

**FORM – I**  
(See Rule 3)

**Establishment Details:**

1. Type of Services :  Fresh  Renewal  
If Renewal : Old Registration Number : \_\_\_\_\_  
Registration Year : \_\_\_\_\_  
Last Renewal Year (Valid Upto) : \_\_\_\_\_  
(Enclose Last Registration/Renewal Certificate)
2. Name of Shop/Establishment :
3. Classification of Establishments.  Proprietor Firm.  Partnership Firm  
 Private Ltd., Company  Public Ltd., Company
4. Category of Establishments  Shop.  
 Commercial Establishment  
 Hotel, Restaurant, Catering House, Lodging and Café.  
 Theatres, Cinema and other Places of Public amusements.

**Establishment Address:**

5. Street/Door No. \_\_\_\_\_ Locality. \_\_\_\_\_  
District. \_\_\_\_\_ Mandal. \_\_\_\_\_  
Village. \_\_\_\_\_ Pincode. \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

6. Location 1 of Office, Godown, Warehouse or work place attached to the Shop/Establishment but situated outside the premises of it.

Locality. \_\_\_\_\_ Street/Door No. \_\_\_\_\_

Location 2 of Office, Godown, Warehouse or work place attached to the Shop/Establishment but situated outside the premises of it.

Locality. \_\_\_\_\_ Street/Door No. \_\_\_\_\_

Location 3 of Office, Godown, Warehouse or work place attached to the Shop/Establishment but situated outside the premises of it.

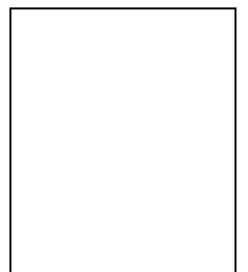
Locality. \_\_\_\_\_ Street/Door No. \_\_\_\_\_

**7. Employer, Managing Partner or Managing Director as the case may be**

State :  Andhra Pradesh  Other State

(Employer Photo)

- If other state mention address : \_\_\_\_\_
- Employers Aadhar No : \_\_\_\_\_
- Employer's Name : \_\_\_\_\_
- Father/Husband Name : \_\_\_\_\_
- Mobile No. \_\_\_\_\_
- Designation : \_\_\_\_\_
- District : \_\_\_\_\_ Mandal : \_\_\_\_\_
- Village : \_\_\_\_\_ Pincode : \_\_\_\_\_



**8. Manager / Agent if any (with residential Address).**

State :  Andhra Pradesh  Other State

- If other state mention address : \_\_\_\_\_
- Employers Aadhar No : \_\_\_\_\_
- Employer's Name : \_\_\_\_\_
- Father/Husband Name : \_\_\_\_\_
- Mobile No. \_\_\_\_\_
- Designation : \_\_\_\_\_
- District : \_\_\_\_\_ Mandal : \_\_\_\_\_
- Village : \_\_\_\_\_ Pincode : \_\_\_\_\_

9. Total No. of employees:

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Total: \_\_\_\_\_

10. Business Details

- Nature of Business:  IT Unit  Star Hotel  Export Oriented Unit
- EPZ(Export Processing Zone)Unit  Biotech Unit  Tourism Promotion Unit
- Others

Commencement Date of Business : \_\_\_\_\_

11. Jurisdiction Officer (Tick the appropriate column)

Asst. Labour Officer	Asst. Commr. Of Labour	Dy. Commr. Of Labour	Jt. Commr. of Labour
0-10 Employees	11-30 Employees	31 and above	Star Hotel, IT/EPZ/EOU Bio-tech/Tourism Units

12. Details of Employees. (Enclose Soft Copy, If more than 5 employees)

S.No	Name	Designation	Working Since	Aadhar No.	Mobile No.	Bank A/c No	Bank Name	Branch Name	IFSC Code	Category
1										
2										
3										
4										
5										

I hereby declare that the above information is true to the best of my knowledge and belief. I have not suppressed any material information. If any of the above information is found to be not correct or any material information is not furnished, I am liable for other Legal consequences besides the cancellation of the Certificate of Registration.

Signature of employer

Station:

Date :