# Form –‘F’

**Employer Photo**

### (See rule 8) APPLICATION FOR INTIMATION

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of the Establishment | :- |  |
| 2 | Previous details of establishment | :- |  |
|  | In case of online Certificate1. Registration No.
2. Application ID No.
 | :- |  |
| :- |  |
| 3 | In case of Manual CertificateRegistration No. | :- |  |
| 4 | Date of Expiry | :- |  |
| 5 | Address and situation of theEstablishment | :- |  |
| 6 | Date of Commencement of Business | :- |  |
| 7 | Nature of Business | :- |  |
| Whether establishment falls underPublic Sector or Private Sector | :- | Public / Private |
| Note- (a) Establishment in public sector means an establishment owned or managed by (i) the Government or Department of the Government, (ii) a Government Company as defined in clause (45) of section 2 of the Companies Act, 2013 (18 of 2013), (iii) a Corporation (including co-operative society) established by or under any Central Act or State Act which is owned, controlled and managed by the Government, (iv) a Local Authority.(b) Establishment in private sector means an establishment which is not anestablishment in public sector. |
| 8 | Details of Manpower/ workers |  | Men | Women |
|  | No. of Workers |  |  |  |
|  | No. of apprentices under theApprentices Act, 1961 (5 of 1961) |  |  |  |
|  | No. of contract labour |  |  |  |
|  | No. of part time workers |  |  |  |
|  | Total |  |  |  |
| 9 | Name of the Employer |  |  |
|  | Residential Address of the Employer |  |  |
| Status / Designation |  |  |
| Mobile No. and e-mail ID |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Adhar Card No. (upload copy) |  |  |
| 10 | Name, Address, Mobile No. and E-mailID of the Manager (if any) |  |  |
| 11 | (a) Category of Establishmenti.e. Shop/ Establishment/ Residential Hotel/ Restaurant / Theatre / Other places of public amusement or entertainment and other establishment | :- |  |
| (b) Type of organisationi.e. Proprietor, Partnership, LLP, Company/ Trust/ Co-operative Society/ Board |  |  |
| 12 | Name of the members of employer's family employed in the establishment | :- | Name of theperson | Relation |
|  |  |
|  |  |
| **Total** |  |  |

**13. Self-Declaration**

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I am/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my/our personal knowledge, information and belief. I am/ We are fully aware about the consequences of giving false information. If the information is found to be false, I / We shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am /We are well aware of the fact that if the copies are found false/forged, I

shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place: Name and Signature of Applicant.