

FORM I

(See rule 3)

Statement under Section 3(1)

1. Name of Shop/Establishment, if any :
2. Door No. and Name of the street and
Exact location of the Shop/Establishment
and postal Address. :
3. Exact location of office, store room, godown
Warehouse, or work place, if any attached
To shop but situated in premises different
from those of Shop/Establishment :
4. Full name of employer, including his
father's Name. :
5. Residential address of the employer :
6. Full name of manager, if any including his
Father's name and his residential address :
7. Names of the partners, if any and their
residential address (if a partnership concern) :
8. Category of establishment, i.e. whether a shop :
Commercial establishment, residential hotel, :
Restaurant, eating house, theatre, cinema or :
Other place of public amusements of :
entertainment etc :
9. Nature of business :
10. Date of commencement of business :
11. Name of members of employer's family
engaged in the shop/establishment :

	Relationship	Adult	Young Persons
Males			
Females			
Total			

...2....

12. Name of other employees :
(i) in a managerial capacity :
(ii) as sweeper, caretaker and :
traveling Staff. :
(iii) as persons employed for :
loading and unloading of :
goods at godown :

13. Total number of employees:

	Adults	Young persons
Males		
Female		
Total		

14. Detailed of remittances: (Enclose challan obtained from treasury / State Bank)

Name of the Treasury	Challan No. and Date	Amount of fees paid

I hereby declared that the above information is true to the best of my knowledge and belief

Date

Signature of Employer.

FORM XXV
(See Rule 31 (3) (a))

Notice of Shop/ Establishment

CLOSE DAY

Name and address of Shop/ Establishment

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This is to notify that our Shop / Establishment shall remain closed in
every Week onDAY



Signature of Employer

FORM XXIV
(See Rule 31 (3) (a))

Notice of close day or a change in close day

Name of Shop / Establishment and address.....

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Registration No.

Notice is hereby given that with effect from (date) The
shop/ Establishment shall Observed as close day every
week. It shall be the Weekly for all Employees.

Signature of employer

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**Inspection under the Goa Daman and Diu
Shops and Establishment Act 1973.**

FORM XX VIII

[See sub-Rule (7) of Rule 31]

List of Holidays With Wages for the Year ending _____ 200 _____

Name of Establishment _____ Registration No. _____

Address _____

Sr. No.	Name of the Holiday	Date	Remarks
1.	2.	3.	4.
1.	Republic Day	26 January	
2.	May Day	1 st May	
3.	Independence Day	15 th August	
4.	Gandhi Jayant Day	2 nd October	
5.	Liberation Day	19 th December	
6.			
7.			
8.			
9.			
10.			
11.			

To,
The Inspector,
Goa Daman & Diu,
Shop & Establishments Act, 1973

Signature of the Employer