FORM 'J' Notice of the Weekly Closure [See Rule 19]

(To be displayed in a conspicuous place)

Name of Shop	
EVERY	OF THE WEEK
Counter Signature of the Inspector of Shops and Establishment	Signature of the employer/the Manager/Agent or any other authorized person acting in the General management
Designation	
Date Office Seal of the Inspector with	Date
Date	
Copy to : The Inspector of Shops and Est	tablishments and Labour Inspector