FORM 'A' Application for certificate of Registration of Establishments (and also periodic renewal thereof)

[See Rules 3 and 7]

MIZORAM SHOPS & ESTABLISHMENTS GOVT. OF MIZORAM

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 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 employees	
	family employed in the establishment and	
	residing with and wholly dependent upon him	
CI	Name	etionship Wale or Female Adult or Chil

SI. No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5
				rogi Kalangan

14. Total No. of permanent employees -

SI. No.	Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5
		e.		
				10-
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15. SI. No.	Total No. of Temporary/Casual emplo Name	Relationship	Male or Female	Adult or Child
1	2	3	4	5

16. SI.	Total No. of learner Probationer employed Name	Relationship	Male or Female	Adult or Child
No.	2	3	1	5
	<u></u>	3	4	3
				*
perm	application must be accompanied by attested anent, temporary, casual probationer/learner (Enter 'not applicable' in case any of the blishment).	employees.		
and b	I testify that the particulars furnished abovelief.	e are true to the	best of my informa	tion, knowledge
preso	Copy of the receipt of depositing a) only at	(name	
				Yours faithfully,
Date	ł			

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.........