



सत्यमेव जयते

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## EXTRAORDINARY

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Separate paging is given to this Part in order that it may be filed as a Separate Compilation.

### PART IV-B

Rules and Orders (Other than those published in Parts I, I-A, and I-L) made  
by the Government of Gujarat under the Gujarat Acts

#### LABOUR AND EMPLOYMENT DEPARTMENT,

#### NOTIFICATION

Sachivalaya, Gandhinagar, 30<sup>th</sup> September, 2019.

**Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019.**

No. GHR/2019/117/GSE/19/2019/236319/M-3 :- The following draft of the rules which proposed to be issued under sub-section (1) of section 39 of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019), and of all other powers enabling it in that behalf, is hereby published as required by sub-section (2) of section 39 of the said Act, for the information of all the persons likely to be affected thereby; and notice is hereby given that the said draft will be taken into consideration by the Government of Gujarat after the expiry of thirty days from the date of its publication in the *Official Gazette*;

2. Any objection or suggestion which may be received by the Additional Chief Secretary, Labour and Employment Department, Block no. 5, 6<sup>th</sup> floor, New Sachivalaya, Gandhinagar, from any person with respect to the said draft on or before the expiry of the aforesaid period will be considered by the Government.

**DRAFT NOTIFICATION**

**1. Short Title.** - These rules may be called the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Rules, 2019.

**2. Definitions.** - (1) In these rules unless the context otherwise requires,-

- (a) "Act" means the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019);
- (b) "Compounding Officer" means an authority appointed by the Government under sub-section (1) of section 34;
- (c) "Form" means the form appended to these rules;
- (d) "Government" means the Government of Gujarat;
- (e) "Managerial Functions" means all such functions which are inherently supervisory in nature and are bestowed with powers and authority to take all policy and administrative decision in an organization, e.g. power to sanction leave, award increment, take disciplinary action, to terminate, suspend or dismiss a worker or indulge in policy making decision regarding any aspect of the business or service conditions of workers and such other similar powers.
- (f) "Schedule" means the Schedule appended to these rules;
- (g) "Section" means a section of the Act;

(2) Words and expressions used in these rules but not defined hereinabove shall have the same meanings as are respectively assigned to them in the Act.

**3. Application for Registration of Establishment. -**

The employer of every establishment engaging ten or more workers shall submit application in Form-A for registration of the establishment as per section 6 of the Act along with the required documents as specified in Part- A of the Schedule. The application may be submitted online where online access is available.

**4. Payment of Fees. -**

The fees to be paid along with the application for registration in Form-A by the establishments employing ten or more employees shall be as specified below:

| Sr.No. | Category of Establishment                                       | Fees to be paid in Rs. |
|--------|---|------------------------|
| 1.     | Establishments.   | 500/-                  |
| 2.     | Shops.  | 500/-                  |
| 3.     | Residential Hotels.   | 2500/-                 |
| 4.     | Restaurants and Eating Houses.                                  | 1000/-                 |
| 5.     | Theatres and other places of public amusement or entertainment. | 5000/-                 |

The fees shall be paid through e-payment where online access is available.

**5. Manner of Registration of Establishment. -**

- (1) Every application submitted either online or otherwise in Form-A for registration of establishment may be assigned to any of the inspector concerned, who shall scrutinize the applications, documents either uploaded online or submitted otherwise and the fees paid either through e-payment or otherwise along with the details mentioned in the application. If the application is complete in all respects and supported with all the required documents, prescribed fees, he shall either sign digitally or issue otherwise the certificate of registration, which shall be in Form-B within one day either from the date the application appears on the dashboard of the inspector or received otherwise by the inspector. The entry of the establishment which is registered shall be made in the Register of Establishment to be maintained in Form-C.

- (2) If an application is incomplete or not supported with required documents as mentioned in these Rules or if the prescribed fee is not paid, then the inspector, may reject such application by mentioning the reasons thereof within one day from the date on which the application appears on the dashboard of the inspector or received otherwise by the Inspector.

#### **6. Intimation of commencement of business by employer engaging less than ten employees.-**

The employer of every establishment engaging less than ten employees shall submit an intimation in Form-D of commencement of the business along with the required documents as specified in Part-B of the Schedule. The intimation may be submitted online where online access is available.

#### **7. Receipt of Intimation. -**

After receiving an intimation in Form-D along with all the documents, a receipt of such intimation in Form-E shall be issued to the applicant either online or otherwise as the case may be and the details thereof shall be recorded in a register maintained for that purpose in Form-F.

#### **8. Procedure for cancellation of Registration Certificate.-**

At any time, if it is found or brought to the notice of the Inspector that the registration of any shop or establishment has been obtained by misrepresentation or suppression of material facts or by submitting false or forged documents or false declaration or by fraud, the Inspector shall,

- (i) by a notice require the employer to submit his case as to why the registration may not be cancelled;
- (ii) if within ten days from the date of the receipt of the notice, the employer fails to submit his case along with the relevant documents, the Inspector may cancel the registration of such shop or establishment, as the case may be;
- (iii) if within ten days, the employer submit his case along with relevant documents, the Inspector, after considering the case and the relevant documents submitted may withdraw notice or cancel the registration of such shop or establishment, as the case may be and remove the same from the register of establishment maintained in Form-C, after the reasons to be recorded in the order.

#### **9. Notice to make changes in Registration Certificate. -**

- (1) Any changes in the certificate of registration shall be submitted in Form-G to the Inspector as per section 9 of the Act within thirty days from the date the change took place along with the required documents to be submitted as specified in Part-C of the Schedule.

The fees to be paid along with the application for registration in Form-G by the establishments employing ten or more employees shall be as specified below:

| Sr. No, | Category of Establishment                                       | Fees to be paid in Rs. |
|---------|---|------------------------|
| 1.      | Establishments.   | 500/-                  |
| 2.      | Shops.  | 500/-                  |
| 3.      | Residential Hotels.   | 2500/-                 |
| 4.      | Restaurants and Eating Houses.                                  | 1000/-                 |
| 5.      | Theatres and other places of public amusement or entertainment. | 5000/-                 |

The fees shall be submitted online where online access is available.

- (2) On receipt of such notice the Inspector shall scrutinize the same and shall either sign digitally or otherwise as the case may be and issue a fresh modified certificate within one day from the date of receipt of such notice. However, if the notice is not complete or is not supported by the required documents or if the prescribed fees is not paid, he shall reject the notice within one day by mentioning the reasons thereof.

**10. Closing of Business.-**

- (1) Every employer of an establishment engaging ten or more workers, on closing its business permanently shall inform the same within thirty days from the date of such closing to the Inspector in Form-H.
- (2) Every employer of an establishment engaging less than ten workers, on closing its business permanently shall inform the same within thirty days from the date of such closing to the Inspector in Form-I.
- (3) The Inspector on receiving the information and on being satisfied about its correctness shall remove the entry of such shop or establishment from the register of establishments and cancel the registration certificate:

Provided that, if the Inspector does not receive the information but he is otherwise satisfied that any shop or establishment has been closed, he may remove the entry of such shop or establishment from the register of establishments and cancel such certificate.

**11. Conditions for employment of women in night shifts. -**

Women worker shall be required or allowed to work in shop or establishment between 9.00 p.m. to 6.00 a.m. after obtaining the consent of such women worker in Form-J, subject to such conditions as may be specified in the order of the Inspector.

**12. Notice of weekly holiday of workers in each shift. -**

Every employer shall display a notice at a conspicuous place of the premises on a notice board and on website if employer has website, showing the day of rest, in Form-K. A copy of the same shall be send to the Inspector electronically or otherwise where online access is not available.

**13. Prohibition of overlapping of shifts.-**

Work shall not be carried on in any establishment by means of a system of shifts so arranged that more than one relay of workers is engaged in work of the same kind at the same time.

**14. List of persons engaged in shift.-**

- (i) In case of establishment operating in more than one shift, the employer shall display well in advanced a shift schedule, showing the names and designation of all persons working in that shift, so that each worker is aware of the shift in which he has to work. Such list shall be in Form-L and shall be kept in every establishment and made available for inspection to the Inspector on demand. The list shall be displayed at a conspicuous place of the premises on the notice board and on the website if employer has website. A copy of the same shall be send to the Inspector electronically or otherwise where online access is not available.
- (ii) There shall be not less than twelve consecutive hours of rest or gap between the last shift and night shift whenever a worker is changed from day shift to night shift and also from night shift to day shift.

**15. Part-time employment.-**

It shall be lawful for the employer to engage any worker as part-time worker provided that he shall not be allowed to work more than five hours in a day.

**16. Identity Card.-**

As per section 17, every employer shall provide to each worker an Identity Card as specified in Form-M.

**17. Leave Book.-**

Every employer shall provide to each worker with a book called "Leave Book" in Form-N. A copy of the same shall be retained by employer. All the entries of sanctioned earned leave as per section 18 shall be noted in the Leave Book. Any earned leave applied for and is refused shall also be noted in the register with initials of the employer or his representative in the respective column of Leave Book. However every employer shall be free to maintain Leave Book in such format either manually or electronically. If the Leave Book is lost by the worker, the employer or manager shall provide him the duplicate copy of the same.

**18. Notice by employer or manager of accumulated leave. -**

The employer or manager shall issue a notice up to the 31<sup>st</sup> January of each calendar year which shall be displayed in Form-O giving the names of all workers whose leave, which has been carried forward has reached the maximum limit allowed under sub-section (5) of section 18, as soon as possible in the first quarter of each calendar year. The notice shall state that no further leave can be carried forward. A copy of the notice shall be given to each worker concerned.

**19. Cleanliness, Lighting and Ventilation.-**

Premises of every establishment shall be kept clean and free from infection. It should have proper ventilation and lighting. No rubbish, filth or debris shall be allowed to accumulate or to remain on any premises or in an establishment or in the surroundings of such establishment in such position that effluvia there from can arise within the establishment or its surroundings.

**20. Precautions against fire.-**

Every employer shall take all the measures to protect the premises and the workers therein from the danger of fire. He shall adopt and implement all such measures as suggested or directed by the Fire Protection Department of the Local Authority or Fire Brigade of that local area or any such authority. It shall be his duty to follow the norms and guidelines for protection against fire as per any law for the time being in force or any direction or instruction issued by any Local Authority or any such authority wherein the establishment is situated.

**21. Latrines and Urinals.-**

Every employer either individually or group of employers shall provide and maintain a common, neat and clean urinal and latrines facility with supply of anti bacterial liquid soap for men and women worker separately in such sufficient numbers. It shall be well ventilated with exhaust fan and lighted and safe for use of women worker. There shall be proper provision of water supply and flushing of waste.

**22. Latrines and urinals to be accessible.-**

- (1) The latrines and urinals shall be conveniently situated and accessible to workers at all times at the establishment.
- (2)(i) Latrines and urinals other than those connected with a flush sewage system shall comply with the requirement of the public health authorities.
- (ii) Water shall be provided the means of tap or otherwise so as to be conveniently accessible in or near the latrine and urinals.

**23. Creche.-**

- (i) The crèche shall be conveniently accessible to the mothers of the children accommodated therein and so far as is reasonably and practicable. It shall not be situated in close proximity to a part of the shop or establishment where excessively noise processes are carried on.



- (ii) Effective and suitable provision shall be made in every part of the crèche for securing and maintaining adequate ventilation by the circulation of fresh air.
- (iii) The crèche shall be adequately furnished and equipped and in particular there shall be one suitable cot or cradle with the necessary bedding for each child, provided that for children over two years of age it will be sufficient if suitable beddings made available and at least one chair or equivalent seating accommodation for the use of each mother while she is feeding or attending to her child, and a sufficient supply of suitable toys for the older children.
- (iv) There shall be in or adjoining the crèche a suitable wash room for the cleaning of the children and their clothing. The wash room shall be adequately lighted and the floor shall be effectively drained and in a clean and tidy condition. An adequate supply of water, baby soap and clean towels shall be made available for each child while it is in the crèche.
- (v) For each crèche there shall be appointed a woman incharge and an adequate number of female-attendants to help the woman incharge. The crèche, staff shall be provided with suitable clean clothes for use while on duty.

#### **24. First-Aid Appliances.-**

Every employer shall maintain duly equipped first-aid box in each establishment with the following first-aid appliances and medicine, namely:-

- (i) small, medium and large sterilized dressing in required numbers;
- (ii) large size sterilized burn dressing in required numbers;
- (iii) packets of sterilized cotton-wool in required numbers;
- (iv) pair of dressing scissors;
- (v) bottle containing solution of iodine or mercury chrome;
- (vi) bottle containing solution of savolatine having the dose and mode of administration indicated on the label;
- (vii) bottle containing potassium permanganate crystals; and
- (viii) any antidote for burns.

#### **25. Canteens. -**

Every employer having one hundred or more workers in shop or establishment shall provide and maintain a canteen with the following conditions, namely: -

- (i) The doors and windows of a canteen building shall be of fire proof construction and shall allow adequate ventilation.
- (ii) The canteen shall be sufficiently lighted at all times when any person have access to it.
- (iii) The precincts of the canteen shall be maintained in a clean and sanitary condition. Waste shall be carried away in suitable covered drains and shall not be allowed to accumulate so as to cause a nuisance. Suitable arrangements shall be made for the collection and disposal of garbage.
- (iv) Sufficient tables, stools, chairs or benches shall be available in canteen.
- (v) There shall be provided and maintained sufficient utensils and any other equipment necessary for the efficient running of the canteen.
- (vi) The charge per portion of food stuff, beverages and any other item served in the canteen shall be conspicuously displayed in the canteen.

**26. Maintenance of Registers and Records. -**

- (1) The employer shall maintain a Muster-Roll cum Wages Register in Form-P unless any employer or manager maintains a Wages Register in Form-B and Muster Roll in Form-D as prescribed in rule 3 of the Schedule to the Ease of Compliance to Maintain Registers under various Labour Laws (Gujarat) Rules, 2017.
- (2) Every entry in the register or records requires to be maintained under these rules shall be authenticated digitally or manually by the employer or the manager or any person so authorized by him. The entries relating to overtime shall be made immediately after completion of such overtime work. In case both the employer and the manager are absent on any day, the entries shall be authenticated by such person as may be authorized in writing by the employer.
- (3) Every register, record and notice required be maintained, exhibited or given under the Act and these rules shall be either in Gujarati or in English language.
- (4) Every employer or manager shall preserve the inspection records of the Inspector for a period of five years and shall produce the same whenever demanded by the Inspector.
- (5) Where an office, store-room, godown, warehouse or work place used in connection with the trade and business of a shop is situated at the premises other than the premises of such establishment, all such registers, records, muster-rolls, notices etc. required to be maintained, exhibited or given under the Act and these rules shall be separately so maintained, exhibited or given in respect of such office, storeroom, godown, warehouse or work place etc.

**27. Annual Return. -**

Every employer shall submit the Annual Return in Form-Q to the Inspector within one month after completion of the calendar year ending on the 31<sup>st</sup> December. It shall be submitted online where online access is available.

**28. Supervision of State Government over Local Authority. -**

If the Local Authority or the panchayat to whom the duty of enforcing the provisions of this Act is delegated under section 24 of the Act makes default in the performance of any duty imposed by or under this Act, the State Government may appoint appropriate person as an Inspector to perform it and may direct that the expenses of the person so appointed to perform the duty, shall be paid forthwith by such Local Authority or panchayat, as the case may be.

**29. Duties and powers of Inspector.-**

- (1) The Inspector shall make such examination as may appear to him to be necessary for the purpose of satisfying himself that the provisions of the Act, these rules and any orders issued by the Government or the Local Authority or the panchayat under the Act and the rules made thereunder are duly observed.
- (2) The Inspector shall maintain a monthly diary and submit it to such officer as directed by the office order.
- (3) It shall be the duty of the Inspector to serve all the notices and orders as per the Act to the concerned persons issued by the Compounding Officer.
- (4) It shall be the duty of the Inspector to carry out inspection as per the online randomization inspection system or any other system for the time being in force.
- (5) It shall be the duty of the Inspector to carry out monthly reconciliation of the application and fees received online and the fees deposited in the treasury.

- (6) It shall be the duty of each Inspector to maintain Court Cases Register individually and the register of cases referred to the Compounding Officer as per the instruction given by the office order.
- (7) It shall be the duty of the Inspector to advise the employer so as to comply with the irregularities pointed out by him in his inspection memo. It shall also be his duty to guide the workers in an establishment about their rights under the Act and the remedies available to them.
- (8) It shall be the duty of the Inspector to confirm that the defaulting employer has paid the fees as per the direction of the Compounding Officer and shall verify whether the amount is deposited in the local area treasury office.

**30. Application for Compounding of Offence. -**

- (1) Every application for compounding of an offence shall be in Form-R.
- (2) The Compounding Officer shall maintain a proper Rojnama of all the cases heard by him.
- (3) The Compounding Officer appointed as per the provisions of sub-section (1) of section 34 of the Act shall regularly hold sittings in each district or in such a place in the local area as per the work load or the matter referred before him.

**31. Procedure for Compounding of Offence. -**

- (1) The Compounding Officer on receipt of an application shall examine all the documents, the nature of breaches of the Act and these rules and shall pass a detailed order within seven working days from receipt of the application. The Compounding Officer while determining the amount of compounding fees shall have regard to the seriousness of breaches, nature of an offence and evidence on record. The Compounding Officer shall on receipt of the compounding fees make the order for deposit of compounding fees and after deposit of such amount, the offence shall be compounded and the Compounding Officer shall make necessary entries in a register kept for that purpose.
- (2) An order passed by the Compounding Officer shall be forwarded to the concerned local Inspector for serving the same to the defaulting employer within seven working days.
- (3) The maximum fees for compounding of offence may be imposed by the Compounding Officer shall not be less than seventy five per cent of the maximum fine specified for such offence under the Act.
- (4) In calculating the period for filling of prosecution under section 33, the time period taken for compounding of offence shall be excluded.

**32. Intimation of persons discharging Managerial function. -**

Every employer registered under section 6 shall inform to the Inspector in Form-S the names and designation and brief nature of duties of such persons who are discharging managerial function.

**33. Intimation of persons doing confidential work.-**

Every employer shall inform in Form-T the names of such persons who are occupying position of confidential character in an establishment. However, the number of such persons shall not be more than one percent of the total strength of workers of the establishment subject to a maximum of fifty persons.

**34. Name Board to be in Gujarati. -**

The Name Board of every establishment shall be preferably in Gujarati language;

Provided that, the employer may also have the Name Board in any other language in addition to Gujarati.



PHOTO

Form – A

(See rule 3)

## APPLICATION FOR REGISTRATION

|    |  |    |                              |                  |                           |
|----|--|----|------------------------------|------------------|---------------------------|
| 1  | Name of the Establishment  | :- |                              |                  |                           |
| 2  | Postal address and situation of the Establishment  | :- |                              |                  |                           |
| 3  | Date of commencement of Business   | :- |                              |                  |                           |
| 4  | Nature of Business   | :- |                              |                  |                           |
| 5  | Address of the office, storeroom, godown, warehouse or work place, if any, other than the above address.<br>(should be field only when office, showroom, etc. is not separately registered under the Act.)   | :- |                              |                  |                           |
| 6  | Name of the Employer.  | :- |                              |                  |                           |
| 7  | Residential Address of the Employer.   | :- |                              |                  |                           |
|    | Status/Designation   | :- |                              |                  |                           |
|    | Mobile No. and e-mail id   | :- |                              |                  |                           |
|    | Aadhaar Card No. (upload copy) (optional)  | :- |                              |                  |                           |
| 8  | (1) Category of Establishment<br>(Shop/Establishment)  | :- |                              |                  |                           |
|    | (2) Type of organisation (i.e. Proprietor, Partnership, LLP, Company/Trust/Co-operative Society/Board)   | :- |                              |                  |                           |
| 9  | Details of the Partner/Director/Trustee/Board and Society Members.   | :- | Name and Residential Address | Aadhaar Card No. | Mobile No. and e-mail id. |
| 10 | Government Resolution No. in case of Board/Corporation. (upload copy)  | :- |                              |                  |                           |
| 11 | In case of Company or LLP, certificate of incorporation or partnership registration certificate of appropriate authority (upload copy)   | :- |                              |                  |                           |
| 12 | In case of Co-operative Society or Trust, the certificate of registration of appropriate authority (upload copy)   | :- |                              |                  |                           |
| 13 | Reserve Bank of India/Securities and Exchange Board of India/Insurance Regulatory and Development Authority etc. Registration No. or any such registration number which is mandatory before starting such business as banking/share/mutual fund/insurance/finance lending institute etc. (upload copy) | :- |                              |                  |                           |

|   |  |    |  |                 |            |
|---|--|----|--|-----------------|------------|
| 14  | Name of the members of employer's family employed in the establishment                                 | :- | Name of the person   | Relation        |            |
| 15  | Name of the other persons occupying position of management or workers engaged in confidential capacity | :- | Name of the person   | Designation     |            |
| 16  | Manpower/Workers Details   | :- | Men  | Women           |            |
|   | Persons working in Managerial/Supervisory /Confidential capacity                                       | :- |  |                 |            |
|   | No. of workers other than above  | :- |  |                 |            |
|   | No. of apprentices under the Apprentices Act, 1961 (52 of 1961)  | :- |  |                 |            |
|   | No. of contract labour   | :- |  |                 |            |
|   | No. of part-time workers   | :- |  |                 |            |
|   | Total  | :- |  |                 |            |
| 17  | (a) Name and Residential Address of Authorized person  | :- | Name and e-mail ID   | Aadhar Card No. | Mobile No. |
|   |  |    |  |                 |            |
|   | (b) Name and Residential Address of Manager  | :- | Name and e-mail ID   | Aadhar Card No. | Mobile No. |
|   |  |    |  |                 |            |
| 18  | (A) Is the place of business conducted in owned premises?  | :- | Yes /No  |                 |            |
|   | If yes, details of the place of business as per agreement.   | :- | Name of the owner –<br>Address of the premises –<br>Plot No.-<br>Gala/ Shop No. –<br>City Survey No.-<br>Name of the Building/ Society –<br>Name of the Road –<br>Locality, District, Taluka, Village –<br>Pin No. - |                 |            |
| If the place of business is located in self owned premises, documents mentioned at serial number (4) of Part-A of the Schedule should be uploaded along with the application. |  |    |  |                 |            |
|   | (B) Is the place of business conducted in rental premises?   | :- | Yes / No   |                 |            |
|   | If yes, upload any one of the following documents relating to the owner of the premises                | :- | Name of the owner -  |                 |            |
|   |  |    | Name of the Lease -  |                 |            |
|   |  |    | Address of the premises –  |                 |            |
|   |  |    | Plot No.-  |                 |            |
|   |  |    | Gala/ Shop No. –   |                 |            |
|   |  |    | City Survey No.-   |                 |            |
|   |  |    | Name of the Building/Society -   |                 |            |
|   |  |    | Name of the Road –   |                 |            |
|   |  |    | Locality, District, Taluka, Village –  |                 |            |
| Pin -   |  |    |  |                 |            |

|    |   |    |          |
|----|---|----|----------|
|    | If the place of business is located in rented or leased premises documents mentioned at serial number (5) of Part-A of the Schedule should be uploaded along with the application.            |    |          |
| 19 | Is the business conducted in the premises owned/rented by any member of the family/ relative?   | :- | Yes / No |
|    | If yes, no objection letter for doing such business in the premises of such owner shall be obtained and uploaded, along with documents mentioned in Column No. 18.                            | :- |          |
| 20 | Is the place of business is conducted in a flat/apartment or residential unit in a housing society ?  | :- | Yes/ No  |
|    | If yes, obtain and upload a no objection certificate from the society or any such authority responsible for the maintenance of the premises, along with documents mentioned in column No. 18. | :- |          |

### Self-Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper license, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) and the Rules and orders passed thereunder by any Authority.

Date:

Place:

Name and Signature of Applicant:

## Symbol

## Form – B

(See rule 5)

## REGISTRATION CERTIFICATE

|    |   |     |       |
|----|---|-----|-------|
| 1. | Registration Number   | :-  |       |
| 2  | Name of the Establishment   | :-  |       |
| 3. | <p>This certificate is issued based on the application and the uploaded Self- Certified documents and declaration given by the applicant, without physical verification of the existence of establishment, the nature of business carried out and the details mentioned in the application.</p> <p>This is just a certificate of registration and does not give any right to property or possession of the rights of the premises or property</p> |     |       |
| 4. | Date of commencement of business  | :-  |       |
| 5  | Period for which registration is obtained   | :-  |       |
| 6. | Name of the Employer  | :-  |       |
| 7. | Nature of Business  | :-  |       |
| 8. | Postal Address of Establishment   | :-  |       |
| 9. | Details of Manpower/ employee   | Men | Women |
|    |   |     |       |
|    |   |     |       |
|    | No. of persons working in Managerial/Supervisory/confidential capacity  | :-  |       |
|    | No. of workers other than above   | :-  |       |
|    | No. of apprentices under the Apprentices Act, 1961 (52 of 1961)   | :-  |       |
|    | No. of contract labour  | :-  |       |
|    | No. of part time workers  | :-  |       |
|    | Total   | :-  |       |

It is hereby certified that the above establishment has been registered under the Gujarat Shops and Establishments (Regulations of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ as shop/establishment.

Date :

Place:

Name and Signature of Inspector

Office Address

|                    |                    |
|--------------------|--------------------|
| Application Id No. | Fees paid (rupees) |
|                    |                    |

## Form-C

(See rule 5)

## REGISTER OF ESTABLISHMENT

| Sr. No. | Registration Certificate No. with Date | Name and Address of the Establishment | Name and residential address of the Employer | Name and residential address of the Authorised Person and Manager | Whether establishment falls under public/private sector | Situation of office, showroom, godown, warehouse or workplace, if any, attached to a shop but situated in premises different from those of the shop |
|---------|--|---------------------------------------|--|---|---|---|
| 1.      | 2.                                     | 3.                                    | 4.   | 5.  | 6.  | 7.  |
|         |  |                                       |  |   |   |   |

| Date of Commencement of business | Nature of business | No. of family members of employer employed in the establishment (Men/Women) | No. of other persons occupying position of management or persons engaged in confidential capacity | Total No. of workers (including part-time workers) | Date of renewal of registration certificate | fees paid | Application ID No. | Remarks, if any. |
|----------------------------------|--------------------|---|---|--|---|-----------|--------------------|------------------|
| 8.                               | 9.                 | 10.   | 11.   | 12.  | 13.   | 14.       | 15.                | 16.              |
|                                  |                    |   |   |  |   |           |                    |                  |



PHOTO

**Form – D***(See rule 6)***FORMAT FOR INTIMATION**

|    |   |    |                                   |          |
|----|---|----|-----------------------------------|----------|
| 1  | Name of the Establishment   | :- |                                   |          |
| 2  | Previous details of establishment Registration No.  | :- |                                   |          |
| 3  | Date of Expiry  | :- |                                   |          |
| 4  | Postal address and situation of the Establishment   | :- |                                   |          |
| 5  | Date of Commencement of Business  | :- |                                   |          |
| 6  | Nature of Business  | :- |                                   |          |
|    | Whether establishment falls under Public Sector or Private Sector                                       | :- | Public / Private                  |          |
| 7  | Total No. of Employee   | :- | Men.....Women.....<br>Total ..... |          |
| 8  | Name of the Employer  | :- |                                   |          |
|    | Residential Address of the Employer   | :- |                                   |          |
|    | Status / Designation  | :- |                                   |          |
|    | Mobile No. and e-mail ID  | :- |                                   |          |
|    | Adhar Card No. (upload copy) (Optional)   | :- |                                   |          |
| 9  | Name, Address, Mobile No. and E-mail ID of the Manager (if any)   | :- |                                   |          |
| 10 | (a) Category of Establishment i.e. Shop/ Establishment  | :- |                                   |          |
|    | (b) Type of organization i.e. Proprietor, Partnership, LLP, Company/ Trust/ Co-operative Society/ Board | :- |                                   |          |
| 11 | Name of the members of employer's family employed in the establishment                                  | :- | Name of the person                | Relation |
|    |   |    |                                   |          |

**Self-Declaration**

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false

information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper license, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) and the Rules and orders passed there under by any Authority.

Date:

Place:

Name and Signature of Applicant:

LOGO

Form – E

(See rule 7)

## INTIMATION RECEIPT

The applicant has intimated the following details for having commenced he Business in Form-D to this office. The details thereof are as follows: –

|   |  |    |  |
|---|--|----|--|
| 1 | Receipt Number   | :- |  |
| 2 | Application Id number  | :- |  |
| 3 | Name of the Establishment  | :- |  |
| 4 | Total No. of Workers   | :- |  |
| 5 | a) Name of the Employer  | :- |  |
|   | b) Postal Address of the Establishment   | :- |  |
|   | c) Registered Office Address of the Establishment (if any)   | :- |  |
| 6 | This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the Intimation application. It shall be the responsibility of the employer to obtain all the prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority. |    |  |
| 7 | Nature of Business   | :- |  |
| 8 | Old Registration No. and Date, if applicable   | :- |  |

(Note: -This is an electronically generated receipt, hence does not required signature.)

Date:

Place:

Office Address.



**Self- Declaration**

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) and the Rules and orders passed there under by any Authority.

Name and Signature of Applicant.

Date:

Place:



## Form – H

(See rule 10(1))

## INTIMATION OF CLOSING OF BUSINESS

To,

The Inspector,

Office address.

Subject: Closing of business and removal of the name of the Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below: -

I/We request you to cancel our Registration number and remove the name of our establishment from your records.

## Details of establishment.

|    |  |  |                |            |
|----|--|--|----------------|------------|
| 1  | Registration Certificate no.                                 | :-   |                |            |
| 2  | Validity period  |  |                |            |
| 3  | Name of the Establishment                                    | :-   |                |            |
| 4  | Postal Address of place of establishment                     | :-   |                |            |
| 5  | Registered/ principal office address, if any.                | :-   |                |            |
| 6  | Type of organization   | :- Proprietor, Partnership, LLP, Company/Trust/ Society/ Board |                |            |
| 7  | (A) Category of business<br>(B) Nature of business           | :-   |                |            |
| 8  | Name and residential address of the Proprietor               | :-   |                |            |
| 9  | Details of the Partner / Director/ Trust/Board Member/Member | :-   |                |            |
| 10 | Name and residential address of Authorized person, if any.   | :- Name and e-mail   | Aadhar Card No | Mobile No. |
|    |  |  |                |            |

|    |   |    |                 |                 |            |
|----|---|----|-----------------|-----------------|------------|
| 11 | Name and residential address of Manager, if any . |    | Name and e-mail | Aadhar Card No. | Mobile No. |
|    |   |    |                 |                 |            |
| 12 | Manpower Details                                  | :- | Men             | Women           | Total      |
|    |   |    |                 |                 |            |
| 13 | Date of closing of business                       | :- |                 |                 |            |
| 14 | Reasons for closing of business                   | :- |                 |                 |            |

**Self- Declaration**

I/ We hereby solemnly affirm and state that the business which I/we had started was not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant.

## Form – I

(See rule 10(2))

## INTIMATION OF CLOSING OF BUSINESS

(For establishment engaging less than ten workers)

To,

The Inspector,

Office address.

Subject : Closing of business and removal of the name of the Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below :-

I/We request you to remove the name of our establishment from your register.

## Details of establishment.

|    |   |    |   |                |            |
|----|---|----|---|----------------|------------|
| 1  | Intimation Receipt no.  | :- |   |                |            |
| 2  | Name of the Establishment                                     | :- |   |                |            |
| 3  | Postal Address of place of establishment                      | :- |   |                |            |
| 4  | Registered/ principal office address, if any.                 | :- |   |                |            |
| 5  | Type of organization  | :- | Proprietor, Partnership, LLP, Company/Trust/ Society/ Board |                |            |
| 6  | (A) Category of business<br>(B) Nature of business            | :- |   |                |            |
| 7  | Name & Residential Address of the Proprietor                  | :- |   |                |            |
| 8  | Details of the Partner / Director/ Trust/ Board Member/Member | :- |   |                |            |
| 9  | Name and Residential Address of Authorized person, if any.    | :- | Name and e-mail   | Aadhar Card No | Mobile No. |
|    |   |    |   |                |            |
| 10 | Name and Residential Address of Manager, if any.              | :- | Name and e-mail   | Aadhar Card No | Mobile No. |
|    |   |    |   |                |            |
| 11 | Manpower Details  | :- | Men   | Women          | Total      |
|    |   |    |   |                |            |
| 12 | Date of closing of business                                   | :- |   |                |            |
| 13 | Reasons for closing of business                               | :- |   |                |            |

**Self-Declaration**

I/ We hereby solemnly affirm and state that the business which I/we had started was not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant.

## Form – J

(See rule 11)

**CONSENT OF WOMEN WORKER TO WORK IN NIGHTSHIFT**

I Miss / Smt. ----- residing at -----  
----- ( Full Address ) state that I am working  
as (Designation) ----- in M/s. -----  
----- since ----- I am aware that, -

the employer will provide safe transport facility from the doorstep of my residence to the place of  
work and *vice-versa*—and that there will be at least three women worker working in the nightshift  
and that there is a Committee to prevent sexual harassment at work place under the Chairmanship  
of Smt. -----

I am therefore willing to work at nightshift for the period from ----- to ----- period.

Date :

Place :

Signature/Thumb impression  
of the Women worker.

Name, addressed Signature of witnesses

1.-----

2.-----



**FORM -K***(See rule 12)***NOTICE OF WEEKLY HOLIDAY**

Name and address of the Establishment : \_\_\_\_\_

Name of the Manager/Authorized representative. : \_\_\_\_\_

All the workers in the establishment are hereby informed that the days of weekly holiday of each worker is given below:-

| Sr.<br>No. | Name of worker | Designation | Day of weekly<br>holiday | Hours of<br>Work<br>from ... to...<br>(5) |
|------------|----------------|-------------|--------------------------|---|
| (1)        | (2)            | (3)         | (4)                      |   |
| 1.         |                |             |                          |   |
| 2.         |                |             |                          |   |
| 3.         |                |             |                          |   |

Date:

Place:

Signature of the Manager or  
Authorized representative.

**FORM- L***(See rule 14)***LIST OF WORKERS ENGAGED IN SHIFT**

All the workers in establishment are hereby informed that the establishment shall operate in more than one shift from ----- date. The shift schedule of the workers is as follows: -

**Shift schedule for the month -----**

| Sr.<br>No. | Name of the<br>worker | Designation | Dates of<br>the<br>Month | Dates of<br>the<br>Month | Dates of<br>the Month | Weekly<br>holiday day. |
|------------|-----------------------|-------------|--------------------------|--------------------------|-----------------------|------------------------|
|            |                       |             | 1 <sup>st</sup> Shift    | 2 <sup>nd</sup> Shift    | 3 <sup>rd</sup> shift |                        |
| 1          |                       |             | From -                   | From -                   | From -                |                        |
|            |                       |             | To -                     | To -                     | To -                  |                        |
| 2          |                       |             |                          |                          |                       |                        |
| 3          |                       |             |                          |                          |                       |                        |
| 4          |                       |             |                          |                          |                       |                        |

Date:

Place:

Signature of Manager/ Authorized representative.

**Form –M***(See Rule 16)***Identity card****Photograph**

- (a) Name and address of the establishment;
- (b) The full name and address of the worker:-
- (c) Date of birth of the worker;
- (d) Date of joining the service in the establishment;
- (e) Recent passport size photograph of the worker.
- (f) Contact No.

Signature or left thumb impression of the worker.

Signature of Manager or Authorized Agent.

Date of Issue.

**Form - N**  
**(See rule 17)**  
**LEAVE BOOK**

|  |             |                |                           |                             |                  |                 |   |   |   |         |  |
|--|-------------|----------------|---------------------------|-----------------------------|------------------|-----------------|---|---|---|---------|--|
| Name of the establishment:<br>Name of the worker : |             |                |                           | Name of the employer :      |                  |                 |   | Receipt of leave book -                   |   |         |  |
| Description of the Department(if applicable) :     |             |                |                           | Date of entry into service: |                  |                 |   | (Signature or thumb impression of worker) |   |         |  |
| Accumulation of leave                              |             | Leave allowed  | Payment for leave made on |                             | Refusal of leave |                 | Payment for Leave on discharge of an worker quitting employment if admissible |   |   |         |  |
| 1.   | 2.          | 3.             | 4.                        |                             | 5.               |                 | 6.  |   | 7.  |         |  |
| Leave due on                                       | No. of days | From ---- To - | 1st Moiety                | 2nd Moiety                  | Application Date | Date of Refusal | Date of discharge   | Date and amount paid                      | Signature or left hand thumb impression of worker | Remarks |  |
| DETAILS OF FESTIVAL LEAVE                          |             |                |                           |                             |                  |                 |   |   |   |         |  |

|        |             |               |               |   |         |
|--------|-------------|---------------|---------------|---|---------|
| Period | Total Leave | Availed Leave | Balance Leave | Payment made in lieu of Festival Leave, when called for work. | Remarks |
| From   |             |               |               |   |         |
| To     |             |               |               |   |         |

DETAILS OF CASUAL LEAVE

|        |             |               |               |         |
|--------|-------------|---------------|---------------|---------|
| Period | Total Leave | Availed Leave | Balance Leave | Remarks |
| From   |             |               |               |         |
| To     |             |               |               |         |

Name and Signature of Authority.

**Form – O***(See rule 18)***NOTICE OF MAXIMUM LEAVE ACCUMULATED**

Name and address of the establishment.

Name of the Authorized person / Manager.

**Notice.**

As per section 18 (5) of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) the maximum leave that can be accumulated is for 45 days. The following workers whose names are mentioned below have maximum leave of 45 days accumulated at their credit. Hence, no further leave due to them but not availed by them will be accumulated and it shall lapse if unveiled.

**Details of workers.**

| Sr.No. | Name of workers | Number of<br>accumulated leave | Period for which leave<br>is accumulated |      |
|--------|-----------------|--------------------------------|--|------|
|        |                 |                                | From                                     | Till |
|        |                 |                                |  |      |

Date:

Place:

Name and Signature of  
Authorized representative  
/Manager.

Copy to Workers



MUSTER-ROLL CUM WAGE REGISTER

| Minimum rate of wages payable Rs. (11) | Total production in case of piece rate Rs. (12) | Actual Wages Paid Rs. (13) | House Rent Allowance Paid Rs. (14) | Dearness Allowance Paid Rs. (15) | Gross Amount Payable Rs. (16) | Total hours of overtime worked during the month (17) | Overtime earnings Rs. (18) |
|--|---|----------------------------|------------------------------------|----------------------------------|-------------------------------|--|----------------------------|
|  |   |                            |                                    |                                  |                               |  |                            |
|  |   |                            |                                    |                                  |                               |  |                            |

| Deductions                           |                         |                           |                           |                              |                            |                   | Total Deduction Rs. (27)           | Net Payable Rs. (28) |
|--------------------------------------|-------------------------|---------------------------|---------------------------|------------------------------|----------------------------|-------------------|------------------------------------|----------------------|
| Provident Fund Contribution Rs. (19) | Family Pension Rs. (20) | ESI Contribution Rs. (21) | Professional Tax Rs. (22) | Income Tax Rs. (if any) (23) | Loan and Interest Rs. (24) | Advances Rs. (25) | Other Deductions Rs. (if any) (26) |                      |
|                                      |                         |                           |                           |                              |                            |                   |                                    |                      |

| Date of Payment (29) | Signature/ Thumb Impression of the worker (30) |
|----------------------|--|
|                      |  |
|                      |  |

Signature of employer or authorized representative

## Form – Q

(See rule 27)

## ANNUAL RETURN

(For the calendar year ending as 31<sup>st</sup> December .....)

To,  
The Inspector,  
Office address.

1. Name of the Establishment :-
2. Name of the Owner / Partner / Occupier :-  
/Director / Authorized Person
3. Name of the Manager :-
4. Total number of Workers :- Men Women  
Managerial Staff  
Workers  
Contract Labour  
Causal  
Part Time  
Others  
Total
5. Whether the notice showing the details of :- Yes No  
persons engaged in confidential, managerial,  
supervisory capacity is sent?
6. Nature of Business :-
7. Registration number  
Date of Validity of the Registration  
Certificate
8. Number of shift if applicable :- 1st 2nd 3rd  
Average number of persons engaged shift  
wise

|    |   |     |     |      |
|----|---|-----|-----|------|
| 9  | Whether notice of shift is displayed and copy sent to the Inspector?  | Yes | No. |      |
| 10 | Number of women workers engaged during the year (if applicable)   |     |     |      |
|    | Number of women workers engaged in night shift  |     |     |      |
| 11 | Whether consent letter from women workers working in night shift is obtained? (if applicable)   | Yes | No. |      |
| 12 | Whether notice showing the weekly holiday of each worker is displayed?  | Yes | No. |      |
| 13 | Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressed) Act, 2013 (14 of 2013) is constituted ? (if applicable) | Yes | No. | N.A. |
|    | Name of the Chairman of the Committee   |     |     |      |
| 14 | Whether police verification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable)                                   | Yes | No. |      |
| 15 | Identity card issued to all workers?  | Yes | No. |      |
| 16 | Is leave book maintained?   | Yes | No. |      |
| 17 | Whether Committee for Health, Safety and Welfare is constituted ? (if applicable)   | Yes | No. | N.A. |
| 18 | Whether all safety measures as per the directions of fire protection department / local authority are observed?   | Yes | No. |      |
| 19 | Whether First aid box is maintained?  |     |     |      |
| 20 | Whether the following welfare facilities are provided (wherever applicable)   |     |     |      |
|    | a. (a) sufficient number of   |     |     |      |
|    | b. latrines and urinals   | Yes | No. |      |
|    | c. (b) Creche   | Yes | No. | N.A. |
|    | (c) Canteen   | Yes | No. | N.A. |

- 21 Whether all the records and registers are maintained and required notices are displayed. Yes No.
- 22 Any application for compounding of an offence is made during the year ?  
if yes,  
Date of application  
Date of disposal  
Amount of fees deposited
- 23 Number of accident occurred in the establishment during the year Number of workers injured Amount of compensation paid
- 24 Is the name board displayed in Gujarati. Yes No.

**Declaration**

I /we Mr./Mrs.----- hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I /we am/are aware that if any information submitted by me turns out to be false or not true or incorrect. I shall be liable for legal action under the concerned Law.

Date:

Place:

Signature of Employer.

## Form – R

(See rule 30)

## APPLICATION FOR COMPOUNDING OF OFFENCE BY AN EMPLOYER

To,

The Compounding Officer,

Office Address.

Subject: Request for compounding of offence/s.

Reference: Inspection memo dated .....

Dear Sir,

This is to inform you that the local areas Facilitator visited and inspected our establishment on -----(date). He had pointed out certain breaches of the Gujarat Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2019 (Guj. 4 of 2019) and the rules made there under during his inspection and an inspections memo as referred above was issued to us. We have received a notice dt.----- for compounding of the offence by the authority.

We are willing and request you to compound all the offences mentioned in the inspection memo, or to compound only the following offences mentioned in the inspection memo.

| Sr. No. | Section / Rule | Description of offences in short |
|---------|----------------|----------------------------------|
|         |                |                                  |
|         |                |                                  |
|         |                |                                  |

You are, therefore, requested to compound the above offences. We will deposit the amount of fine fees as decided by you within the time mentioned in the order passed by you.

I/We am/are aware that if we failed to pay the fine in stipulated time we will be liable for additional fine as per the provisions of the Act and prosecution may also be launched against us in the Court of Law.

Date :

Name and Signature of the Proprietor/ Partner/  
Director or Authorized Representative Name  
sand Address of the Establishment with Seal.

Place :

**Form – S***(See rule 32)***DETAILS OF PERSONS DISCHARGING MANAGERIAL FUNCTIONS**

To,

The Inspector,

Office address.

Name and address of the Establishment /Organization:

E-mail ID / Website Address :

Name of Authorized person/manager :

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged to conduct managerial functions and shall be responsible for discharging managerial functions, for the period from ----- till ----- .

| Sr.<br>No. | Name of the person. | Designation. |
|------------|---------------------|--------------|
|            |                     |              |
|            |                     |              |
|            |                     |              |

Date :

Place :

Signature of the Manager/  
Authorized Person.



**Form – T***(See rule 33)***DETAILS OF PERSONS OCCUPYING POSITION OF CONFIDENTIAL  
CHARACTER**

To,

The Inspector,  
Office address.

Name of the Establishment / Organization:

E-mail ID /Website Address :

Name of Authorized person/manager :

E-mail ID :

The Management hereby declares that the following persons to be the persons  
who will be engaged in and shall be responsible for discharging work of confidential  
nature relating to the Business of the Establishment for the period from -----  
till -----

| Sr. No. | Name of the person. | Designation. |
|---------|---------------------|--------------|
|         |                     |              |
|         |                     |              |
|         |                     |              |

Date:

Place :

Signature of the Manager /  
Authorized Person with Seal

**SCHEDULE***(See rules 3, 6, and 9)***LIST OF DOCUMENTS TO BE UPLOADED/ATTACHED****PART- A****(A) Documents to be uploaded for New Registration (Form A):-**

- (1) Identity proof of the employer. (In case of legal statute such as company, etc. copy of Identity proof of responsible person under the respective Act.)
- (2) Actual photo of the establishment displaying the interior and the Name Board at the appropriate place of the establishment.
- (3) Copy of the License, Registration which is mandatory under any other law from competent authority before starting of such business.
- (4) In case of business conducted in owned premises any one of the following:-
  - (i) Sale/ Purchase Deed;
  - (ii) Current Property Tax paid Receipt;
  - (iii) Current Electricity bill; or
  - (iv) Current Society Maintenance Receipt.
- (5) In case of business conducted in rental /leased premises any one of the following documents: -
  - (a)
    - (i) Lease Agreement;
    - (ii) Leave and License Agreement; or
    - (iii) in case where the possession is held by way of any other order of the court or order of any competent authority, copy of such order and
  - (b) Any one document mentioned at Sr. No. (4) with respect to the owner of the establishment whose premises is rented or leased.
- (6) If the place of business is owned or leased or rented by any member of family or relative; No objection letter from such member or relative.
- (7) If the place of business is situated in any residential housing society; No objection certificate from the residential society or any such authority responsible for its maintenance.
- (8) All such documents wherever mentioned in the forms.

**PART- B****(B) List of documents to be uploaded for intimation (Form D):-**

- (1) Identity proof of the employer. (In case of legal statute such as company, etc. copy of Identity proof of responsible person under the respective Act.)
- (2) Actual photo of the establishment displaying the interior and the Name Board at the appropriate place of the establishment.

**PART-C****(C) List of documents applicable to be uploaded for Notice of Change (Form-G):**

- (1) Identity proof of the employer. (in case of legal statute such as company, etc. copy of Identity proof of responsible person under the respective Act.)
- (2) Actual photo of the establishment displaying the interior and the Name Board at the appropriate place of the establishment.
- (3) Old registration certificate.
- (4) Copy of the License, Registration which is mandatory under any other law from competent authority before starting of such business.
- (5) In case of business conducted in owned premises any one of the following:
  - (i) Sale/ Purchase Deed;
  - (ii) Current Property Tax paid Receipt;
  - (iii) Current Electricity Bill; or
  - (iv) Current Society Maintenance Receipt.
- (6) In case of business conducted in rental /leased premises any one of the following documents:
  - (a)
    - (i) Lease Agreement;
    - (ii) Leave and License Agreement;
    - (iii) In case where the possession is held by way of any other order of the court or order of any competent authority, copy of such order and
  - (b) Any one document mentioned at Sr. No. (5) with respect to the owner of the establishment whose premises is rented or leased.
- (7) If the place of business is owned or leased or rented by any member of family or relative; No objection letter from such member or relative.
- (8) If the place of business is situated in any residential housing society; No objection certificate from the residential society or any such authority responsible for its maintenance.
- (9) Any other documents as mentioned in the forms.

By order and in the name of the Governor of Gujarat,

**JYOTSNA CHAUHAN,**  
Deputy Secretary to Government.