¹FORM 'A'

[See Rules 3, 3-A and 5]

Combined Application for Registration/Renewal/Any change under Karnataka Shops and Commercial Establishments Act, 1961 and Rules thereunder

PART A

1.	Name of the	establishment	and pos	stal address
- .	I Vallic OI tile	Cottabilorinicit	una po	itai aaai Coo

Tel:	Fax:	E-mail

1A. Name of the Head Office, if any with postal address:

Tel:	Fax:	E-mail

2. Details of the Proprietor/Managing Partner/Director

(In case of partnership or registered company necessary documents shall be enclosed)

SI. No.	Name	Desgn. (wkg. /Non- wkg.)	Residential Address	Tel: [O][R]	Fax/E- mail
(1)	(2)	(3)	(4)	(5)	(6)

3. Details of the Head of the unit/Authorised signatory/Manager

SI. No.	Name	Desgn.	Residential Address	Tel: [O][R]	Fax/E- mail
(1)	(2)	(3)	(4)	(5)	(6)

4	Nature of Business	•
т.	Nature of Dasiness	•

6. Name of member's of employer's

family, employed in the establishment,

indicate the relationship with the employer $\;\;$:

7. No. of employees :

	Men	V	Vomer	en Young pe		person	Total:	
								1
8. Particulars of fees remitted								
	Receipt/Ch	ıalan No.		Date	Date		Amount:	
9.	Notified week	kly Holiday		:				_
				PAR	ТВ			
In cas Part A		the followi	ng info	ormation sha	III be furni	shed in additior	to the informat	ion in
Renev	wal for the yea	ars From:		To:				
Orig	inal Registrati	on Certifica	ate No		:			
War	d No. and Dat	e of issue/C	ircle		:			
				PAR	T C			
Orig	inal Registrati	on Certifica	ite No		:			
War	d No. and Dat	e of issue/C	ircle		:			
The fo	ollowing chang	ges have ta	ken pl	ace in respec	ct of inforn	nation furnished	d in Par A	
SI. No.	Sl. No. in Part A	Presen descripti	-	Description after the change			ns for change (Necessary nents shall be enclosed)	
(1)	(2)	(3)		(4)		(5)		
I/We hereby certify that the information furnished under Parts A, B and C of this Combined Application Form, are complete and true to the best of my/ our knowledge and in case any information proved to be false, I/We would be liable for legal consequences thereof.								
Date:								
Place	ace: Signature of Employer/ Authorised Signatory Designation and Seal.]					atory		

 $^{^{\}rm 1}$ Forms A and AA substituted by Notification No. LD 104 LET 2004(I), dated 1-3-2006, w.e.f. 24-3-2006.