FORM - A

Application for Certificate of Registration under Meghalaya Shops and Establishment Act 2003

Basic Establishment Details

Name of Establishment *:

Constitution of Business *:

Applicant's Name *:

Mobile Number *:

E-Mail Id *:

Photo of the Employer/Proprietor /Partner * [Size between 20 to 300 KB]:

Establishments Details

Name of the Manager /Agent/other person acting in the general management:

Address of the Manager/Agent:

Category of Establishmnet *:

Nature of Business *:

Do you have your family members employed in the establishment and residing with and wholly dependent upon you? *

- Yes
- No

Do you have employees working in the establishment? *

- Yes
- No

Postal address and exact location of establishment

District *:

Village/Town *:

Locality *:

Pincode *:

Nearest Landmark:

Do you have any other office/godown/warehouse attached to this establishment situated in a different premises *

- Yes
- No

Situation of Office, Storeroom or workplace attached to the establishment(Grid) \rightarrow If YES

- District(Sh) *
- Village/Town *
- Locality *
- Pincode *