

STANDARD OPERATING PROCEDURE (SOP)

Registration under The Shops
and Establishment Act
(including 365 days license)

Department of Labour and Employment

Government of J&K

Name of Service

Registration under The Shops and Establishment Act (including 365 days license).

Name of Department

Department of Labour and Employment, GoJK

Policy/Government Order

The Shops and Establishments act, 1966

Documents Checklist

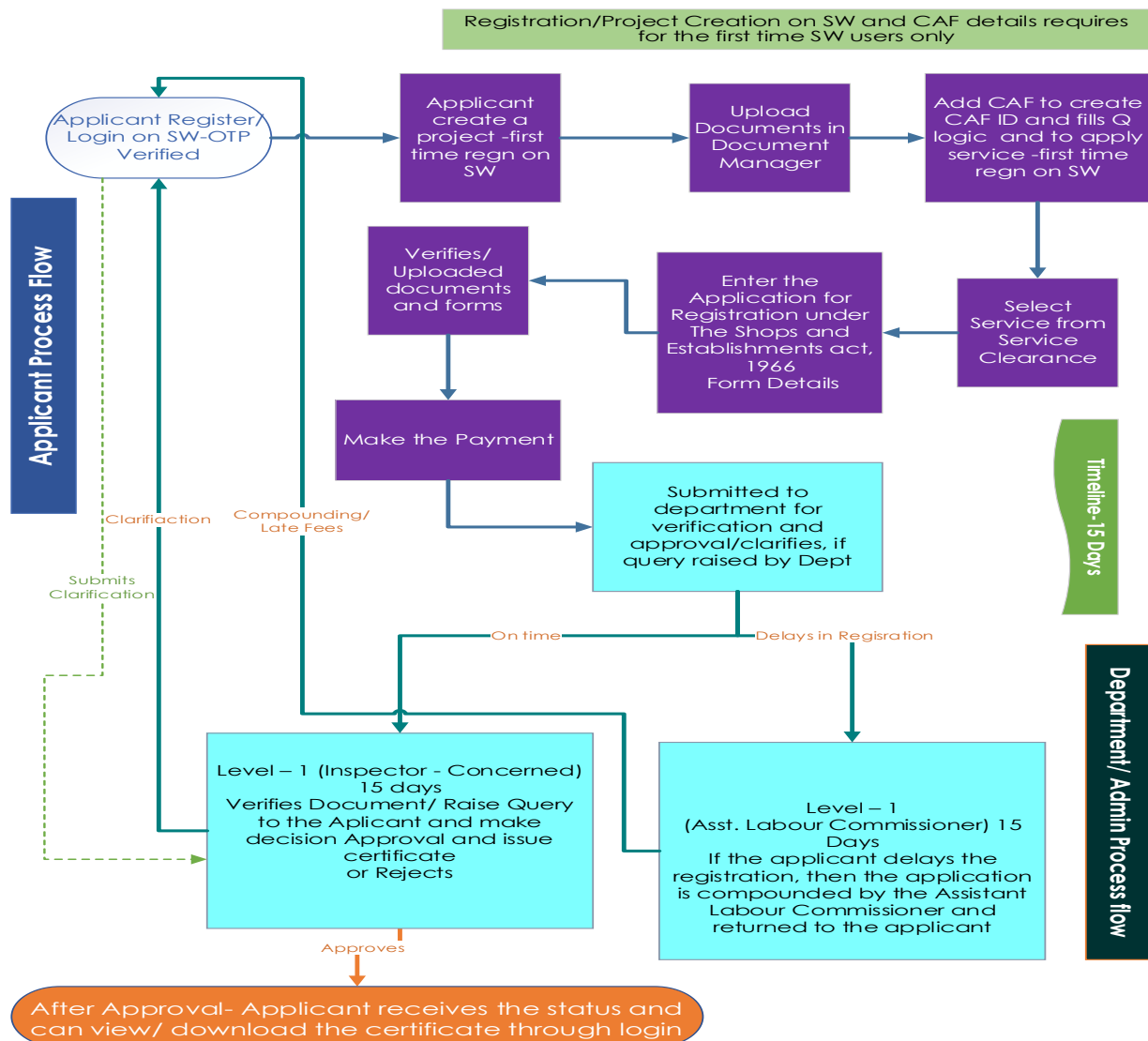
| # | Document name | Type | Mandatory |
|----|---|----------|-----------|
| 1. | Rent Deed / Affidavit | PDF | Yes |
| 2. | Photograph of the Employer | JPEG/JPG | Yes |
| 3. | Aadhaar Card / Election Card / Driving License of Principal Employer | PDF | Yes |
| 4. | Partnership Deed, if applicable | PDF | No |
| 5. | Photograph of Business Premises / Unit | JPEG/JPG | Yes |
| 6. | GST Certificate or any other registration from competitive authority, if applicable | PDF | No |

Fees

| # | Category | Fee per annum |
|---|---|---------------|
| 1 | Hotel (A&E), Nursing Homes, Cinema Halls, Privately managed Educational Institutions (+ 2 level and above), Privately managed Professional Colleges and Institutions, Petrol Pumps, Insurance Companies excluding Life Insurance Corporation, Financial Institutions, Banks excluding Reserve Bank of India and State Bank of India, Chartered Accountant Chamber, and Wine Shops, Vehicle Show Rooms, Gas Agencies, (Not covered under Factories Act). | Rs.2000 |
| 2 | Computer Training Centres, Jewellers, STD/ISD/PCO Centres, Health Fitness Centres, Health Clinics, X-Ray / Ultra-Sound / ECG Centres, Hostels (C&D | Rs.1000 |

| # | Category | Fee per annum |
|----|--|---------------|
| | Categories), Banquet Halls (Janjgahars), Cable Operators, Medical Agencies, Agencies other than Medical Agencies, Privately managed High Schools, Ice Factories (Not covered under Factories Act). | |
| 3 | Privately managed Middle Schools | Rs.800 |
| 4 | Clinical Laboratories, privately managed Primary Schools, Beauty Parlours, Tent & Light houses, Ice Candy (Not covered under Factories Act). | Rs.500 |
| 5 | Shops and Commercial Establishments employing 20 or more workers. | Rs.2000 |
| 6 | Shops and Commercial Establishments employing 10 to 19 workers. | Rs.1000 |
| 7 | Shops and Commercial Establishments employing 5 to 9 workers. | Rs.500 |
| 8 | Shops and Commercial Establishments employing 3 to 4 workers. | Rs.300 |
| 9 | Shops and Establishments employing less than 3 workers. | Rs.150 |
| 10 | Shops and Commercial Establishments run by the Owners without any employees. | Rs.50 |

Process Flow: Registration under Shops and Establishments act, 1966



Procedure for the application for Registration under Shops and Establishments act, 1966

- I. Applicant registers himself/herself on single window system <http://www.singlewindow.jk.gov.in>. If, already registered on the portal then login with the registered user id and password
- II. Applicants get the registration information on registered email id and registered mobile number.
- III. Your first step is to create a Project (a Project can be your new or existing Business/Industry).
- IV. Once a Project is created, you can fill the Common Application Form for the Project where all the common details required for the project are filled.
- V. Once CAF Id is created, from all the available Forms, click on the Form/Registration you want to apply for.

- VI. Before filling the forms, you will be given instructions about the documents required to submit along with the form. You need to upload these documents before filling the form.
- VII. Now you can apply for Application for Registration under The Shops and Establishment.
- VIII. Make payment of necessary application processing fees online using your debit card/ credit card/ net banking facility
- IX. Filled application form will be submitted to Inspector Labour
- X. After online receipt of application form for Registration under The Shops and Establishment with all the necessary documents mentioned above the Inspector Labour shall scrutinize the application along with uploaded documents
- XI. In case of deficiency Inspector Labour shall report the deficiency to the applicant within fifteen working days.
- XII. If there is no deficiency the Inspector Labour shall issue or reject the same within fifteen working days
- XIII. If the applicant delays the registration, then the application is compounded by the Assistant Labour Commissioner and returned to the applicant.
- XIV. The applicant has to submit the necessary compound fee and resubmit the application to Inspector Labour
- XV. The certificate can be downloaded from the applicant login.

Form Fields:

| # | Section | Caption Name | Type of Field | Mandatory (Yes/No) |
|-----|---------------------------|---|----------------|-----------------------|
| 1. | Establishment Details | Name of the establishment | Alpha/numeric | Yes |
| 2. | | Location of the establishment | Alpha/numeric | Yes |
| 3. | | Address 1 | Alpha/numeric | Yes |
| 4. | | Address 2 | Alpha/numeric | Yes |
| 5. | | City | Alpha | Yes |
| 6. | | District | Alpha/Dropdown | Yes |
| 7. | | Pincode: * | Numeric | Yes |
| 8. | | E mail Id | Alpha/numeric | Yes |
| 9. | | Phone Number | Alpha/numeric | Yes |
| 10. | | Nature of work carried on the establishment | Alpha/numeric | Yes |
| 11. | | Total number of Workers to be Employed | Alpha/numeric | Yes |
| 12. | Full postal address of | Address 1 | Alpha/numeric | Yes |
| 13. | | Address 2 | Alpha/numeric | Yes |

| # | Section | Caption Name | Type of Field | Mandatory (Yes/No) |
|-----|--|--------------------------------|----------------|--------------------|
| 14. | office / storeroom / go down / warehouse / workplace that is attached to the establishment but situated in premises different from those of establishment (if any) | City | Alpha/numeric | Yes |
| 15. | | District | Alpha/Dropdown | Yes |
| 16. | | Pin code | Numeric | Yes |
| 17. | | Email Id | Alpha/numeric | Yes |
| 18. | | Mobile Number | Numeric | Yes |
| 19. | Partner/Member/Director/Share Holder Information, if any communication | Full Name | Alpha/numeric | No |
| 20. | | Father's / Husband's Full Name | Alpha/numeric | No |
| 21. | | Address 1 | Alpha/numeric | No |
| 22. | | Address 2 | Alpha/numeric | No |
| 23. | | City | Alpha/numeric | No |
| 24. | | District | Alpha/Dropdown | No |
| 25. | | Pin code | Numeric | No |
| 26. | | Email Id | Alpha/numeric | No |
| 27. | | Contact Number | Numeric | No |
| 28. | Name, designation and permanent address of employer (Manager, agent or any other personal who is the immediate in charge of the general management of control) | Full Name | Alpha/numeric | Yes |
| 29. | | Father's / Husband's Full Name | Alpha/numeric | Yes |
| 30. | | Address 1 | Alpha/numeric | Yes |
| 31. | | Address 2 | Alpha/numeric | Yes |
| 32. | | City | Alpha/numeric | Yes |
| 33. | | District | Alpha/Dropdown | Yes |
| 34. | | Pincode | Numeric | Yes |
| 35. | | Email Id | Alpha/numeric | Yes |
| 36. | | Contact Number | Numeric | Yes |

| # | Section | Caption Name | Type of Field | Mandatory (Yes/No) |
|-----|--|---|---------------------------------|--------------------|
| 37. | Particulars of members of employer's family in the establishment, if any | Full Name | Alpha/numeric | No |
| 38. | | Father's / Husband's Full Name | Alpha/numeric | No |
| 39. | | Address 1 | Alpha/numeric | No |
| 40. | | Address 2 | Alpha/numeric | No |
| 41. | | City | Alpha/numeric | No |
| 42. | | District | Alpha/Dropdown | No |
| 43. | | Pin code | Numeric | No |
| 44. | | Email Id | Alpha/numeric | No |
| 45. | | Contact Number | Numeric | No |
| 46. | Other Details | Name of the other persons occupying positions of management of employees engaged in confidential capacity, comma separated (if any) | Alpha/numeric | No |
| 47. | | Category of the Shop / Establishment | Dropdown | Yes |
| 48. | | Nature of Business* | Alpha/numeric | Yes |
| 49. | | Number of employees | Calculator | Yes |
| 50. | | Registration Period | Radio Button and Fee Calculator | |
| 51. | | Name of the day of week on which weekly holiday will be observed (in case of shops and commercial establishment only) | Dropdown | No |
| 52. | Documents | Rent Deed / Affidavit | Upload Option | Yes |
| 53. | | Photograph of the Employer | Upload Option | Yes |
| 54. | | Aadhaar Card / Election Card / Driving License of Principal Employer | | |

| # | Section | Caption Name | Type of Field | Mandatory (Yes/No) |
|-----|---------|---|---------------|--------------------|
| 55. | | Partnership Deed, if applicable | | |
| 56. | | Photograph of Business Premises / Unit | | |
| 57. | | GST Certificate or any other registration from competitive authority, if applicable | Upload Option | Yes |
| 58. | | Supporting documents, if any | Upload Option | No |

Do's and Don'ts

Do's

1. Ensure that relevant document as mentioned in the Standard Operating Procedure is uploaded at appropriate place.
2. Reply at the earliest or in 7 days to the clarification raised by the Department Officer for the Application.
3. Raise grievances on Single Window, if Approval is not granted within specified timeline.
4. Download your Approval certificate/ License/Registration etc. from the portal only.

Don'ts

1. There is no need to visit the Dept. for approval or any clarification.
2. Don't submit any physical hard copy of document to the Dept.
3. Don't upload irrelevant documents in the Application which is not mentioned in the Document Checklist

References:

1. The Shops and Establishments act, 1966 ([A1996_27.pdf \(indiacode.nic.in\)](#))
2. PSGA General Administration Department, Jammu & Kashmir.
([showpdf.aspx \(jkgad.nic.in\)](#))

Appendix

FORM "A"

01. Name of the Establishment, if any
(in block letters)
02. Postal Address Location of the Establishment
03. Situation of Office, Store Room, Go down,
Ware House or work place if any attached
to the establishment but situated premises
different from those of the Establishment.
04. Category of the Establishment i.e, whether
(a) Shop (b) Commercial Establishment
(c) Residential Hotel, Restaurant or Eating House
(d) Theater or other place of public amusement or establishment.

| S.No. | Name & Parentage | Designation | Permanent Address | Name of Interest whether Partner/Member/Director Share Holder. |
|-------|------------------|-------------|-------------------|--|
|-------|------------------|-------------|-------------------|--|

05. Name of Business.....
06. Name, Designation and Permanent Address
of Employer (manager, agent or any other
person) who is in the immediate chare of
the general management of control.....
07. Particulars of members of employer family
in Establishment as defined in Section 2(S)

| Name | Age | Sex | Relation with Employer |
|------|-----|-----|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
08. Name of other persons occupying position
of management of employees engaged in
confidential capacity if any.

| Name of Employee | Male | Female | Total |
|------------------|------|--------|-------|
| Adults | | | |
| Children | | | |
| Total | | | |
- 09) Name of day of the week on which weekly
holiday will be observed (in case of Shops
and Commercial Establishments only).....
10. Details of remittance enclose copy of Challan
Name of Challan Challan No. & Dated Amount

Place.....
Date.....

Signature of Proprietor/Manager/
Secretary/Managing Director of Person Incharge

FORM "O"

[See Rule (20) 4]

NOTICE OF CLOSE DAY OR AN ALTERATION IN CLOSED DAY

1. Name of the Shop or Establishment

2. Address

Registration No.

Notice is hereby given that with effect from the above Shop/Establishment shall (i) observe as the close day (ii) observeas the close day instead of as previously notified.

Signature of Employer

Copy forwarded to the inspector of Shops/Establishments for information.

Dated

Signature of Employer

Signature of Inspector
With Office Stamp.