

FORM G

See Rule 11

Notice of Weekly Closure

To be displayed in a conspicuous place

Name of shop/establishment, if any _____

Name of owner/in-charge of shop-establishment. _____

Address in full _____

Registration No. _____

Until further notice this shop/establishment shall remain entirely closed and closed for half day each week as noted below:

Full day* _____

Half day _____ from _____ to* _____

Signature of the shop-keeper/employer/manager/in-charge,

Copy forwarded for information to—

(1) The Chief Inspector, Shops and Establishments, West Bengal. _____

(2) The Inspector _____ (Specify area)

*The days to be mentioned here.