

SINGLE

Name of Service

Renewal 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	Туре	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
7.	Old Existing Registration / Approval Certificate	PDF	Yes

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 Categories), Banquet Halls (Janjgahars), Cable Operators, Medical	Rs.1000

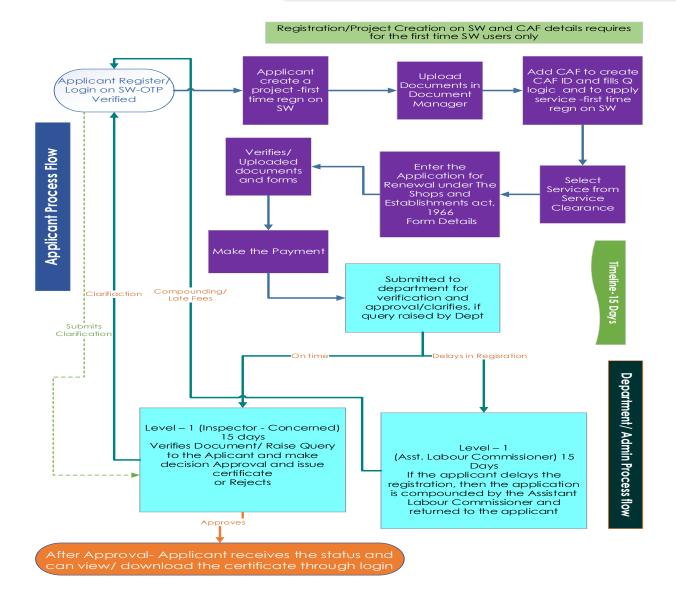
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#	Category	Fee per annum
	Agencies, Agencies other than Medical Agencies, Privately managed High Schools, Ice Factories (Not covered under Factories Act).	
3	Privately managed Middle Schools	Rs.800
4	Clinical Laboratories, privately managed Primary 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: Renewal under Shops and Establishments act, 1966

www. single window. jk. gov. in

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

- 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 Renewal 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 Renewal 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	Mandator y (Yes/No)
1.		Enter Old Existing Registration / Approval Certificate File*	Dropdown	Yes
2.	Renewal	Enter Old Existing Registration / Approval number	Alpha/Numeric	Yes
3.		Enter Old Existing Registration Valid Upto (in years, format YYYY)	Calendar	Yes
4.		Annual Return Filled	Pop-up	Yes
5.	Establishment	Name of the establishment	Alpha/numeric	Yes
6.	Details	Location of the establishment	Alpha/numeric	Yes
7.		Address 1	Alpha/numeric	Yes
8.		Address 2	Alpha/numeric	Yes
9.		City	Alpha	Yes
10.		District	Alpha/Dropdown	Yes
11.	_	Pincode: *	Numeric	Yes
12.		E mail Id	Alpha/numeric	Yes

#	Section	Caption Name	Type of Field	Mandator y (Yes/No)
13.		Phone Number	Alpha/numeric	Yes
14.		Nature of work carried on the establishment	Alpha/numeric	Yes
15.		Total number of Workers to be Employed	Alpha/numeric	Yes
16.	Full postal	Address 1	Alpha/numeric	Yes
17.	address of office /	Address 2	Alpha/numeric	Yes
18.	storeroom /	City	Alpha/numeric	Yes
19.	go down /	District	Alpha/Dropdown	Yes
20.	warehouse / workplace	Pin code	Numeric	Yes
21.	that is	Email Id	Alpha/numeric	Yes
22.	attached to the establishment but situated in premises different from those of establishment (if any)	Mobile Number	Numeric	Yes
23.	Partner/Mem ber/Director/ Share Holder	Full Name	Alpha/numeric	No
24.	Information, if	Father's / Husband's Full Name	Alpha/numeric	No
25.	any communicati	Address 1	Alpha/numeric	No
26.	on	Address 2	Alpha/numeric	No
27.		City	Alpha/numeric	No
28.		District	Alpha/Dropdown	No
29.		Pin code	Numeric	No
30.		Email Id	Alpha/numeric	No
31.		Contact Number	Numeric	No
32.	Name, designation	Full Name	Alpha/numeric	Yes
33.	and permanent	Father's / Husband's Full Name	Alpha/numeric	Yes
34.	address of employer (Manager,	Address 1	Alpha/numeric	Yes
35.	agent or any other	Address 2	Alpha/numeric	Yes
36.	personal who is the	City	Alpha/numeric	Yes

SINGLE WINDOW SYSTEM

#	Section	Caption Name	Type of Field	Mandator y (Yes/No)
37.	immediate in charge of the	District	Alpha/Dropdown	Yes
38.	general managemen t of control	Pincode	Numeric	Yes
39.	- 1 OI COMITOI	Email Id	Alpha/numeric	Yes
40.		Contact Number	Numeric	Yes
41.		Full Name	Alpha/numeric	No
42.		Father's / Husband's Full Name	Alpha/numeric	No
43.	-	Address 1	Alpha/numeric	No
44.		Address 2	Alpha/numeric	No
45.	City		Alpha/numeric	No
46.	Particulars of	District	Alpha/Dropdown	No
47.	members of employer's	Pin code	Numeric	No
48.	family in the establishment , if any	Email Id	Alpha/numeric	No
49.	, ii diriy	Contact Number	Numeric	No
50.	Other Details	Name of the other persons occupying positions of management of employees engaged in confidential capacity, comma separated (if any)	Alpha/numeric	No
51.		Category of the Shop / Establishment	Dropdown	Yes
52.		Nature of Business*	Alpha/numeric	Yes
53.		Number of employees	Calculator	Yes
54.		Registration Period	Radio Button and Fee Calculator	
55.		Name of the day of week on which weekly holiday will be observed (in case or shops and commercial establishment only)	Dropdown	No

#	Section	Caption Name	Type of Field	Mandator y (Yes/No)
56.	Documents	Rent Deed / Affidavit	Upload Option	Yes
57.		Photograph of the Employer	Upload Option	Yes
58.		Aadhaar Card / Election Card / Driving License of Principal Employer		
59.		Partnership Deed, if applicable		
60.		Photograph of Business Premises / Unit		
61.		GST Certificate or any other registration from competitive authority, if applicable	Upload Option	Yes
62.		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)

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Appendix

J&K Single Window: Happy Interface

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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	on	Permanent Address	Part	ne of Interest whether tner/Member/Directo re Holder.
05.	Name of Business					
06.	Name, Designation a of Employer (manag- person) who is in the the general manager	er, agent or ar e immediate c	ny other hare of			
07.	Particulars of memb in Establishment as Name 1.				tion wi	ith Employer
	2. 3.					
08.	Name of other perso of management of er confidential capacity Name of Employee Adults Children Total	nployees enga	ged in	Female		Total
09)	Name of day of the w holiday will be obser and Commercial Est	ved (in case o	f Shops			
10.	Details of remittance Name of Challan			an & Dated Amo	unt	
	Place Date		Secret	Signature ary/Managin	of Propr g Direct	rietor/Manager/ tor of Person Incharge

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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
	Signature of Employer
Сору	forwarded to the inspector of Shops/Establishments for
inforn	nation.
Dated	Signature of Employer
-	ture of Inspector Office Stamp.