

**FORM-I**  
**(See Rule 3)**  
**Statement**

1. Classification of Establishment	1. Proprietor Firm.		
	2. Partnership Firm.		
	3. Private Ltd., Company.		
	4. Public Ltd., Company.		
2. Category of Establishment.	1. Shop		
	2. Commercial Establishment.		
	3. Hotel, Restaurant, Catering House, Loading and café.		
	4. Theatres, Cinema and other place 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. Name 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 remittance of the fees.			

Name of the Treasury	Challan No.	Date.	Amount of fees paid.
(1)	(2)	(3)	(4)

I hereby declare that the above information is true to the best of my knowledge and behalf.

Signature of Employer