

Form A
(See rule 3)

1	Name of the establishment, if any (in block letters).			
2	Postal address and location of the establishment.			
3	situation of the office, store room, godown, warehouse, work place, if any, attached to the establishment situated in premises different from those of establishment.			
4	Category of the establishment, i.e. whether (a) shop, (b) establishment, (c) residential hotel, restaurant or eating houses, (d) theatre or other place of public amusement or entertainment .			
Sl. No.	Name and Designation with percentage	Permanent address	Nature of interest whether partner/member/Director/share holder	
1	2	3	4	
5	Nature of Business.			
6	Name, designation and permanent address of employer (manager, agent or any other person) who is in the immediate charge of general management or control of the establishment.			
7	Particular members of employer's family employed in the establishment as defined in section 2(15).			
Sl. No.	Name	Age	Sex	Relationship with employer
8	Name of other persons occupying with management or employees engaged in supervisory capacity, if, any.			
9	Number of employees.			
		Male	Female	Total
	1 Adults			
	2 young persons			
	3 Apprentices			
	Total			
10	Name of the day of the week on which weekly holiday will be observed (in case of shops and establishments only).			
11	Detailed of remittance (enclose copy of challan obtained from treasury).			
	Name of treasury	Challan No. and date	Amount of fee paid	

Place:
Date:

Signature of proprietor/
partner/Manager/secretary/Managing
Director or a person Incharge .