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FORM-I
(See Rule 3)

Statement

1. Classification of Establishments.
1. Proprietor Firm.
 2. Partnership Firm.
 3. Private Ltd., Company.
 4. Public Ltd., Company.
2. Category of Establishments.
1. Shop.
 2. Commercial Establishment.
 3. Hotel, Restaurant, Catering House, Lodging and Cafe.
 4. Theatres, Cinema and other places of Public amusements
3. Name of Shop/Establishment.
4. Address :
- Door No.
Locality
Village/Town
District.
Pin Code.
5. Location of Office.
Godown, Warehouse or work place attached to the Shop/Establishment but situated outside the premises of it.
- | | | | |
|--|----|----|----|
| | 1. | 2. | 3. |
|--|----|----|----|
- Door No.
Locality.
6. Employer, Managing Partner or Managing Director as the case may be
- Name.
Father's Name.
Designation.
7. Residential address of the Employer.
- Door No.
Locality
Village/Town.
8. Manager/Agent if any (with residential address).
- Name.
Father's Name.
Designation.
Door No.
Locality.
Village/Town.
9. Nature of business:
10. Date of Commencement of business.
- | | | | |
|--|-------|--------|-------|
| | Date. | Month. | Year. |
|--|-------|--------|-------|

11. Name of family members of employer's family engaged in Shop/Establishment. Relationship, adults, young Persons.

Male.
Female.

Total:

12. Total No. of employees : Adults Young Persons.

Male:
Female:

Total :

13. Names of Employees.

- (i) In a managerial capacity.
- (ii) As sweeper, caretaker and travelling staff.
- (iii) As persons employed for loading and unloading of godowns.
- (iv) Others.

14. Details of remittances of the fees.

Name of the Treasury (1)	Challan No. (2)	Date (3)	Amount of fee paid (4)
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I hereby declare that the above information is true to the best of my knowledge and belief.

Signature of employer.