

**Application Form
For
Registration of
Shops & Establishments**

**SPACE
FOR
STAMP**

1. Application Fees: _____

2. Name of the shop / establishment, if any*: _____

Postal Address of Shop / Establishment

3. Address Line 1*: _____

4. Address Line 2: _____

5. Rural/Urban*: _____

6. Sub-Division*: _____

7. Block/Municipality/Corporation*: _____

8. Name of Block/Municipality/Corporation *: _____

9. PIN Code*: _____

10. Post Office: _____

11. Police Station: _____

12. District*: _____

13. State*: _____

14. Country*: _____

15. Ward No.: _____

16. Exact Location of Office, Store-room, go down, Warehouse or work place, if any attached to shop but situated in premise different from house of establishment:

Name and Residential Address of Shopkeepers / Employers

17.

Srl	Salutation	First Name*	Middle Name	Last Name*	Date of Birth	Age	Gender	Mobile No.*	Email

Address Line 1	Address Line 2	Rural / Urban	Sub-division	Block/ Municipality/ Corporation	Name of Block/ Municipality/ Corporation	Pin

P.O.	P.S.	District	State	Country	Designation

Name and Residential Address of Manager, if any

18. Salutation: _____ First Name*: _____

Middle Name: _____ Last Name*: _____

19. Address Line 1*: _____

20. Address Line 2: _____

21. Rural/Urban*: _____

22. Sub-Division*: _____

23. Block/Municipality/Corporation*: _____

24. PIN Code*: _____

25. Post Office: _____

26. Police Station: _____

27. District*: _____

28. State*: _____

29. Country*: _____

Name and Residential Address of Partners (If a Partnership Concern)

30.

Srl	Salutation	First Name	Middle Name	Last Name	Address Line 1	Address Line 2	Rural/Urban	Sub-division

Block/Municipality/Corporation	Name of Block/Municipality/Corporation	Pin	P.O.	P.S.	District	State	Country

Name and Residential Address of Directors (If a Limited Company)

31.

Srl	Salutation	First Name	Middle Name	Last Name	Address Line 1	Address Line 2	Rural/Urban	Sub-division

Block/Municipality/Corporation	Name of Block/Municipality/Corporation	Pin	P.O.	P.S.	District	State	Country

Business Category Details

32. 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:

33. Nature of business: _____ Specify, if others: _____

34. Date of commencement of business: _____

Names of members of owner's family employed in the shop/establishment who live with the owner and are dependent on him/her

35.

Srl	Salutation	First Name	Middle Name	Last Name

Names of the other persons employed

(i) In a managerial or confidential capacity

(ii) As a traveler, canvasser, messenger, watchman or caretaker; and

(iii) Exclusively in connection with customs examination, collection, dispatch, delivery or conveyance

36.

Srl	Salutation	First Name	Middle Name	Last Name

Employee Details

37.

Srl	Salutation	First Name	Middle Name	Last Name	Full Holiday	Half Holiday	From	To

Employee Count

38.

No. of Employees	Adult	Young	Total
Male			
Female			
Total			

Declaration of Weekly Closing Days

39. Full Closing days*: _____

40. Half Closing days*: _____ From: _____ (Hr) To : _____(Hr)

I hereby declare that the above information is true to the best of my knowledge and belief.

Signature: _____

Date: _____