

FORM V.

[Rule 9(1).]

NOTICE OF CLOSURE.

To

THE INSPECTING OFFICER,
THE BIHAR SHOPS AND
ESTABLISHMENTS ACT, 1953.

.....DISTRICT.

SIR,

PLEASE note that my establishment, whose registration no. is.....
has been closed from.....

Name of Establishment.....

Address.....

Reason for closure.....

Probable period of closure.....

Number of employees affected.....

Signature of employer,

Name and address of establishment.

Date.....

FORM VI.

[Rule 11(1).]

NOTICE OF WEEKLY CLOSURE.

Name of establishment.....

Address.....

Registration no.....

Notice is hereby given that with effect from..... the above
est ablishment shall be closed on.....

Signature of employer.

Date.....