

(2) The employer of establishment where food drink and beverage is served shall ensure that his employees are free from any infectious/contagious disease. A certificate in Form No. 12 to the effect that the person is free from communicable diseases shall be obtained and produced before the Inspector on demand.

(26) Period for supplying information required by Inspector.—Any information or document required by the inspector in his office for carrying out the purposes of the Act and these rules shall be furnished to him by the employer of every establishment within one week from the date on which such requisition received by the employer.

27. Authority competent to prosecute.—A prosecution under this Act shall be instituted on a complaint in writing before a court of competent jurisdiction by the Chief Inspector appointed under this Act or by an Inspector in whose jurisdiction the Offence is committed, with the prior approval of the Chief Inspector.

FORM NO.1

(See Rule 3 and 6)

Statement under Section 13 of Himachal Pradesh Shops Commercial Establishments Act, 1969 for registration renewal of establishments for the
year.....

PART-I

- (1) Name of establishment.....
- (2) Name of employer.....
- (3) Name of Manager, if any.....
- (4) Full postal address of the establishment.....
- (5) Category of establishment, i.e. whether a Shop, Commercial establishment, residential hotel, restaurant, eating house, theatre or other place of public amusement or entertainment.
- (6) Nature of business.
- (7) Residential address of the employer.
- (8) Name of partners and residential address (if a partnership concern).
- (9) Date of commencement of business.

PART-II

- (10) Name of members of employer's family engaged in establishment.

Relationship	Adults	Young persons
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Males:

1.

2.

Female

1.

2.

Total.....

.....

(11) No. of the employees:

(i) Young persons.

(ii) Other persons.

Total.....

(12) Maximum No. of employees proposed to be employed during the year.

Part III

(13) Amount of fees Rs. (Rupees.....)

(i) paid in Treasury on
Vide Challan No..... (enclosed in original).

(ii) transmitted by un-crossed postal order Nodated.....
..... of the Post office drawn
in favor of Inspector of Shops and Commercial Establishments.....

(14) No. and date of registration certificate (to be given in the case of renewal). Registration Certificate attached.

The above information is correct to the best of my knowledge.

Signature of the employer.
(Name and full address).

Date of declaration.

Note

(1) This statement shall be sent to the Inspector with such fees as are prescribed.

(2) This form should be filled in ink in block letters or typed.

(3) The fee shall be calculated on the maximum No. of employees during the year.

FORM NO.2 (See Rule 4) REGISTER OF ESTABLISHMENT

Part I Shops
Part II Commercial Establishment
Part III Residential hotels, restaurants, eating houses etc.
Part IV Theatres and other places of public entertainments or amusements.

SI No.	No. and date of Registration	Name of employer	Name and address of establishment	Nature of business	No. of employees		
					Young Person	Other Person	Total
1	2	3	4	5	6	7	8