

APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS

Service Details:

Service Type *: Fresh Registration / License

Area of Service *:
SEZ
Registering/Licensing officer wise
State Wide

Nature of Business/work/construction/activity/manufactory*: ____

Registration/License Required Under *:

□ AP Shops & ESTTS, Act 1988

□ Motor Transport Workers Act, 1961

- Contract Labour(R & A) Act, 1970-Principal Employer
- □ Interstate Migrant Workmen(RE&CS) Act,1979 Principal Employer
- $\hfill\square$ Building And Other Construction Workers(RE & CS)Act ,1996
- □ Payment of Gratuity Act,1972
- □ Beedi & Cigar Workers (COE)Act,1966
- □ Contract Labour(R & A) Act, 1970 (License of Contractor Establishment)

□ Inter State Migrant Workmen (RE&CS) Act, 1979 (License of Contractor Establishment)

1. AP Shops and ESTTS. Act 1988:

Workers Details:

_Female *:
Female *:
Female *:

ESTABLISHMENT DETAILS:

Name of Shop/Establishment *: _____

Classification of Establishment *:
Proprietor Firm
Partnership Firm
Private Ltd. Company
Public Ltd.
Company
Public Sector under Taking
Cooperative Society
Others

Category of Establishment*:
Shop
Commercial Establishment
Motor Transport Undertaking
Building or other Construction Establishment
Contract Labour (Prl Employer) Establishment
Contract Labour (Contractor)
Establishment
Manufacturing
Inter State Migrant(Prl Employer) Establishment
Inter State Migrant(Contractor)
Stablishment



Street /Door No. *:	Locality	District*:	
Mandal*:	Village*:	Pin Code*:	Mobile No.:
E mail Id :			
Date of Commencement	t of Business/work/constr	ruction/activity:	
Date of Completion of w	ork/construction/activity	v (if applicable):	
Employer, Managing	g partner or Managir	ng Director as the case	may be:
State*: Andhra Prades	sh 🗆 Other State		
Employer's Name*:	Father/Hus	band's Name*:	
Distract*:	Mandal*:	Village*:	Pincode
Mobile No.*:	Designation*:		
□Please Select If Presen	t Address is same as Emp	loyer, Managing partner or	Managing Director
Applicant Details:			
State*: Andhra Prades	sh 🗆 Other State		
Applicant's Name*:	Father/Hus	band's Name*:	
Distract*:	Mandal*:	Village*:	Pincode
Email Id:		Mobile No.*:	
Relationship*: □Father	□Mother □Brother □ Si	ster □Self □Employee □ O	thers
Documents List:			
(NOTE: All Upload Docu	ments should be in PDF I	Format only and the size sh	ould not exceed 3 MB)
1.PHOTO WITH SI 2.AADHAR CARD			

Applicant Declaration:

 \Box I/we hereby declare that I/we have complied with all relevant provisions of the Labour Acts applicable to the establishment. In case the information furnished above is found to be false, misrepresented or suppressed any material information or evaded to furnish the information, I/we are liable for prosecution as per law besides cancellation of the registration/license granted. *

Application Received Date: _____

స్వీయ ధృవీకరణ పత్రం

నా పేరు	, S/o _	నేన	o	వస్తావ్యుడిని. నాకు
	మండలం	గ్రావ	ు పంచాయతీల్	ీని
గ్రామంలో	దుకాణం ఉ	ంది. దానికి AP Shops and ES	TTS. Act 1988	ప్రకారం లేబర్ సర్టిఫికేట్
మంజారు చ	పేయవలసినదిగా మనవి.	సేనువృత్తిపై	అధారపడలేదని	తెలిసిన యడల లేబర్
డిపార్టుమెంత	టువారు తీసుకొనే ఎలాంటి	క్రిమినల్ మరియు సివిల్ చర్యం	లకైనా సేను భార	మ్యడను. పై విషయాన్నీ
చదవగా విన	్నాను మరియు చదివాను.			

ఇట్లు

తమ విధేయుడు

* దరకాస్తుదారుడి షాపు పేరు:

*దరకాస్తుదారుడి ఆధార్ సెంబర్:....../...../......

*ఫోన్ సెంబర్: