFFENCE**

To,

Compounding Officer,

.....

.....

.....

Kindly refer to your notice no..... dated I/we hereby applying for composition of Offence. I have deposited Rs...../- as the amount of Composition by depositing through Treasury Challan in the account as per column 7 of Part 1 of the notice No..... Dated:\_\_\_\_\_ or electronically on the designated web portal of the **State Government**.

Kindly accept my application and close the proceeding under the Code.

Dated:\_\_\_\_\_

Enclosure: The Treasury Challan/Payment receipt of electronic Payment.

(Signature)

Name of the Applicant

(1) Name of the establishment:.....

(2) Address of Establishment :.....

**Part IV****Form XXIII****Composition Certificate****[See rule 40 (3)]**

Ref:

Notice No.....

Date:

This is to certify that the offence under section.....of the Code and Rule.....in respect of which Notice No. Dated: was issued to Sh..... (Applicant), the employer of M/s..... (Name and Registration Number of establishment) has been compounded on account of remission of full amount of Rs.....(Rupees) towards the composition of offences to the satisfaction of the said Notice.

(Signature) Name and

Designation of the Officer

Date:

Place:

**FORM XXIV**  
**[See rule 41(3)(b)]**

Form for Reporting Vacancies to Career Centres (Separate forms to be used for each type of posts)

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. | Particulars of the employer:<br>Name:<br>Address with pin code:<br>Telephone No. :<br>Mobile No.:<br>Email address :<br>Name & Type of Establishment<br>(Central Government, State Government, PSU, Autonomous, Private, etc)<br>Registration No of establishment under Code:<br>Economic activity details:                                                                                                                                                                                                                                                                                                                                   |                 |
| 2. | Particulars of the indenting Officer: Name:<br>Designation: Telephone No. : Mobile No.:<br>Email address :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |
| 3. | Particulars of vacancy(ies):<br>(a) Designation/nomenclature of the vacancy(ies) to be filled<br>(b) Description of duties of the post (job role/functional role)<br>(c) Qualifications/Skills required (educational, technical, Essential Desirable/Preferable Experience)<br>(i) Educational Qualifications<br>(ii) Technical Qualifications<br>(iii) Skills<br>(iv) Experience<br>(d) Age Limits, if any<br>( Age as on last date of application)<br>(e) Preferences (such as Ex-servicemen, persons with disabilities, women, etc) if any<br>(f) Duration of employment<br>(i) 3-6 months<br>(ii) 6-12 months<br>(iii) 12 months and more | Number of posts |
| 4  | Whether there is any obligation for arrangement for giving reservation/ preference to any category of persons such as Scheduled Caste(SC), Scheduled Tribe(ST), Economically Weaker Sections(EWS), Other Backward Classes(OBC), Ex- serviceman and persons with disabilities (pwd) , etc, in filling up the vacancies: Yes/ No<br><br>(if yes, give the number of vacancies to be filled by such categories of persons as detailed below)                                                                                                                                                                                                     |                 |

|     |                                                                                                                                                                                                                                              |                                  |                                                                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 5.  | 2. Category                                                                                                                                                                                                                                  | Number of vacancies to be filled |                                                                             |
|     | (a) Scheduled Caste<br>(b) Scheduled Tribe<br>(c) OBC<br>(d) EWS<br>(e) Ex-Serviceman<br>(f) Persons with disabilities (pwd)<br>(g) Women<br>(h) Others(specify)                                                                             | Total                            | * By Priority candidates *<br>(Applicable for Central Government Vacancies) |
| 6.  | Pay and Allowances:<br>For Government vacancies:<br>Mention pay level/pay scale of the post with basic pay/pay per month with other details if any<br><br>For others: Mention minimum total emoluments per month with other details, if any. |                                  |                                                                             |
| 7.  | Place of work ( Name of the town/village)                                                                                                                                                                                                    |                                  |                                                                             |
| 8.  | Mode of Application(email, online, in writing, etc) and Last date for receipt of applications.                                                                                                                                               |                                  |                                                                             |
| 9.  | Particulars of officer to whom the applications be sent/ candidates should approach<br>(Mention Name, designation, email id, address , telephone No., website address in case of online)                                                     |                                  |                                                                             |
| 10. | Mode of Recruitment<br>{Through Career Centre, Placement Agency , self-management, any other mode(specify) }                                                                                                                                 |                                  |                                                                             |
| 11. | Would like to prefer submission of list of eligible candidates registered with Career Centre                                                                                                                                                 | Yes/No                           |                                                                             |
| 12. | Any other relevant information                                                                                                                                                                                                               |                                  |                                                                             |
| 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)                                                                                                                                                                                                                   |                                  |                                                                             |

Signature, Name& Designation of  
Authorized 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 3 working days from the date of receipt of reporting of vacancies.

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 XXV**  
**[See rule 40(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 (Chapter XIII – Employment Information &Monitoring), 2020

|                                                                                                                                                                                                                                                                                            |                                                     |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| 1. Name & Address of the Employer                                                                                                                                                                                                                                                          |                                                     |                                                         |
| 2. Whether- Head Office                                                                                                                                                                                                                                                                    |                                                     |                                                         |
| 3. Branch Office<br>Type of Establishment<br>(Public/Private Sector)                                                                                                                                                                                                                       |                                                     |                                                         |
| 4. Nature of Business/Principal activity                                                                                                                                                                                                                                                   |                                                     |                                                         |
| 5. Establishment Registration No. under the Code                                                                                                                                                                                                                                           |                                                     |                                                         |
| 1. (a) EMPLOYMENT<br>Total number of manpower of establishment including working proprietors/partners/contingent paid and contractual workers, out-sourced workers excluding part- time workers and apprentices.<br>(The figures should include every person whose wage or salary is paid) |                                                     |                                                         |
| <b>Category</b>                                                                                                                                                                                                                                                                            | <b>On the last working day of the previous year</b> | <b>On the last working day of the year under report</b> |
| Men:<br>Women:<br>Others (Transgender):<br>Total:<br>PWD (persons with disabilities) out of above total:                                                                                                                                                                                   |                                                     |                                                         |

EIR Continued

|                                                                                                                                  |                          |                         |                                                                                                      |   |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------------------------------------------------------------------------------------|---|
| 2. Number of Vacancies occurred and reported to Career Centre during the year and the number of vacancies filled during the year |                          |                         |                                                                                                      |   |
| 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 provisions of Code on Social Security, 2020 (Chapter XIII) and Rules made there under,

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/ technical/experience) prescribed | Essential | 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 calendar 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/re-organisation |       |                      |                                                    |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------|----------------------------------------------------|
| Description | Men                                                                                                                                                                                                     | Women | Others (transgender) | Total PWD (Persons with disabilities) out of total |
| 1           | 2                                                                                                                                                                                                       | 3     | 4                    | 5                                                  |
|             |                                                                                                                                                                                                         |       |                      |                                                    |
|             |                                                                                                                                                                                                         |       |                      |                                                    |
|             |                                                                                                                                                                                                         |       |                      |                                                    |
|             |                                                                                                                                                                                                         |       |                      |                                                    |
|             |                                                                                                                                                                                                         |       |                      |                                                    |

\*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 & Designation of Authorised  
Signatory of establishment/employer  
with seal & date

To The Career Centre.....

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.

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**FORM XXXVII**  
**(see rule no 39(4))**

**Display of notice at work place for the Month of .....Year.....**

(i) Number of days for which work performed in the month of .....

(ii) Number of hours of work performed by the employees:

(iii) Total number of employees in the month of .....

a. Regular:

b. Contractual:

c. Fixed term:

(iv) Employees recruited during the month:

(v) Category details of the employees:

a. Unskilled

b. Semi Skilled

C. Skilled

d. Highly Skilled

(vi) Vacancies for which suitable candidates were not available during the specified period

