### Form – ‘C’

**(*See rule* 5(2)) REGISTER OF ESTABLISHMENT**

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| --- | --- | --- | --- | --- | --- | --- |
| Sr.No. | Registration Certificate No. with Date | Name andAddress of the Establishment | Name andresidential address of the Employer | Name and residential address of the Authorised Person andManager | Whether establishment falls under public/ private sector | Situation of office, showroom, godown, warehouse or workplace, if any, attached to a establishment but situated in premises different from those of the establishment |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Commencement of business | Nature of business | No. of family members of employer employed in the establishment (Men/Women) | No. of other persons occupying position of management or persons engaged in confidentialcapacity. | Total No. of workers (including part-time workers) | Date of renewal of registration certificate. | Application ID No. | Remarks, if any. |
| 8. | 9. | 10. | 11. | 12. | 13. | 14 | 15 |
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