

Office of Divisional Commissioner

District :

ZERO TOLERANCE ZONE :

Agency - WEIGHTS & MEASURE

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 //*

Inspection not required (NR)

2. Registration Status Registration No

Unlicenced (UL)

Licence not required (NR)

3. Verification validity date //

4. Action Initiated u/s Section 15

u/s Section 24

u/r Rule 16, 17

5. Fee collected

6. New Verification/Registration

*Name, Designation &
Signature of Inspecting Authority*