

PHOTO

FORM - D

(See rule 6)

FORMAT FOR INTIMATION

1	Name of the Establishment	:-	
2	Previous Details of Establishment Registration No	:-	
3	Date of Expiry	:-	
4	Postal Address and Situation of Establishment	:-	
5	Date of Commencement of Business	:-	
6	Nature of Business Whether Establishment falls under Public Sector or Private Sector	:-	Public/Private
7	Total No. of Employee	:-	Men Women Total :
8	Name of the Employer	:-	
	Residential Address of the Employer	:-	
	Status / Designation	:-	
	Mobile Number and E-mail ID	:-	
9	Name, Address, Mobile No. and EN mail ID of the Manager (if any)	:-	
10	(a) Category of Establishment i.e Shop/ Establishment	:-	
	(b) Type of Organization i.e Proprietor, Partnership, LLP, Company/Trust/Cooperative Society/Board	:-	

11	Name of the members of employer's family employed in the establishment	:-		
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Self-Declaration

I/We hereby solemnly affirm and state that the business which I/We have started is not banned or prohibited by any labour laws, Rules, or Order of any labour Court or any competent authority under labor laws and the premises where I/We are conducting the said business is free from violating of any labour laws, Rules, Order of any labour Court or any Competent Authority under labour laws.

I/We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and/or any other law applicable thereto.

I/We have obtained necessary labour laws related licensees, Permissions, Permit for the conduct of this business and place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper labour laws related license, Permission, permit from the appropriate Authority.

I/We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged. I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and/or any other law applicable thereto.

I/We undertake to abide by the provisions of the Gujarat Shops and Establishments (Regulation of Employment and Condition of service) Act, 2019 (Guj.4 of 2019) and the Rules and orders passed there under by any Authority.

Date:

Place:

Name and Signature of Applicant