

**THE PROVINCIAL  
EMPLOYEES' SOCIAL SECURITY  
(EMPLOYERS' RETURNS & RECORDS)  
REGULATIONS 1967**

**1. Short title and commencement:** - (1) These rules may be called the Provincial Employees' Social Security (Employers' Returns and Records) Regulations 1967.

(2) They shall apply to all employers included within the scope of any notification issued by Government under the provisions of section 1(3) of the Provincial Employees Social Security Ordinance 1965.

(3) They shall come into force at once.

**2. Definitions:** - In these regulations, unless the context otherwise requires –

(i) the following expressions shall have the meanings respectively assigned to them, that is to say: -

(a) "Ordinance" means the Provincial Employees' Social Security Ordinance 1965.

(b) "Section" means a Section of that Ordinance.

(c) "Pay Roll" means a form of pay roll or wage sheet approved by the Institution for the purpose of the payment of Social Security Contributions.

(d) "Contribution Schedule" means a form obtainable from the Institution (Form-C-1) for the purpose of the payment of Social Security Contribution where the pay roll or wage sheet in use by an employer has not been approved by the Institution or where the employer prefers to use the Contribution Schedule.

(e) "Certificate of Contributions" means a form (Form B-2 attached as Appendix 1) obtainable from the Institution, to be completed by the employer and submitted by a secured person when claiming benefit.

(f) "Employer's Report of a serious accident" means a form (Form B.3, attached as Appendix II) obtainable from the Institution for the purpose of notification that a serious accident has taken place.

- (g) “ Serious accident” means an industrial accident-
  - (1) which has caused the death of a secured person, or
  - (2) as the result of which the person is likely to be rendered incapable of work for a period of at least three days.
- (h) “Rules” means the West Pakistan Employees’ Social Security (Contributions) Regulations 1967.
- (i) “Benefit Regulations” means the Provincial Employees’ Social Security (Benefit) Regulations, 1967.
- (ii) Other expressions shall have the meanings respectively assigned to them in Section 2.

**3.** An employer whose establishment has been brought within the scope of the Ordinance by Government notification under the provisions of section 1(3) shall complete an application to be registered on the appropriate form (Form R-1 attached as Appendix III) obtainable from the nearest Local Office of the Institution, of the Institution, indicting thereon the approximate number of his employees liable to become secured persons, and shall send to the said Local Office within 10 days of the said notification.

**4.** After his application for registration has been accepted he shall arrange that each of his employee who is liable to become a secured person, and who has not already been registered as such shall complete Secured person’s Registration Form (Form R-2 attached as Appendix IV) and shall send the form so completed to the Local Office of the Institution at which his establishment has been registered, within fifteen days of the acceptance of his application for registration, together with a summary of (form R-3 attached as Appendix V)

**5.** On receipt of the relevant Secured Person’s Registration Card (Form R-5 attached as Appendix VI), from the Local Office of the Institution the employer shall distribute them to each of the employee named thereon, ensuring that the signature or thumb print of the secured person is clearly impressed on the appropriate space on page-1 of the Card.

**6.** Thereafter, whenever a secured person leaves the employment, the employer will complete the record of his employment on page 2 or 3 of the Card and give it to the employee, without delay.

**7.** He will complete a registration form (Form R-2) for every new employee who commences to work for him, if he fails to produce a Registration Card (Form R-5) as proof that he has already been registered by the Institution as a secured person. The completed forms will be sent to the Local Office without delay, and he will distribute the Secured Person’s Registration Card (Form R-5) to the new employee as soon as it is received from the Local Office.

**8.** When an employer submits pay roll or contribution schedule (attached as Appendix VII) to the Institution in accordance with the provisions of paragraph 4(1) (i) or 4(1) (ii) of the Rules, he shall retain a copy thereof for a period of at least two years after the date of payment

of the wages and shall make them and any relevant documents relating to the payments of wages, available for examination by the official of the Institution who has been duly authorized by the issue of a certificate of authorization as laid down in the West Pakistan Employees Social Security (Contribution) Regulation 1966.

**9.** Whenever a secured person wishes to claim any benefit provided by the Ordinance either for himself or his dependents, his employer shall, on application by the secured person or someone acting on his behalf, cause a Certificate of Contribution (Form B-2, B2-A attached as Appendix I and VIII) to be completed in all respects, without delay. The name and social security number of the employee shall be inserted on the form, together with the other particulars specified. The name and address of the employer shall be inserted, in writing or by means of a rubber stamp impression, and the Certificate of Contribution shall be signed on behalf of the employer, by a responsible person, before it is issued to the employees.

**10.** If a serious accident occurs on the premises of an employer, he shall cause a copy of an Employers Report of a serious accident (Form B-3 attached as Appendix II) to be completed and sent to the Local Office of the Institution at which he was registered, without delay. This notification of the fact that a serious accident has taken place shall be prepared and dispatch irrespective of any other notification, on any other form, that may be required by any other legislation.

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## Appendix - I

ادارہ سماجی تحفظ خیر پختونخوا (صوبائی ملازمین چندوں اور اجرتوں کا تصدیق نامہ  
مطالبہ انفاق بیماری طبی نگہداشت)

تحفظ شدہ شخص کا نام -----

معاشرتی تحفظ نمبر -----

میں تصدیق کرتا ہوں کہ مذکورہ بالا شخص گزشتہ ۶/۱۲ ماہ میں (i) کم از کم ۹۰/۸۰ یوم تک میرے پاس ملازم رہا ہے۔ (اگر ہوتو) (ii) ۶/۱۲ ماہ سے ہر ایک ماہ میں اس عورت امر دے کے ایام کی تعداد حسب ذیل ہے

نمبر شمار	ماہ	تعداد ایام	نمبر شمار	ماہ	تعداد ایام	نمبر شمار	ماہ	تعداد ایام	نمبر شمار	ماہ	تعداد ایام
۱			۵			۳			۷		
۲			۶			۴			۸		

(iii) اس کے کام کی آخری تاریخ ----- تھی۔

(iv) آجر کار نمبر ----- آجر کی ہر -----

تاریخ ----- دستخط برائے آجر -----

فرم میں عہدہ -----

## Appendix II

ادارہ سماجی تحفظ صوبائی ملازمین آجر کی جانب سے ادارہ سماجی تحفظ کو سنگین حادثے کی اطلاع  
(ہر سنگین حادثہ کے وقوع سے چوبیس گھنٹے کے اندر اندر ادارہ کے نزدیک ترین مقامی دفتر کو روانہ کی جائے)

فرم کا نام -----  
پتہ ----- آجر کا رجسٹریشن نمبر -----  
ٹیلیفون نمبر -----  
حصہ تصدیق کی جاتی ہے کہ بتاریخ ----- بوقت ----- صبح / شام -----  
مسمی ----- پتہ -----  
رجسٹریشن نمبر ----- کو بدروان ملازمت حسب ذیل سنگین حادثہ پیش آیا ہے۔

(ضرر کی نوعیت اور شدت کا مختصر بیان درج کریں)

حصہ ۲۔ حادثے کے واقعات یہ ہیں (حادثے کے واقع ہونے کا مختصر بیان درج کریں)

حصہ ۳۔ آجر کے مشاہدات  
میں تصدیق کرتا ہوں کہ مندرجہ بالا بیان میرے علم اور یقین کی حد تک درست ہے اور میں اس کی صحت کا کلی طور پر ذمہ دار ہوں۔

دستخط -----  
عہدہ -----  
فرم کی مہر ----- تاریخ -----

Appendix III  
Provincial Employees' Social Security Institution  
EMPLOYER'S REGISTRATION FORM

Registration Number allotted

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(for official use only)

(Write eligibly please)

Name of firm.....

Employer's name .....  
(if different)

Address of principal place of business.....

Telephone Number .....

Nature of business .....

Number of employees liable to become secured person.....  
(approximate)

Signature of employer.....

Date.....

STAMP OF FIRM

**Form R-I**

FOR OFFICIAL USE ONLY

ACTION	ACTION TAKEN	
	Initial	Date
Registration form checked Name of employer entered in register Registration number allotted as shown overleaf Form R-3 and R-4 prepared and issued		

**Appendix IV  
Provincial Employees Social Security Institution  
Particulars of secured person**

Name .....

Address.....

.....

SEX

Man	
Women	

Mark with X in approximate space

Date of birth (if known) Day, month, year OR Age years.....

Placed of birth.....

Father's Name.....

Marital status of secured person.

Single		Married		Widower		Widow	
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Mark with X in approximate space.

If married state name of wife or wives.....

.....  
.....

If a married woman, state name of husband.....

Signature of secured person .....OR

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STAMP OF EMPLOYER

RIGHT THUMB PRINT

FOR OFFICIAL USE ONLY

Special Security Number allotted

A						
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**Form R-2**

Appendix –V

Provincial Employees Social Security Institution  
Return of employees liable to become secured persons.

Name of Employer.....

Registration Number .....

Address.....

I hereby declare that every person employed as an employee within the meaning of Section 2(8) of the West Pakistan Employees’ Social Security Ordinance 1965, on ..... In this factory / establishment in receipt of remuneration not exceeding Rs. 20 per day, has been included in this list (excepting only those employees in respect of whom registration forms (Form R-2 have already been submitted).

Signature .....

Title.....

Date .....

Serial No.	Name of Employee	Father’s Name	Work Number (if any)	Registration Number allotted by Institution (for official use only)
1	2	3	4	5

Enclosures continuation sheets (Form R-3-A) numbered to Form R-3



## Appendix VI

### Record of Employment

### Record of Employment

Employer's Registration Number	Period of Employment		Employer's Signature and Stamp	Employer's Registration Number	Period of Employment		Employer's Signature and Stamp
	Form	To			Form	To	



**Secured person's Registration Card**

Entries on pages 2 or 3 of the card should be made whenever a secured person starts t work for an employer or leaves his employment.

This Registration Card should be produced by the secured person (or his agent) whenever a benefit is claimed.

Warning: any person who knowingly makes or causes to be made any false statement or false representation; or produces or furnishes, or causes or knowingly allows to be produced or information which he knows to be false in a material particular, imprisonment not exceeding 3 months or by a fine of Rs. 1,000 or both.

The address of your Dispensary :  
.....  
.....  
.....

**Provincial Employees Social Security Institution**

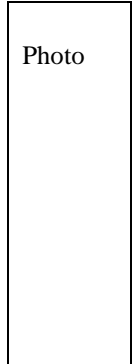
Secured Person's Registration Card

A							
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This is to certify that .....has been registered within the meaning of the Provincial Employees' Social Security Ordinance, No. X of 1965 on ..... under the number inscribed above, in respect of his employment by.

This card must be deposited at a Local Office of the Institution when a secured person ceases to work in an establishment to which the above-mentioned Ordinance has been applied.

Signature, Thumb impression.



Visible Identification  
Marks.....

(Keep this card carefully. If lost, a duplicate may be obtained form the nearest Local Office of the Institution for which a charge of fifty paisa may be made)

**Form R-5**



## Appendix VII Provincial Employees Social Security Institution

Month of .....

Registered No.

Name of Employer.....

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S.No	Social Security No.	Name of Employee (insert in numerical order of Social Security Number	Gross wages per			Time worked		Amount on which Contribution are payable		Employees' Social Security Contribution		Employers' Social Security Contribution		Remarks
			Day	Week	Month	Days	Weeks							
<b>Total</b>														

**Form C-I**     Use appropriate columns

1. Certify that this schedule includes the name of all insurable employees of this firm, and that all information given regarding their employment and wages is correct.

Signature .....

Position in firm.....

Dated .....

to be completed when only one schedule is submitted otherwise, complete certificate On Form C-2.

Appendix VIII

ادارہ سماجی تحفظ خیمبر پختونخوا صوبائی ملازمین

حادثے کی صورت میں تصدیق

۱- میں تصدیق کرتا ہوں کہ مذکورہ بالا شخص ----- تاریخ ----- حادثہ یا ملازمتی بیماری Occupational disease کے وقت میری ملازمت میں تھا۔

۲- اس کی شرح اجرت ----- روپے تھی۔

۳- حادثہ کی اطلاع ----- پر دی گئی ہے / نہیں دی گئی ہے۔

آجر کار جسٹریڈ نمبر -----

تاریخ -----

دستخط برائے آجر -----

عہدہ -----

آجر کی ہر -----

فارم (B-2)

Appendix IX  
Provincial Employees' Social Security Institution

MEDICAL CERTIFICATE OF INCAPACITY FOR WORK

Mr. / Mst. / Miss.....

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(name in full)

This is to certify that I have examined the person named above and find that he /she is suffering from ..... since..... which incapacitates him / her from work. In my opinion, he / she will take about.....days to resume work.

Date .....

Medical Practitioner

**Form M-1**

مطالبہ برائے معاوضہ بیماری / چوٹ

میں مسمیٰ اسماءؑ ..... ساکن ..... بیان کرتا ہوں کہ  
۱۔ میں نے ..... تاریخ ..... کو آخری دن ..... (جنگ کا نام)  
میں کام کیا اور ..... صبح / شام پر کام چھوڑا۔

۲۔ میری معذوری حادثہ کی وجہ سے ہوئی جو کہ .....  
میں ..... صبح / شام مجھے پیش آیا۔  
۳۔ میں نے تاریخ معذوری کے دن سے کوئی کام نہیں کیا ہے۔ لہذا مجھے معاوضہ برائے بیماری / چوٹ دیا جائے۔

.....  
.....  
.....

..... تاریخ

## Appendix X

Provincial Employees' Social Security Institution

### MEDICAL CERTIFICATE OF INCAPACITY FOR WORK

Serial No. ....

INTERMEDIATE

\*(name in full)

Mr./Mrs./ Miss.....

Certified that I have examined the person named above and find that he / she is still incapable of work which he / she is expected to resume after about..... days / weeks.  
He / She is required .....for to attend the dispensary on .....  
for re-assessment of his / her condition.

Medical Practitioner

**Form M-2(Front)**

مطالبہ برائے معاوضہ بیماری / چوٹ

میں مسمیٰ / مسماة ..... ساکن ..... بیان کرتا / کرتی  
ہوں کہ بوجہ معذوری میں نے سابقہ ڈاکٹری سرٹیفکیٹ کی تاریخ کے بعد سے کوئی کام نہیں کیا ہے۔ لہذا معاوضہ مطالبہ کرتا / کرتی  
ہوں۔

..... دستخط

یا

..... نشان انگوٹھا



## Appendix XI

Provincial Employees' Social Security Institution

### MEDICAL CERTIFICATE OF INCAPACITY FOR WORK

Serial No. ....

Mr. / Mrs. / Miss.....  
( name in full)

A						
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Date.....

Medical Practitioner

مطالبہ برائے معاوضہ بیماری / چوٹ

میں مسمی / مسماة----- ساکن----- بیان کرتا / کرتی  
ہوں کہ بوجہ معذوری میں نے سابقہ ڈاکٹری سرٹیفکیٹ کی تاریخ کے بعد سے کوئی کام نہیں کیا ہے۔ لہذا معاوضہ مطالبہ کرتا / کرتی  
ہوں۔

دستخط-----

یا

نشان انگوٹھا-----