



Azad Government of the State of Jammu & Kashmir

Labour Welfare, Weights & Measures

Phone #05822-921957 Fax # 05822-921324

FORM "A"

APPLICATION FORM

1.	Name of Establishment, if any																										
2.	Full Name of the Employer (Owner), (Including his Father's Name)																										
3.	Postal Address of the Establishment																										
4.	Full Name of the Manager, if any (Including his Father's Name)																										
5.	Category of the establishment, i.e. whether a shop, Industrial establishment, commercial establishment, residential hotel, restaurant, eating house theatre or other place of public amusement or entertainment.																										
6.	Detail of Employees (if any)																										
	<table border="1"><thead><tr><th>Type of Employee</th><th>Skilled</th><th>Semi-Skilled</th><th>Un-Skilled</th><th>Total</th></tr></thead><tbody><tr><td>Male</td><td></td><td></td><td></td><td></td></tr><tr><td>Female</td><td></td><td></td><td></td><td></td></tr><tr><td>Adult</td><td></td><td></td><td></td><td></td></tr><tr><td>Total</td><td></td><td></td><td></td><td></td></tr></tbody></table>	Type of Employee	Skilled	Semi-Skilled	Un-Skilled	Total	Male					Female					Adult					Total					
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Male																											
Female																											
Adult																											
Total																											
7.	Date on which the establishment commenced its work																										
8.	I hereby declare that the details given above are correct to the best of my knowledge																										

Signature (Employer)

Dated: _____

Note:-

- a) This statement shall be sent to the Chief Inspector of the area concerned with such fees as are prescribed in section 24 (2) of the Azad Jammu & Kashmir Shops and establishment Act, 1975 (amended Act, 2017).

Signature