

**FORM 'A'**  
**Application for certificate of Registration of Establishments,**  
**(and also periodical renewal thereof)**  
*[See Rules 3 and 7]*

To,

The Inspector of Shops and Establishments,  
 (here specify the area and the address of the Inspector)

Sir,

I beg to apply for registration/renewal of registration of my establishment for the period of twelve months from ..... to ..... as required under section 5 of the Mizoram Shops and Establishment Act, 2010 and the Rules framed thereunder.

The required particulars in regard to the establishment are furnished herein below in the form prescribed for the purpose in Duplicate -

1. Name of Establishment, if any -
2. Postal Address and exact location of the Establishment -
3. Situation of Office, store-room, godown, warehouse or work place, if any, attached to the establishment but situated in premises different from those of the establishment -
4. No. and date of previous Certificate of Registration (certificate to be surrendered with the application for renewal) -
5. Name of employer -
6. Residential address of employer -
7. Name of the Manager/Agent/Other person acting in the general management, if any, and his address -
8. Name of partners and their residential addresses (if it is a partnership concern) -
9. Names and residential addresses of Directors (if it is a case of limited company)
10. Category of establishment i.e. whether shops, commercial establishments hotel, restaurant, eating house or other place of amusement or entertainment
11. Nature of business -
12. Date of commencement of business -
13. Name of members of the employer's family employed in the establishment and residing with and wholly dependent upon him -

Sl.No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5

## 14. Total No. of permanent employees -

Sl.No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5

## 15. Total No. of Temporary/Casual employees -

Sl.No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5

## 16. Total No. of learner Probationer employees -

Sl.No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5

The application must be accompanied by attested copy of the appointment letter issued to each of the permanent, temporary, casual probationer/learner employees.

(Enter 'not applicable' in case any of the information sought for is not applicable to an establishment).

I testify that the particulars furnished above are true to the best of my information, knowledge and belief.

Copy of the receipt of depositing a sum of Rs. .... (Rupees .....)  
only at ..... (name of the place prescribed in Schedule I of the rules is attached for reference and needful.

Dated .....

Yours faithfully,

Signature of the Employer with Designation

*N.B. - Attention should be done by a Gazette Government servant or two persons of responsibility in the locality or in which the establishment is situated. Form 'O' was substituted vide Notification .....*