

# FORM F

**STATEMENT FOR REGISTRATION OF ESTABLISHMENT UNDER SECTION 13 OF THE  
PUNJAB SHOPS AND COMMERCIAL ESTABLISHMENTS ACT, 1958  
(Rule 13 of the Punjab Shops and Commercial Establishments Act, 1958)**

To

**The Inspector of Shops and Commercial Establishments,  
Circle \_\_\_\_\_,**

I hereby submit this statement for the Registration/Renewal of my establishment for the year\_2015-16\_. The information furnished hereunder is correct to the best of my knowledge.

1. Name and parentage of employer :
2. Name of the Manager, if any : \_\_\_\_\_ X \_\_\_\_\_
3. Name of the establishment :
4. Full postal address of the establishment:
5. Nature of business :
6. No. of employees if any: \_\_\_\_\_
  - Young persons : \_\_\_\_\_ X \_\_\_\_\_
  - Other persons : \_\_\_\_\_

Date: \_\_\_\_\_

Signature of employer

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***(to be filled by the authority)***

R.No. \_\_\_\_\_ . The establishment mentioned above is hereby registered till

Inspector  
Shops and Commercial Establishments,

## FORM B

**Notice to be exhibited under section 20 (1) of the Shops and Commercial Establishments Act, 1958**

**(Rule 4 of the Shops and Commercial Establishments Act, 1958)**

1. Close day, if any \_\_\_\_\_ Year \_\_\_\_\_
2. Opening hours of the establishment \_\_9am\_\_ Closing hours of the establishment \_\_6PM\_\_
3. Name and parentage of the Employer: \_
4. Name of the manager, if any: \_\_\_\_\_ X \_\_\_\_\_
5. Name of the Establishment:
6. Nature of the business:
7. Full address:

Name of the employee and father's name or husband's name	Working Hours		Interval for rest		Weekly Off day
	From	To	From	To	
Young Persons					
1	---Nil---				
2					
Other persons					
1					
2					
3					

8. Date of declaration : \_\_\_\_\_
9. Inspections by authorities \_\_\_\_\_

Signature of the employer  
(Name & full address)

# FORM A

## INTIMATION UNDER SECTION 10(2)(i) OF THE PUNJAB SHOPS AND COMMERCIAL ESTABLISHMENT ACT, 1958

(Rule 3 of the Punjab Shops and Commercial Establishments Rules, 1958)

To

The Inspector of Shops and Commercial Establishments  
Circle \_\_\_\_\_

I hereby furnish the following information which is correct to the best of my knowledge.

The working hours and the periods of interval of the persons employed in my establishment  
are fixed below and shall take effect from (date) \_\_\_\_\_

Name of the employee and father's name or husband's name	Working Hours		Interval for rest	
	From	To	From	To
Young Persons				
1				
2				
Other persons				
1				
2				
3				
4				
5				

Name & Parentage of employer with full address