

FORM-I

[Vide Rule 3 of A. P. Shops & Establishments Rules, 1990.]

STATEMENT

1. Classification of Establishments :	<input type="checkbox"/> 1. Proprietary Firm.								
	<input type="checkbox"/> 2. Partnership Firm.								
	<input type="checkbox"/> 3. Private Ltd. Company.								
	<input type="checkbox"/> 4. Public Ltd. Company.								
<hr/>									
2. Category of Establishment :	<input type="checkbox"/> 1. Shop.								
	<input type="checkbox"/> 2. Commercial Establishment.								
	<input type="checkbox"/> 3. Hotel, Restaurants, Catering House, Lodging and Cafe.								
	<input type="checkbox"/> 4. Theatres, Cinema and other places of Public amusements.								
<hr/>									
3. Name of Shop / Establishment.									
<hr/>									
4. Address :	Door No.								
	Locality.								
	Village / Town								
	District								
	Pin Code. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<hr/>									
5. Location of Office, Godown, Warehouse or work place attached to the Shop / Establishment but situated outside the premises of it.	<table border="0"><thead><tr><th>Door No.</th><th>Locality</th></tr></thead><tbody><tr><td>1.</td><td>.....</td></tr><tr><td>2.</td><td>.....</td></tr><tr><td>3.</td><td>.....</td></tr></tbody></table>	Door No.	Locality	1.	2.	3.
Door No.	Locality								
1.								
2.								
3.								
<hr/>									
6. Employer, Managing Partner or Managing Director as the case may be.	Name.								
	Father's Name.								
	Designation.								
<hr/>									
7. Residential address of the employer	Door No.								
	Locality.								
	Village / Town.								
<hr/>									
8. Manager / Agent if any (with residential address).	Name.								
	Father's Name.								
	Designation.								
	Door No.								
	Locality.								
	Village / Town.								

9. Nature of business.

10. Date of commencement of business.

Date.

Month.

Year.

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11. Name of family members of employers family engaged in Shop / Establishment:

Relationship.	Adults.	Young Persons.
Male		
Female		
Total :		

12. Total No. of Employees :

Adults

Young persons

Male :

Female :

Total :

13. Names of Employees :

In a managerial capacity.	As sweeper, caretaker and travelling staff.	As persons employed for loading and unloading of goods at godowns.	Others.
(i)	(ii)	(iii)	(iv)

14. Details of remittances of the fees :

Name of the Treasury.	Challan No.	Date.	Amount of fee paid.
(1)	(2)	(3)	(4)

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

✓

Signature of employer.

Note :- This statement shall be submitted to the Inspector of the concerned area accompanied by a challan in support of payment of fees as prescribed in Schedule I.

Forms available with : M/s LAW SALESCO PVT. LTD., Kothi, HYDERABAD. Phone : 551776