

[FORM 'A'

[See Rules 3, 3-A and 5]

Combined Application for Registration/Renewal/Any change under Karnataka Shops and Commercial Establishments Act, 1961 and Rules thereunder

PART A

1. Name of the establishment and postal address.

Tel: Fax: E-mail

1.A Name of the Head Office, if any with postal address:

Tel: Fax: E-mail

2. Details of the Proprietor/ Managing Partner/ Director

(In case of partnership or registeres company necessary documents shall be enclosed)

Sl.No	Name	Desgn(wkg./Non-wkg)	Residential Address	Tel: [O][R]	Fax/E-mail
(1)	(2)	(3)	(4)	(5)	(6)

3. Details of the Head of the unit/ Authorised signatory/ Manager

Sl.No	Name	Desgn	Residential Address	Tel: [O][R]	Fax/E-mail
(1)	(2)	(3)	(4)	(5)	(6)

4. Nature of Business :

5. Date of Commencement of Business :

6. Name of member's of employer's family employed in the establishment, indicate the relationship with the employer :

7. No. of employees (Men, Women, Young person, Total) :

8. Particulars of fees remitted (Receipt/ Challan No., Date, Amount) :

9. Notified Weekly Holiday :

PART B

In case of renewal, the following information shall be furnished in addition to the information in Part A

Renewal for the years From:.....To:.....

Original Registration Certificate No. :

Ward No. and Date of issue / Circle :

PART C

Original Registration Certificate No. :

Ward No. and Date of issue / Circle :

The following changes have taken place in respect of information furnished in Part A

Sl.No	Sl No in Part A	Present description	Description afer the change	Reasons for change (Necessary documents shall be enclosed)
(1)	(2)	(3)	(4)	(5)

I / We hereby certify that the information furnished under Part A, B and C of this Combined Application Form, are complete and true to the best of my / our knowledge and in case any information proved to be false, I/ We would be liable for legal consequences thereof.

Date:
Place:

Signature of Employer/ Authorised Signatory
Designation and Seal]

[FORM 'B']
[See Rule 4]

Register of Establishment

Name of the Place/ :

No. of Corporation Division :

Municipal Division / Ward :

- 1) SI No.
- 2) Registration Certificate Number with date.
- 3) Name of employer.
- 4) Name of the manager, if any.
- 5) Postal address of the establishment.
- 6) Name of the establishment, if any
- 7) Nature of business.
- 8) Number of members of employers family, adult, males, women, young persons.
- 9) Number of other persons occupying position of management or employees engaged in confidential capacity.

10) Total number of employees—
Adults :
Men :
Women :
Young persons:
Total :

- 11) Registration valid upto
- 12) For the YearDate of renewal.....
- 13) Fees paid for renewal.
- 14) Date of expiry.
- 15) Remarks.

FORM 'C'
[See Rule 4]
Registration Certificate of Establishments

1. Registration No. :
2. Name of Establishment :
3. Name of Employer :
4. Nature of the Business :
5. Postal address of the Establishment :
6. Number of persons employed :
7. Registration fee paid : Rs. P.....

Office of the Inspector, under
the Karnataka Shops &
Commercial Establishment Act, 1961

It is hereby certified that the has been registered
as a under the Karnataka Shops and Commercial
Establishments Act, 1961, this.....day of19.....

The Registration is valid upto

Signature of the Inspector and seal
.....

Renewal

1. For the year 19.....
2. Date of Renewal
3. No. of persons employed
4. Amount of fees paid
5. Challan No. and Date
6. Date of expiry.

Signature of the Inspector and seal.

[FORM 'D'
[See Rule 5]
x x x x x]

FORM 'E'
[See Rule 7(2)]

Notice is hereby given that the Government proposes to issue a notification under sub-section (1) of Section 11 of the Karnataka Shops and Commercial Establishments Act, 1961, that with effect from No Shops / Commercial Establishment situated in Shall be opened on any day earlier thanand / or shall be closed later than.....

Any person wishing to prefer any objection or make any suggestion with respect of the above proposal shall send the same in writing to the commissioner of Labour before the day of19..... Dated this day of 19.....

**[FORM F
[See Rule 8]
Register of Leave with wages**

1. SI No. in the Register of adult/
young person :
2. Date of entry into service :
3. Name of the person :
4. Father's / husband's name :

Part-I Earned Leave

No. of days worked			Leave earned	Leave at credit (including balance, if any, on return from leave on last occasion)
From	To	Total days worked		
1	2	3	4	5

KAR.SHOPS & COMMERCIAL ESTABLISHMENTS RULES, 1963

Leave availed			Balance on return from leave	Date on which wages for leave paid and amount paid	Remarks
6	7	8	9	10	11

Part –II Sick/ Accident Leave(with pay)

Year	Sick/ Accident Leave		Balance at the end of the year
	of Credit	Availed	
1	2	3	4
1997			
1998]			

[FORM ‘G’
 x x x x x]

[FORM ‘H’
[See Rule 9]

Leave with Wage Book

1. Sl No. in the Register of adult / young person :
2. Date of entry into service :
3. Name of the person :
4. Father’s / Husband’s name :
5. Address :

FORM J KAR.SHOPS & COMMERCIAL ESTABLISHMENTS RULES, 1963

Part-I Earned Leave:-

No.of days worked			Leave earned	Leave at credit (including Balance, if any, on return from leave on last occasion)
From	To	Total days worked		
1	2	3	4	5

Leave taken			Balance on return from leave	Date on which wages for leave paid and amount paid	Remarks
From	To	No. of days			
6	7	8	9	10	11

Part -II Sick/ Accident leave (with pay)

Year	Sick/ Accident Leave		Balance at the end of the year
	of Credit	Availed	
1	2	3	4
1997			
1998]			

[FORM 'I'
X X X X X]

FORM 'J'
[See Rule 22]
Form of Certificate

I hereby certify that I have personally examined (name)..... son / daughter of residing at And that he/ she has completed his / her twelfth / seventeenth year.

Description marks are

Thumb impression or signature

Medical Practitioner

FORM 'K'
[See Rule 23]
Diary of the Inspector for the month ending..... 19.....

Date	Place	Establishment inspected	Establishments inspected for definite purposes	Remarks on defects found directions and orders issued
1	2	3	4	5

[FORM 'L' X X X X

FORM 'M' X X X X

FORM 'N' X X X X

FORM 'O' X X X X

FORM 'P'
[See Rule 24(4)]
Notice

Holiday

The persons employed* in this	Commercial Establishment-Shop
Shall be given a holiday on the day named below in the week following the date of this Notice and until further notice**.	
***Name or class of persons employed	Day on which holiday is allowed

Signature of Employer

Date

*Strike out the words which are not appropriate.

** Strike out the words “ and until further notice” if the notice is intended to apply only to one week.

*** If the same day is fixed for all the persons employed, the word “all” only need be inserted in this Column.

[FORM' Q'
[See Rule 24(9-A)]

Appointment Order

1. Name and address of the Establishment :
 2. Name and address of the Employer :
 3. Name of the Employee :
 4. His / Her Postal Address :
 5. His / Her Permanent Address :
 6. Father's / Husband's name :
 7. Date of Birth :
 8. Date of His / Her entry into employment :
 9. Designation :
 10. Nature of work entrusted to him :
 11. His / her serial number in the
Register of employment :
 - 12 Rates of wages payable to him/her :
- i) Basic.....
 - ii) VDA.....
 - iii) Other allowances if any.....
- Total

Place:

Date:
Acknowledgement by Employee
with date and signature

Signature of the Employer

Seal of the Establishment]

[FORM 'R'
[See Rule 24-B(1)]

1. Name and address of the Establishment
2. Name of the Employer/ Director
3. Postal address for communication
4. Total number of employees-Men-Women-Total
5. Particulars of women employees who are willing to work during night shift:

Sl No	Name and residential address of the women employees	Nature of work	Mode of transportation provided	Whether security will be provided at workplace	Remarks
1	2	3	4	5	6

6. Any other information employer may wish to furnish.

FORM 'S'
[See Rules 24-B(2)]

In exercise of the powers conferred on me by the proviso to Section 25 read with Section 37 of the Karnataka Shops and Commercial Establishments Act, 1961 (Karnataka Act 8 of 1962), empowering the undersigned to issue orders under Section 25 of the said Act, I..... Commissioner of Labour in Karnataka, Bangalore or Deputy Labour Commissioner of the region hereby grant exemption to M/s..... to employ women workers as shown in Form R during night subject to the conditions mentioned below:

Date:

Place:

Signature and seal of the authority

CONDITIONS

- 1) The regulations stipulated under Sections 7,8,9,10 and 12 of the Act shall continue to apply to the women employees working during night shift.
- 2) Transport facilities from the residence to workplace and back shall be provided free of cost and with adequate security.
- 3) Employment of women employees shall be on rotation basis.
- 4) Adequate number of security guards shall be posted during night shift.
- 5) Sufficient rest rooms, latrines and washing facilities with adequate water supply shall be provided separately for women employees so as to secure privacy.
- 6) The establishment should bear the cost of crèche facility obtained by the women employees from voluntary or other organizations.
- 7) Employer has to notify any change in respect of any information furnished in Form R within 15 days.

- 8)** The Company shall obtain bio-data of each driver conduct pre-employment screening of the antecedents of all drivers employed on their own. As regards the drivers employed through out sourcing, the company shall ensure to its satisfaction that the collection of bio-data and pre-employment screening of the antecedents of the drivers is carried out by the service providers;
- 9)** The Schedule of route of the pick up and drop shall be decided by the supervisory office of the company only, in case of exigencies, change of drivers/ routes/ shifts shall be allowed only with the prior knowledge of supervisory officers/ employees;
- 10)** The telephone number, particularly Mobile Phone Numbers and address of the women employees shall not be disclosed to unauthorized persons;
- 11)** Careful selection of routes shall be made in such a way that ordinarily no women employees shall be picked up first and dropped last;
- 12)** The company shall provide security guards at work place and for night shift vehicles when women employees are being picked up first or dropped last;
- 13)** The designation supervisors of the company/ service providers may randomly check the vehicles on various routes as far as possible;
- 14)** Company shall have a control room/ travel desk for monitoring vehicle movements.
- 15)** [Breach of Aforesaid conditions attracts withdrawal of exemption granted].

Month / Year													
Deductions													
ESI	PF	PT	TDS	Society	Insuranc e	Salary	Fines	Damages / Loss	Others	Total	Net Pay able	Mode of Payment Cash/ Cheque no.	Employee Signature/ Thumb Impression
25	26	27	28	29	30	31	32	33	34	35	36	37	38

Signature of the employer/ Authorised Signatory.

6-B No. of employees whose employment is ceased:

No. of employees discharged / dismissed / terminated/ retrenched/ resigned/ retired during the year	Amount of compensation paid	No. of employees suspended during the year	Amount subsistence allowance paid
1	2	3	4

7. Particulars of Earned Leave with Wages:

Category of employees	Total No of persons employed	No. of employees eligible for earned leave	No. of employees availed/ granted earned leave	No. of employees paid wages/ salary in lieu of earned leave
1	2	3	4	5
i) Men				
ii) Women				

8. Whether the following welfare measures are provided?

- | | |
|---|-----------------------|
| 1) Canteen | yes/no/not applicable |
| 2) Creches | yes/no/not applicable |
| 3) Shelters, Rest rooms and Lunch rooms | yes/no/not applicable |
| 4) Transport facility | yes/no/not applicable |

9. Maternity Benefits.

9-A Particulars of Maternity Benefits:

1.	Total No. of women workers who worked for a period of 160 days in the last 12 months immediately preceding the date of delivery	
2.	No. Of women workers discharged/ dismissed in the last 12 months.	
3.	No. of women workers for whom prenatal confinement and post –natal confinement is provided by the employer with free of cost	
4.	No. of women workers died a) Before delivery b) After delivery	

9-B Leave / additional leave details:

Item	No. of women applied for leave	Leave sanctioned	Leave rejected
Miscarriage			
Illness(additional leave under Section 10)			

9-C Maternity Benefit paid:

Item	No. of Claims	No of leaves sanctioned	No. of claims rejected	Total benefit paid in rupees
Confinement				
Miscarriage				
Illness				
Medical Bonus				

10. Particulars of deductions made from salary(wages)

	No of employees involved	Total amount of deductions made
i) Fines		
ii) Damages/ Loss		
iii) Breach of contract		
iv) Others		
Total		

11. Contract Labour:

Names and address of the contractors	Period of Contract		Nature of work	No. of contract workmen employed	No. of days worked	No. of man days worked
	From	To				
1	2	3	4	5	6	7
			Total			

Certified that the information furnished above to the best of my knowledge and belief, is correct.

Signature of employer/ Manager/
Authorised signatory

Date:
Place:

Name (IN CAPITALS).....
Designation.....]
