



Reg. No : MOG01/201908/006

Issue Date : 08-Aug-2019

File No: SCF-19080275880



Department of Labour
Govt. of Punjab

FORM F

REGISTRATION CERTIFICATE OF SHOPS &
COMMERCIAL ESTABLISHMENTS UNDER
THE PUNJAB SHOPS AND COMMERCIAL
ESTABLISHMENTS ACT, 1958

Statement of Registration of Establishment under Section 13 of
The Punjab Shops and Commercial Establishments Act,1958
[Rule 13 of the Punjab Shops and Commercial Establishments
Rules, 1958]

To
The Inspector of Shops and Commercial Establishments,
Moga Grade-I Circle

I hereby submit this statement for registration of my establishment . The
information furnished hereunder is correct to the best of my knowledge.

- | | |
|--|---|
| 1. Name and Father's/Husband's Name of Employer: | TARLOCHAN SINGH DHIMAAN S/o, D/o, W/o: KULWANT SINGH |
| 2. Name of Manager , if any : | KULWANT SINGH |
| 3. Name of the Establishment : | Milan Visa |
| 4. Full Postal Address of the Establishment : | H.NO. 287 C, W.NO.5, BABA ISHER SINGH NAGAR, MOGA, Moga, Moga, Moga, 142001 |
| 5. Nature of Business : | All types of Visa related Counselling |
| 6. No. of Employees if any: | 3 |
| 7. No and Date of Previous Registration Certificate surrendered: | ---- |
| 8. Date: | 08-Aug-2019 14:04:49 |

The Establishment mentioned above is hereby registerd under Reg. No.
MOG01/201908/006

as of sticker

Signature of Inspector
Shops and Commercial
Establishments,
Moga Grade-I Circle

Signature of Employer
TARLOCHAN SINGH DHIMAAN
Near Bus stand Bridge,
G.T. Road, Moga, Moga, Moga, Moga

Annexure to be attached at the back side of Form F and Form B (SHOP ACT LICENSE)

| | |
|----|--|
| 1 | The employer should notify any change within seven days after the changes has taken place in the prescribed Form B or A to the concerned authority/labour inspector [section 13 (4)] |
| 2 | Notice in form B under sub section (1) of section 20 should be exhibited by the employer in the establishment. |
| 3 | Registers of attendance, wages and deduction should be maintained by the employer in Form C, B and E under Section 20. |
| 4 | Register of deduction in form E should be maintained by the employer. |
| 5 | The women employee who was entitled for maternity benefit , should be paid to her immediately i.e. within one week after the date of delivery (section 31) |
| 6 | The establishment should kept neat, clean and free from dirt and refuses, sufficiently lighted and properly ventilated [rule 16]] |
| 7 | There should be effective means of drainage provided (in case of wet flooring).[rule 16 (2)] |
| 8 | There should be sufficient supply of drinking water fit for human consumption stored in shelter place.[rule 16.3] |
| 9 | Any dangerous parts of machinery while in motion should be securely fenced by safeguards and shutting devices for cutting of power in emergencies from running machinery. [rule 17] |
| 10 | Tight fitting clothes should be provided to the workers employed on or near the moving part. [rule 17(3)] |
| 11 | There should be emergency exit in case of fire and fire extinguisher shall be provided [rule 18]. |
| 12 | There should be first aid box equipped with prescribed contents i.e., iodine, bandage, burnol, etc, [rule 19]. |
| 13 | The premises of every establishment shall be properly ventilated so as to permit sufficient air and light into the premises.[rule 16]. |
| 14 | Any employer found violating any of the provisions of the Act or Rules will be punishable under section 26 of the Act. |



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Govt. of Punjab

FORM B

REGISTRATION CERTIFICATE OF SHOPS &
COMMERCIAL ESTABLISHMENTS UNDER
THE PUNJAB SHOPS AND COMMERCIAL
ESTABLISHMENTS ACT, 1958

Notice to be exhibited under the section 20(1) of the Shops and
Commercial Establishments Act, 1958

The Punjab Shops and Commercial Establishments Act,1958
[Rule 4 of the Punjab Shops and Commercial Establishments Rules,
1958]

- | | |
|--|---|
| 1. Close Day, if any: | Sunday |
| 2. Opening Hours of the Establishment: | 9:00am |
| 2.1. Closing Hours of the Establishment: | 6:00pm |
| 3. Name and Father's/Husband's Name of Employee: | TARLOCHAN SINGH DHIMAAN D/o,S/o,W/o: KULWANT SINGH |
| 4. Name of the Manager , if any : | KULWANT SINGH |
| 5. Name of the Establishment : | Milan Visa |
| 6. Nature of the Business : | All types of Visa related Counselling |
| 7. Full Address : | H.NO. 287 C, W.NO.5, BABA ISHER SINGH NAGAR, MOGA, Moga, Moga, Moga, 142001 |
| 8. Employees if any | 3 (Annexure Attached) |
| 9. Date of Declaration | 08-Aug-2019 14:04:49 |

as of date.

Signature of Inspector

Shops and Commercial
Establishments,
Moga Grade-I Circle

Signature of Employer

TARLOCHAN SINGH DHIMAAN

Near Bus stand Bridge,
G.T. Road, Moga, Moga, Moga, Moga

Annexure to be attached at the back side of Form F and Form B (SHOP ACT LICENSE)

| | |
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| 1 | The employer should notify any change within seven days after the changes has taken place in the prescribed Form B or A to the concerned authority/labour inspector [section 13 (4)] |
| 2 | Notice in form B under sub section (1) of section 20 should be exhibited by the employer in the establishment. |
| 3 | Registers of attendance, wages and deduction should be maintained by the employer in Form C, B and E under Section 20. |
| 4 | Register of deduction in form E should be maintained by the employer. |
| 5 | The women employee who was entitled for maternity benefit , should be paid to her immediately i.e. within one week after the date of delivery (section 31) |
| 6 | The establishment should kept neat, clean and free from dirt and refuses, sufficiently lighted and properly ventilated [rule 16]] |
| 7 | There should be effective means of drainage provided (in case of wet flooring).[rule 16 (2)] |
| 8 | There should be sufficient supply of drinking water fit for human consumption stored in shelter place.[rule 16.3] |
| 9 | Any dangerous parts of machinery while in motion should be securely fenced by safeguards and shutting devices for cutting of power in emergencies from running machinery. [rule 17] |
| 10 | Tight fitting clothes should be provided to the workers employed on or near the moving part. [rule 17(3)] |
| 11 | There should be emergency exit in case of fire and fire extinguisher shall be provided [rule 18]. |
| 12 | There should be first aid box equipped with prescribed contents i.e., iodine, bandage, burnol, etc, [rule 19]. |
| 13 | The premises of every establishment shall be properly ventilated so as to permit sufficient air and light into the premises.[rule 16]. |
| 14 | Any employer found violating any of the provisions of the Act or Rules will be punishable under section 26 of the Act. |

Annexure Form B (Employees Details)

| Employees Detail | | | | | |
|---|----------------------|-----------|--------------------------|-----------|-----------------------|
| Name of the employee and father's Name/ husband's Name | Working hours | | Interval For rest | | Weekly off day |
| | From | To | From | To | |
| BALWINDER SINGH | 09:00 AM | 06:00 PM | 01:00 AM | 02:00 AM | Sunday |
| RAVI DHIMAAN | 08:30 AM | 07:00 PM | 01:30 AM | 02:00 AM | Sunday |
| PARWINDER KAUR | 08:30 AM | 07:00 PM | 01:30 AM | 02:00 AM | Sunday |