

FORM 1
(See Rule 3)

1. Name of shop/Establishment, if any :
2. Door No. and name of the street and exact location of the shop/Establishment and postal address :
3. Exact location of office, store-room, godown, warehouse or work place, if any attached to shop but situated in premises different from those of Shop/Establishment :
4. Full name of the employer, including his father's name :
5. Residential address of the employer :
6. Full name of manager, if any, including his father's name and his residential address :
7. Name of the partner, if any, and their residential addresses (if a partnership concern) :
8. 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 etc :
9. Nature of Business :
10. Date of Commencement of business :
11. Name of members of employer's family engaged in the Shop/Establishment :

	Relationship	Adults	Young Persons
Males			
Females			
Total			

12. Names of other employees :
 - (i) in a managerial capacity :
 - (ii) as sweeper, caretaker and travelling staff :
 - (iii) as persons employed for loading and unloading for goods at godown :

13. Total number of employees :

	Adults	Young Persons
Males		
Females		
Total		

14. Details of remittance : (Enclose Challan obtained from Treasury/State Bank)

Name of the Treasury	Challan No. & date	Amount of fee paid

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

Date :

Signature of employer

Note :

1. This statement shall be sent to the Inspector concerned with such fees as prescribed in Schedule A.
2. Item 3 should be filled only when the office, store rooms, etc. Not separately registered under the Act in respect of such store rooms, etc. Not separately registered, particulars required Under item 11, 12, 13 should be given separately for each office, store room etc.
3. If any item is not applicable enter [not applicable]

FORM XXIV
[See Rule 31 (3) (a)]

NOTICE OF CLOSE DAY OR A CHANGE IN CLOSE DAY

Name of Shop/Establishment and address _____

Registration No.: _____

Notice is hereby given that effect from (date) _____
the Shop/Establishment shall observe _____ day as close
day every week.

It shall be weekly holiday for all Employees.

Signature of Employer

To,

Inspector under the Goa, Daman & Diu
Shop & Establishment Act 1973

FORM XXV
[See Rule 31 (3) (a)]

NOTICE OF SHOP/ESTABLISHMENT

Name and address of Shop/Establishment _____

This is to notify that our Shop/Establishment shall remain closed in every week
on _____ Day.

Approved

Signature of Employer

Inspector