

[FORM 'B']
[See Rule 4]

Register of Establishment

Name of the Place/ :

No. of Corporation Division :

Municipal Division / Ward :

- 1) SI No.
- 2) Registration Certificate Number with date.
- 3) Name of employer.
- 4) Name of the manager, if any.
- 5) Postal address of the establishment.
- 6) Name of the establishment, if any
- 7) Nature of business.
- 8) Number of members of employers family, adult, males, women, young persons.
- 9) Number of other persons occupying position of management or employees engaged in confidential capacity.

10) Total number of employees—
Adults :
Men :
Women :
Young persons:
Total :

- 11) Registration valid upto
- 12) For the YearDate of renewal.....
- 13) Fees paid for renewal.
- 14) Date of expiry.
- 15) Remarks.
