



# గ్రామ - వార్డు సచివాలయము

## ఆంధ్రప్రదేశ్ ప్రభుత్వం

### 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
- 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:

Direct Workers: Male \*: \_\_\_\_\_ Female \*: \_\_\_\_\_

Contract Workers: Male \*: \_\_\_\_\_ Female \*: \_\_\_\_\_

Casual / Daily wage Workers: Male \*: \_\_\_\_\_ Female \*: \_\_\_\_\_

Total Workers \*: \_\_\_\_\_

#### 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 (PrI Employer) Establishment  Contract Labour (Contractor) Establishment  Other Establishment  Manufacturing  Inter State Migrant(PrI Employer) Establishment  Inter State Migrant(Contractor) Establishment



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## ఆంధ్రప్రదేశ్ ప్రభుత్వం



Street /Door No. \*: \_\_\_\_\_ Locality \_\_\_\_\_ District\* : \_\_\_\_\_

Mandal\* : \_\_\_\_\_ Village\* : \_\_\_\_\_ Pin Code\* : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

E mail Id : \_\_\_\_\_

Date of Commencement of Business/work/construction/activity: \_\_\_\_\_

Date of Completion of work/construction/activity (if applicable): \_\_\_\_\_

**Employer, Managing partner or Managing Director as the case may be:**

State\* :  Andhra Pradesh  Other State

Employer's Name\* : \_\_\_\_\_ Father/Husband's Name\* : \_\_\_\_\_

District\* : \_\_\_\_\_ Mandal\* : \_\_\_\_\_ Village\* : \_\_\_\_\_ Pincode \_\_\_\_\_

Mobile No.\* : \_\_\_\_\_ Designation\* : \_\_\_\_\_

Please Select If Present Address is same as Employer, Managing partner or Managing Director

**Applicant Details:**

State\* :  Andhra Pradesh  Other State

Applicant's Name\* : \_\_\_\_\_ Father/Husband's Name\* : \_\_\_\_\_

District\* : \_\_\_\_\_ Mandal\* : \_\_\_\_\_ Village\* : \_\_\_\_\_ Pincode \_\_\_\_\_

Email Id: \_\_\_\_\_ Mobile No.\* : \_\_\_\_\_

Relationship\* :  Father  Mother  Brother  Sister  Self  Employee  Others

**Documents List:**

(NOTE: All Upload Documents should be in PDF Format only and the size should not exceed 3 MB)

- 1.PHOTO WITH SIGNATURE
- 2.AADHAR CARD/PAN CARD
- 3.SELF AUTHORIZATION FORM(S.D)

**Applicant Declaration:**

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: \_\_\_\_\_

Applicant's Signature

## స్వీయ ధృవీకరణ పత్రం

నా పేరు \_\_\_\_\_, S/o \_\_\_\_\_ నేను \_\_\_\_\_ వస్తావ్వడిని. నాకు  
.....మండలం.....గ్రామ పంచాయతీలోని.....  
గ్రామంలో.....దుకాణం ఉంది. దానికి **AP Shops and ESTTS. Act 1988** ప్రకారం లేబర్ సర్టిఫికేట్  
మంజూరు చేయవలసినదిగా మనవి. నేను .....వృత్తిపై అధారపడలేదని తెలిసిన యడల లేబర్  
డిపార్టుమెంటువారు తీసుకొనే ఎలాంటి క్రిమినల్ మరియు సివిల్ చర్యలకైనా నేను భాద్యుడను. పై విషయాన్నీ  
చదవగా విన్నాను మరియు చదివాను.

ఇట్లు

తమ విధేయుడు

\* దరకాస్తుదారుడి షాపు పేరు: .....

\*దరకాస్తుదారుడి ఆధార్ నెంబర్:...../...../.....

\*ఫోన్ నెంబర్: .....