

FORMS UNDER APSE ACT

**Government of Andhra Pradesh
LABOUR DEPARTMENT**

**Application for Registration
Of Establishment under
Section (1) & Rule (3)**

FORM - I

Vide Rule 3 A.P.Shops & Establishment Rule 1990

- | | |
|---|----------------------------|
| 1. Classification of Establishment | 1. Proprietary Firm |
| | 2. Partnership Firm |
| | 3. Private Limited Company |
| | 4. Public Ltd., Company. |

- | | |
|-------------------------------------|--|
| 2. Category of Establishment | 1. Shop |
| | 2. mercial Establishment |
| | 3. Hotel, Restaurants Catering House
Lodging and Café |
| | 4. Public Ltd., Company. |

3. Name of Establishment

4. Address : Door
No. _____

Locality

Village/Town

District

Pin Code

5. Location of Office, Godown, Ware- Door No. Locality
house or Work Place attached to 1. _____

_____ the Shop/Establishment but 2. _____

_____ situated outside the premises of it. 3. _____

6. Employer/Managing Partner/ Name :

_____ Managing Director as the Father's Name

_____ case may be Designation

7. Residential address of the Door No.

employer

Locality

Village / Town

8. Manager/Agent if any with Name

residential address

Father's Name

Designation

Door No.

Locality

Village / Town.

9. Nature of Business :

10. Date of Commencement Date Month Year
of business :

11. Name of family member of employees family engaged in
Shop/Establishment

Relationship	Adults	Young Persons
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Male :

Female :

Total

12. Total No. of Employees Adults Young
persons

Male

Female

Total

13. Name of Employees :

In a Managerial Capacity	As Sweeper caretaker	As persons employed	
Others	& Travelling Staff	loading & unloading	
		of goods at godowns	

1.	2.	3.
4.		

14. Details of remittances of the fees :

Name of the Treasury	Challan No.	Date	Amount of fee paid
1.	2.	3.	4.

I declare that the above information is true to the best of my knowledge & belief

Signature of the Employer

Note : This statement shall be submitted to the Inspector of the concerned area accompanied by challan in support of payment of fees as Prescribed Schedule 1.