

**Form '1'**  
(See rule 3)  
**Statement under Section 4**  
**Part I**

1. Name of the establishment
2. Postal address of the establishment
3. Full name of the occupier or the employer
4. Full name of the Manager, if any
5. Category of the 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

**Part II**

7. Names of members of employer's family, working in the establishment; state separately the names of young persons, if any
8. Names of other persons occupying position of management or employees engaged in confidential capacity
9. Total number of employees (state separately the number of men, women and/or young persons, if any) Men, Women, Young persons
10. Rates of wages including Dearness Allowance paid to different categories of employees. (Information in this respect may be submitted separately and marked confidential, if so desired)

S.No.	Name of Occupation	No. of employees in the occupation	Rates of wages	
			Minimum	Maximum

Dated.....

Signature of the employer

Note - This statement shall be sent to the Inspector with such fees, as are prescribed.

Received from.....Form "I" with Challan No.....