

APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS  
(Second Schedule (Sec. 2(d) & Sec. 4(1))

**FORM –A**

<b>REGISTRATION / LICENSE REQUIRED UNDER (Specify with Tick Mark)</b>			
1. A.P Shops & Establishments Act		2. Motor Transport Workers Act.	
3. Contract Labour Act		4. Inter-state Migrant Workmen Act	
5. Building & Other Construction Workers Act		6. Payment of Gratuity Act	
<b>ESTABLISHMENT DETAILS</b>			
Name of the Shop / Establishment			
Classification of Establishment			
Street / Door No.			
Locality			
District			
Mandal			
Village /Ward / Division			
Pin Code			
Mobile No.			
eMail Address			
<b>EMPLOYER DETAILS (Enclose Passport size Photo)</b>			
STATE			
EMPLOYER AADHAR NO.			
EMPLOYER'S NAME			
FATHER / HUSBAND'S NAME			
MOBILE NO.			
DESIGNATION			
<b>MANAGER / AGENT if any(with residential address)</b>			
STATE			
AADHAR NO.			
NAME			
FATHER / HUSBAND'S NAME			
MOBILE NO.			
DESIGNATION			
<b>APPLICANT DETAILS</b>			
Applicant Aadhaar No.			
Applicant Name			
Father / Husband Name			
District			
Mandal			
Village /Ward / Division			
Pin Code			
eMail Address			
Mobile No.			
Relationship with Estt. / Employer			

**A.P. Shops & Estt. Act.**

Category of Establishment						
Date of Commencement of Business						
Nature of Business						
Details of nature of other Business						
No. of Workers (enclose the List of employees)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>MOTOR TRANSPORT WORKERS ACT.</b>						
Category of Establishment						
Nature of Business						
No. of Vehicles						
Vehicle Nos.	Enclose the list of Vehicles with Registration Nos.					
No. of Workers (enclose the List of employees)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>CONTRACT LABOUR ACT.</b>						
Category of Establishment						
Nature of Business						
Date of Commencement of Business						
Probable date of Completion						
Date of Agreement						
No. of Workers (enclose the List of employees)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>INTER-STATE MIGRANT WORKMEN ACT.</b>						
Category of Establishment						
Nature of Business						
Date of Commencement of Business						
Probable date of Completion						
No. of Workers (enclose the List of employees)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>BUILDING &amp; OTHER CONSTRUCTION WORKERS ACT.</b>						
Category of Establishment						
Nature of Construction						
Date of Commencement of Construction						
Probable date of Completion						
Estimated Cost of Construction						
Constructed area (plinth area in Sq. Mts)						
Basis for estimation						
Plan Approval No.						
No. of Workers	<b>Male</b>		<b>Female</b>		<b>Total</b>	

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5. Building & Other Construction Workers Act		6. Payment of Gratuity Act				
<b>A.P. Shops &amp; Estt. Act.</b>						
Category of Establishment						
Date of Commencement of Business						
Nature of Business						
Details of nature of other Business						
No. of Workers (enclose the List of employees in excel format)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>MOTOR TRANSPORT WORKERS ACT.</b>						
Category of Establishment						
Nature of Business						
No. of Vehicles						
Vehicle Nos.		Enclose the list of Vehicles with Registration Nos.				
No. of Workers (enclose the List of employees in excel format)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>CONTRACT LABOUR ACT.</b>						
Category of Establishment						
Nature of Business						
Date of Commencement of Business						
Probable date of Completion						
Date of Agreement						
No. of Workers (enclose the List of employees in excel format)	<b>Male</b>		<b>Female</b>		<b>Total</b>	
<b>INTER-STATE MIGRANT WORKMEN ACT.</b>						
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Nature of Business						
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<b>ESTABLISHMENT DETAILS</b>	
Name of the Shop / Establishment	
Classification of Establishment	
Street / Door No.	
Locality	
District	
Mandal	
Village /Ward / Division	
Pin Code	
Mobile No.	
eMail Address	
<b>EMPLOYER DETAILS (Enclose Passport size Photo)</b>	
STATE	
EMPLOYER AADHAR NO.	
EMPLOYER'S NAME	
FATHER / HUSBAND'S NAME	
MOBILE NO.	
DESIGNATION	
<b>MANAGER / AGENT if any(with residential address)</b>	
STATE	
AADHAR NO.	
NAME	
FATHER / HUSBAND'S NAME	
MOBILE NO.	
DESIGNATION	
<b>APPLICANT DETAILS</b>	
Applicant Aadhaar No.	
Applicant Name	
Father / Husband Name	
District	
Mandal	
Village /Ward / Division	
Pin Code	
eMail Address	
Mobile No.	
Relationship with Estt. / Employer	

I hereby declare that the above information is true to the best of my knowledge and belief. I have not suppressed any material information. If any of the above information is found to be not correct or any material information is not furnished, I am liable for other legal consequences besides the cancellation of the Certificate of Registration.

Signature

Note: List of Employees in Excel Format with the following details shall be enclosed.

Sl. No.	Act applicable	Employee Name	Gender	State	District	Mandal / Taluk	Village / Block	Designation	Working Since
1	2	3	4	5	6	7	8	9	10
Aadhaar No.	Mobile No.	Bank A/c. No.	Bank Name	Branch Name	IFSC Code	Category			
11	12	13	14	15	16	17			