

**Form No I**  
**(See Rule 3)**  
**Statement under sec**

1	Name of shop/Establishment, if any:
2	Door No. and Name of the Street and exact location of the shop/Establishment and postal address:
3	Exact location of office, store-room, godown, warehouse, or work place, if any, attached to shop but situated in premises different from those of shop/Establishment:
4	Full name of the employer, including his father's
5	Residential address of the employer:
6	Full name of Manager, if any, including his father's name and his residential address.
7	Names of the partners, if any, and their residential addresses (if a partnership concern)
8	Category of establishment, i.e. whether a shop, commercial establishment, residential hotel, restaurant, eating house theatre. Cinema or other place of public amusement or entertainment etc.
9	Nature of business.
10	Date of commencement of business.
11	Names of members of employer's family engaged in the shop/establishment.
	Relationship
	Males
	Females
	Total
12	Names of other employees:
	(i) in a managerial capacity.

	(ii) as sweeper, caretaker and travelling staff.
	(iii) as persons employed for loading and unloading of goods at godown.
13	Total number of employees.
	Relationship
	Males
	Females
	Total
14	Details of remittances: (Enclose challan obtained from treasury/State Bank).
	Name of the Treasury

I hereby declare that the above information is true to the best of my knowledge a

Date:

Note: 1 This statement shall be sent to the Inspector concerned with such fee

2 Item 3 should be filled only when the office, store room, etc., are not store rooms, etc., not separately registered, particulars required under store room, etc.

3 If any item is not applicable enter "Not Applicable."

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ction 3(1)

Adults	Young persons

Adults	Young persons
Chalon No and date	Amount of fee paid

and belief.

Signature of employer.

as prescribed in Schedule A.

separately registered under the Act. In respect of such

item 11, 12, 13, should be given separately for each office,