

Govt. of Andhra Pradesh
Labour Department
FORM-III
(See Rule 3 (4))
APPLICATION FOR RENEWAL

1. Name of the Shop / Establishment and address
2. Previous Registration Certificate No. & Date
3. Year for which renewal is required along with
 - (i) Challan No. with date :
 - (ii) Amount paid through the Challan :
4. Full Name of the Employer including Father's Name
5. Full Name of the Manager Including Father's Name
6. Change in the Name of the Partner's if any
7. Change in the Postal Address and Door No. if any of the Shop / Establishment
8. Total Number of Employees :

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

Signature of the Employer/Manager