

FORM II.

[Rule 3.]

REGISTER OF ESTABLISHMENTS.

District.....

Serial no.	Name with full address of establishment (serials 1, 2, 3 and 4 of Form no. 1.)	Name/s of Employer/s.	Designation, if any, of employer/s.	Address of employer/s.	Type of business, trade or profession, carried on (serial 2).	Maximum no. of persons proposed to be employed (serial 6 of Form no. 1).	Sales Tax Registration no., if any, (serial 5 of Form 1).	Amount of fee deposited (give particulars of treasury challan or Postal Order as the case may be).	Registration no.	Signature of Inspecting Officer with date of registration	Remarks
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