

గ్రామ - వార్డ్డ సచివాలయము అంధ్రప్రదేశ్ ప్రభుత్వం



APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS

Service Details: Service Type *:□ Fresh Registration / License Area of Service *: □ SEZ □ Registering/Licensing officer wise □ State Wide Nature of Business/work/construction/activity/manufactory*: Registration/License Required Under *: ☐ AP Shops & ESTTS, Act 1988 ☐ Motor Transport Workers Act,1961 □ Contract Labour(R & A) Act,1970-Principal Employer □ Interstate Migrant Workmen(RE&CS) Act,1979 – Principal Employer □ Building And Other Construction Workers(RE & CS)Act ,1996 □ Payment of Gratuity Act,1972 ☐ Beedi & Cigar Workers (COE)Act,1966 □ Contract Labour(R & A) Act, 1970 (License of Contractor Establishment) ☐ Inter State Migrant Workmen (RE&CS) Act, 1979 (License of Contractor Establishment) 1. AP Shops and ESTTS. Act 1988: Workers Details: <u>Direct Workers:</u> Male *:______Female *:_____ Contract Workers: Male *: Female *: Casual / Daily wage Workers: Male *: Female *: Total Workers *: _____ **ESTABLISHMENT DETAILS:** Name of Shop/Establishment *: ______ Classification of Establishment *: Proprietor Firm Partnership Firm Private Ltd. Company Public Ltd. Company □Public Sector under Taking □Cooperative Society □ Others Category of Establishment*: □ Shop □Commercial Establishment □Motor Transport Undertaking □Building or other Construction Establishment Contract Labour (Prl Employer) Establishment Contract Labour (Contractor)

Establishment

Other Establishment

Manufacturing

Inter State Migrant(Prl Employer) Establishment

Inter State Migrant(Prl Employer) Establis

Inter State Migrant(Contractor) Establishment



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Street /Door No. *:	Locality_	District*:					
Mandal*:	Village*:	Pin Code*:	Mobile No.:				
E mail ld :							
Date of Commencemen	t of Business/work/cons	truction/activity:					
Date of Completion of v	vork/construction/activi	ty (if applicable):					
Employer, Managin	g partner or Manag	ing Director as the cas	e may be:				
State*:□ Andhra Prade	sh □ Other State						
Employer's Name*:	Father/Hı	usband's Name*:					
Distract*:	Mandal*:	Village*:	Pincode				
Mobile No.*:	Designation*:						
□Please Select If Present Address is same as Employer, Managing partner or Managing Director							
Applicant Details:							
State*:□ Andhra Prade	sh □ Other State						
Applicant's Name*:Father/Husband's Name*:							
Distract*:	Mandal*:	Village*:	Pincode				
Email Id:	mail Id:Mobile No.*:						
Relationship*: □Father □Mother □Brother □ Sister □Self □Employee □ Others							
De sum ente list.							
<u>Documents List</u> :							
(NOTE: All Upload Documents should be in PDF Format only and the size should not exceed 3 MB)							
1.PHOTO WITH SIGNATURE							
2.AADHAR CARD	· -	2)					
	ZATION FORM(S.I))					
Applicant Declaration	<u>)11.</u>						
establishment. In case material information or	the information furnishe	ed above is found to be fals nformation, I/we are liable	ns of the Labour Acts applicable to the se, misrepresented or suppressed any for prosecution as per law besides				
Annlication Received D	ate.						

స్పీయ ధృవీకరణ పత్రం

నా పేరు	, S/o		నేను	వస్తావ్యుడిని. నాకు		
	మండలం		గ్రామ పంచాయతీల	ກ້ຽ		
గ్రామంలోదుకాణం ఉంది. దానికి AP Shops and ESTTS. Act 1988 ప్రకారం లేబర్ సర్టిఫికేట్						
మంజురు చేయవ	లసినదిగా మనవి.	నేను	వృత్తిపై అధారపడలేదని	తెలిసిన యడల లేబర్		
డిపార్టుమెంటువార	ు తీసుకొనే ఎలాంటి	క్రిమినల్ మరియు	సివిల్ చర్యలకైనా సేను భా	ద్యుడను. పై విషయాన్నీ		
చదవగా విన్నాను మరియు చదివాను.						
				a గా		
			తవ	ు విధేయుడు		
* దరకాస్తుదారుడి పాపు పేరు:						
*దరకాస్తుదారుడి ఆధార్ సెంబర్:/						
*ఫోన్ సెంబర్:						