

Office of Divisional Commissioner

District :

ZERO TOLERANCE ZONE :

Agency - LABOUR

Basic Data [* Marked field must be filled up]

Business Unit Name _____

Addr: : Road Name / Number _____

Proprietor's Name _____

Ward No. : *

Holding No. : *

Estt. / Shop No. : *

PAN No of Owner : PAN

Not Available (NA) Not Provided (NP)

1. Date of inspection //*

2. Shop Establishment Registration No.

Registration not taken (NT) Not Required (NR)

3. No of Staff / Employees working

4. No of Service Cards issued

5. Action initiated u/r Min. Wages Act

u/r Shop Establishment Act

u/r Child Labour Act

6. Claim amount of Min. Wages

7. Claim amount u/r Child Labour Act

8. New Registration

*Name, Designation &
Signature of Inspecting Authority*