

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

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 office / storeroom / go down / warehouse / workplace that is attached to the establishment but situated in premises different from those of	Address 1	Alpha/numeric	Yes
13.		Address 2	Alpha/numeric	Yes
14.		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

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
	establishment (if any)			
19.	Partner/Member/Director/Share Holder	Full Name	Alpha/numeric	No
20.	Information, if any communication	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	
37.		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

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
43.	Particulars of members of employer's family in the establishment, if any	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		
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

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.