

FORM 'A'
Application for certificate of Registration of Establishments,
(and also periodic 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 & Contact No.
.....
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 employees 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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

14. Total No. of permanent employees –

Sl. No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

15. Total No. of Temporary/Casual employees –

Sl. No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

16. Total No. of learner Probationer employees –

Sl. No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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.

Yours faithfully,

Dated

Signature of the Employer with Designation.

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

FORM 'C'
Certificate of Registration
[See Rule 5]

Name of Establishment -
Name of Employer -
Address and Location of the Establishment -
No. of Employees -
Nature of Business –

Registration No. Date

Certified that under the Mizoram Shops and Establishments Act, 2010 and the rules framed thereunder
–

- (i) the establishment bearing the above particulars has been registered this day of for a period of twelve months upto (here put the date) and the Registration Number is

The validity of the Certificate of Registration shall expire unless renewed before that date

Office Seal and Date:

Signature of the Inspector of Shops and Establishments.

- (ii) the validity of the Certificate of Registration issued to the establishment bearing the above particulars having expired on is, on the employer's application under the Rule 7, renewed -
(a) for a period of twelve months up-to
(b) For a further period of twelve months, upto

Office Seal and Date:

Signature of the Inspector of Shops and Establishments.

- (iii) the information in the prescribed Form 'D' by the employer under Rule 8 as requiring change in respect of the establishment bearing the above particulars have been registered this day of

Office Seal and Date:

Signature of the Inspector of Shops and Establishments.

FORM 'D'
Notice of Change in Establishments
[See Rules 8]

1. Name of Establishment –
2. Address and Location –
3. Number of Employer with residential address –
Registration Certificate No. Date

To

The Inspector of Shops and Establishments

Sir,

Notice is hereby given that the following change has taken place with effect from in respect of the particulars of information relating to my establishment forwarded in the statement under rule 3 in Form A, which please note.

The Certificate of Registration is enclosed herewith for amendment.

A Copy of the receipt of depositing the fee of Rs. (Rupees) only on at (mention place) as specified in Schedule I is also sent herewith.

Yours faithfully,

Signature of the employer

Dated

FORM 'E'
Notice of winding-up of the business of Establishment
[See Rule 9]

To

The Inspector of Shops and Establishments,

Sir,

Notice is hereby given that I am winding-up the business of my establishment with effect from

.....

The Certificate of Registration No. dated

..... is surrendered herewith,

Name of Establishment –

Name of Employer –

Address and Location –

Number of Employees affected –

Reasons for winding-up -

Yours faithfully,

Signature of the employer

Dated

FORM 'F'
Notice of loss of Certificate of Registration or Renewed Certificate of Registration
[See Rules 10]

Name of Establishment –

Address and Location of the Establishment –

Name of Employer –

Certificate of Registration No. Date

To

The Inspector of Shops and Establishments

Sir,

This is to inform you that the Certificate of Registration No.
datedwhich was issued in favour of the above establishment has been
lost/destroyed/defaced.

Please issue a duplicate Certificate.

A Copy of the receipt of depositing the fee of RsRupees
.....) only at (here mention the place) as specified in Schedule I is
forwarded herewith for needful.

Yours faithfully,

Signature of the employer

Dated

Hours worked on Wednesday				Hours worked on Thursday			
Time at which employment commences	Time at which employment ceases	Interval for rest	Signature of the employee	Time at which employment commences	Time at which employment ceases	Interval for rest	Signature of the employee
16	17	18	19	20	21	22	23

Hours worked on Friday				Hours worked on Saturday			
Time at which employment commences	Time at which employment ceases	Interval for rest	Signature of the employee	Time at which employment commences	Time at which employment ceases	Interval for rest	Signature of the employee
24	25	26	27	28	29	30	31

.....
Signature of the employer

Notes:

- (i) The mark 'H' shall be made in the column relating to any day on which a holiday is given in accordance with the Notices referred to in Rule 19(1) or 20(1)
- (ii) The mark 'A' shall be made if an employee is absent on any day.
- (iii) The entries under the heading 'intervals for rest' shall be actual hours at which the intervals began and ended.
- (iv) The mark 'SL' shall be in the column relating to any day on which the employee is allowed special leave of absence in the year for the purpose of attending religious ceremonies or functions.
- (v) The mark 'CH' shall be made in the column relating in any day on which the employee was allowed Compensatory Holiday as per Government orders, if any.

FORM 'H'

Register of overtime work and payment of overtime wages

[See Rule 17]

For the week ending on _____

Name of the Establishment :

Name of the Employer :

Address :

Registration No. :

Name of the Employee	Rate of Wages	Money value of meals & concessional supply of food grains etc., if any	Overtime rate of wages per hour	Dates on which overtime work was done	Extent of overtime work done on each day (in hours)	Total amount of overtime wages the employee entitled to	Total amount of overtime wages paid	Signature of the employee
1	2	3	4	5	6	7	8	9

.....
Signature of the Employer
Date

FORM 'J'
Notice of Weekly Closure

[See Rule 19]

(To be displayed in a conspicuous place)

Name of Shop

Name of Employer

Address

Registration No.

Until further notice this shop shall remain entirely closed for one day in each week as specified below following the date of this notice:

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

Date

Office Seal of the Inspector with

Date

Copy to : The Inspector of Shops and Establishments and Labour Inspector
..... Mizoram.

FORM 'K'

Notice of Weekly Holidays

[See Rule 20]

(To be displayed in the Establishment)

- Name of : (i) Commercial Establishment:
(ii) Establishment for public Entertainment:
(iii) Establishment for Amusement:

Address:

Registration No.

Until further notice employees in this Commercial Establishment/ Establishment for Public Entertainment/Establishment for Amusement (Strike out the words which are not applicable) shall be allowed holidays continuously for one and a half day in each week as specified below following the date of this notice:

Name of Employees	Days on which Half Holiday is allowed	Days on which Full Holiday is allowed
1	2	3

Counter Signature of the
Inspector of Shops and
Establishments.

Signature of the Employer/
the Manager/Agent or any
Other authorized person acting
In the general management:

Designation

Date:

Date:

Office Seal of the Inspector with date:

Copy to – (1) The Inspector of shops and Establishments and Labour Inspector
..... Mizoram.

FORM 'L'
Notice to the employee under Section 18(3)
[See Rule 32]

To

Shri

Address

.....

Your appeal dated has been posted for hearing on the day of
..... 20A.M/P.M at
.....

You shall appear before the Appellate Authority on that day to prove the claim. You must be prepared to produce on that day all the witnesses on whose evidence and all the documents upon which you intend to rely in support of your case. In default of your appearance on that day, the matter will be heard and determined in your absence.

Office Seal

.....

Appellate Authority.

Date

FORM 'M'
Notice to the employer under Section 18(3)
[See Rule 32]

To

Shri

Address

.....

Shri has appealed to the Appellate Authority under sub-section (3) of section 18 of the Mizoram Shops and Establishments Act,2010, against the orders of the termination of his services by you. A copy of his appeal petition is enclosed herewith.

The appeal has been posted for hearing on the day of 20 At A.M/P.M at you shall appear before the Appellate Authority on that day and answer the charges. You must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence. In default of your appearance on that day the matter will be heard and determined in your absence.

Office Seal

With date

.....

Appellate Authority

Date

FORM 'N'
Record of Decision/Order of the Appellate Authority.
[See Rule 32 (2)]

1. Serial Number.
2. Date of application/appeal.
3. Date of Receipt of application/appeal.
4. Name or names of the applicants/appellant or appellants.
5. Address of the applicant or applicants/Appellant or Appellants.
6. Name of the employer or the person whose decision has been appealed against.
7. Address of the employer or the person whose decision has been appealed against.
8. Substance of the complaint/appeal.
9. Date of hearing/hearings given.
10. Pleas of parties and their examination, if any.
11. Documents seen.
12. Substance of the evidence taken
13. Finding and brief statement of reasons thereof.
14. Decision.

Office Seal

.....
Signature of the Appellate Authority
Date

FORM 'O'
Letter of Appointment.
[See Rule 34]

Name of the Establishment

Registration No

Name of Employer

Address

To

You, Shri/Shrimati are hereby appointed on Probation for a period of three months on Casual/ temporary / Permanent basis for the period from for

Your time scale of pay including rate of increment shall be(here insert the scale of pay) and you will get the total wages/salary per day/month composed of the following:

- (i) Basic Pay _____ Rs.
- (ii) Dearness Allowance _____Rs.
- (iii) Other Allowances _____Rs.

In addition to the above you will be entitled to :

- (1) Free Board.
- (2) Free Lodging.
- (3) Concessional supply of food grains @per K.G
- (4) Concessional supply of other articles (here mention the articles and the prices that will be charged for them)

Seal, if any

.....
Signature of the employer

N.B. Strike off whichever is inapplicable.

Date

FORM 'P'

Record of lime-washing, painting, etc.

[See Rule 37 (7)]

1	Description of part of the establishment i.e., name of room etc.
2	Parts limewashed colour washed, painted or varnished e.g. walls, ceilings wood works, etc.
3	Treatment whether limewashed or colour washed, painted or varnished.
4	Date on which lime washing, colour washing, painting or varnishing was carried out according to the English Calendar
5	Signature of the employer.
6	Remarks

FORM 'Q'

Certificate of Fitness (Communicable Diseases)

[See Rule 37 (11)]

This is to certify that Shri/Shrimati son of / daughter of Age Resident of has been thoroughly examined by me and is considered to be free from any communicable diseases and is fit for being employed, where food, drink and beverage is prepared and/or served to customers.

His/her mark (s) of identification is/are –

- (i)
- (ii)
- (iii)

.....

Signature of competent Medical Officer

Registration No.

Date

FORM 'R'
Register of Employment
[See Rule 49]

Name of the Establishment :

Registration No. :

Address :

Name of the Employer :

Serial No.	Name of the Employee	Father's name or Husband's name in case of married woman employee	Date of Birth*	Post held or nature of job performed	Date of appointment	Status Probationer/Temporary./Casual/Permanent	Scale of pay, if any
1	2	3	4	5	6	7	8

Rate of Increment	Basic Pay	Dearness allowance	Other allowances	Free Board and / or Lodging	Concessional supply of food grains and / or other articles, if any	any	Signature of the employer
9	10	11	12	13	14	15	15

* According to School records or Birth Register of a Local Authority

FORM 'S'
Register of leave with wages
[See Rule 50]

Name of the Establishment :

Name of the Employer :

Address :

Registration No. :

Name of the Employee :

Father's Name :

Permanent Address :

Leave Address, if any :

Date of Entry into Service :

Period of twelve month's continuous service		LEAVE DUE		
From	To	No. of days of accumulated leave due, if any	No. of days for which leave is due currently	Total number of days of leave to credit
1	2	3	4	5

Date of Application for leave	Leave applied for			Leave Allowed			Leave Availed		
	From	To	No. of days	From	To	No. of days	From	To	No. of days
6	7	8	9	10	11	12	13	14	15

Extended			Balance Leave to Credit, if any	Leave, if refused in Part or Full			
From	To	No. of days		From	To	Reasons of Refusal	Normal rate of wages including Dearness Allowance, etc., if any
16	17	18	19	20	21	22	23

WAGES			
Cash equivalent of supply of meals and scale of food grains or other articles at concessional rates	Wages paid during the leave period	Remark	Signature of the Employee in a quitance of payment received
24	25	26	27

***SCHEDULE – I**
[See Rules 3,7,8 & 10]

Fees for Certificate of Registration, Renewal of Registration, Issue of Duplicate Certificate of Registration and for notice of change.

A. SHOPS -					
Category of Shops	Fees for Registration	Fees for Renewal	Fees for Duplicate copy	Fees for Notice of change	Remarks
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
	Rs.	Rs.	Rs.	Rs.	
1. Self- employed small Shops (pan Ghumti type)	50	50	10	10	Shops dealing in station-nery & other costly articles
2. Shops with no employee	100	75	20	20	
3. Shops with 1 to 3 employees	150	100	20	20	
4. Shops with 4 to 9 employees	300	200	20	20	
5. Shops with 10 employees or more	400	300	20	20
6. Jewellery shops engaged in making ornaments	500	400	20	20
7. Shops dealing in costly stones	700	500	20	20

B. COMMERCIAL ESTABLISHMENT -					
Category of Shops	Fees for Registration	Fees for Renewal	Fees for Duplicate copy	Fees for Notice of change	Remarks
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
	Rs.	Rs.	Rs.	Rs.	
1. Establishment with no employee	100	75	20	20	Shops dealing in station-nery & other costly articles
2. Establishment with 1 to 3 employees	300	200	20	20	
3. Establishment with 4 to 9 employees	400	300	20	20	
4. Establishment with 10 or more employees	500	400	20	20	

C. ESTABLISHMENT FOR PUBLIC ENTERTAINMENT OR AMUSEMENT –					
Category of Shops	Fees for Registration	Fees for Renewal	Fees for Duplicate copy	Fees for Notice of change	Remarks
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
	Rs.	Rs.	Rs.	Rs.	
1. Establishment with no employee	200	100	20	20	Shops dealing in station-nery & other costly articles
2. Establishment with 1 to 3 employees(Hotel, Restaurants)	500	400	20	20	
3. Establishment with 4 to 9 employees	1000	800	20	20	
4. Establishment with 10 employees or more	1500	1200	20	20	