

FORM — 'A'

(Sec. sub-rule-1 of rule-3)

NOTICE OF OPENING :

From : _____

(Here give name & designation of the signature and name & address of the establishment concerned)

To : The Welfare Commissioner, West Bengal,
"Sramik Kalyan Bhawan"
P-3, C.I.T. Scheme - VII-M, Kankurgachi, Kolkata-700 054

Take notice that the West Bengal Labour Welfare Fund Act. 1976, and the Rules framed thereunder are applicable to my establishment with effect from _____
_____ (date here)

Necessary particulars regarding my establishment are given in the statement below :-

STATEMENT

1. Name or description of the establishment with full address :
2. Address in full for communication :
3. If a proprietary undertaking, name & full residential address of the owners / partners. :
4. If a Jointstock Company — :
 - a) Names & full residential address of every director. :
 - b) Names & full residential address of every person owning or controlling twenty *per centum* or more of the shares. :
5. Number of employees :
6. Whether a factory or a tramway or a motor transport undertaking or a commercial establishment specified by the State Government through notification. :
7. Articles produced or dealt with or services rendered. :
8. Date of opening :

I declare that the particulars mentioned in the preceding statement are true and correct to the best of my knowledge and belief.

Place :

Date :

.....
(Signature of the employer
with name & designation
or rubber stamp)