

**FORM 'O'**  
**Application for certificate of Registration of Establishments,**  
**(and also periodic renewal thereof)**  
*[See Rules 45 and 49]*

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 36 of the Assam Shops and Establishments Act, 1971 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-
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 employer's family employed in the establishment and residing with and wholly dependent upon him-

<b>Sl. No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Male or Female</b>	<b>Adult or Child</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>

14. Total No. of Permanent Employees:-

<b>Sl. No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Male or Female</b>	<b>Adult or Child</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>

15. Total No. of Temporary / Casual Employees:-

<b>Sl. No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Male or Female</b>	<b>Adult or Child</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>

16. Total No. of learned Probationer Employees.

<b>Sl. No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Male or Female</b>	<b>Adult or Child</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>

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 A copy of the challan dated depositing a sum..... of Rs (Rupees.....) only at the Treasury at..... (name of the place) prescribed in Schedule I of the rules is attached for reference and needful.

Yours faithfully,

Date

Signature of the Employer with Designation

N.B.-Attestation should be done by a Gazetted Government servant or two persons of responsibility in the locality or in which the establishment is situated.