

### 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

### Form Fields:

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)	
1.	Renewal	Enter Old Existing Registration / Approval Certificate File*	Dropdown	Yes	
2.		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 Details	Name of the establishment	Alpha/numeric	Yes	
6.		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	
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 of office / storeroom / go down / warehouse /	Address 1	Alpha/numeric	Yes
17.			Address 2	Alpha/numeric	Yes
18.			City	Alpha/numeric	Yes
19.			District	Alpha/Dropdown	Yes
20.	Pin code		Numeric	Yes	

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
21.	workplace that is attached to the establishment but situated in premises different from those of establishment (if any)	Email Id	Alpha/numeric	Yes
22.		Mobile Number	Numeric	Yes
23.	Partner/Member/Director/Share Holder Information, if any communication	Full Name	Alpha/numeric	No
24.		Father's / Husband's Full Name	Alpha/numeric	No
25.		Address 1	Alpha/numeric	No
26.		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 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
33.	Father's / Husband's Full Name		Alpha/numeric	Yes
34.	Address 1		Alpha/numeric	Yes
35.	Address 2		Alpha/numeric	Yes
36.	City		Alpha/numeric	Yes
37.	District		Alpha/Dropdown	Yes
38.	Pincode		Numeric	Yes
39.	Email Id		Alpha/numeric	Yes
40.	Contact Number		Numeric	Yes
41.			Full Name	Alpha/numeric
42.		Father's / Husband's Full Name	Alpha/numeric	No

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
43.	Particulars of members of employer's family in the establishment , if any	Address 1	Alpha/numeric	No
44.		Address 2	Alpha/numeric	No
45.		City	Alpha/numeric	No
46.		District	Alpha/Dropdown	No
47.		Pin code	Numeric	No
48.		Email Id	Alpha/numeric	No
49.		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 of shops and commercial establishment only)	Dropdown	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		

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
61.		GST Certificate or any other registration from competitive authority, if applicable	Upload Option	Yes
62.		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) observe .....as 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.