

FORM – B

[See sub-rule (2) of Rule 3]

NOTICE OF CHANGE

From :

.....

.....

(Here give name and designation of the signatory and name and address of the establishment concerned.)

To : The Welfare Commissioner, West Bengal,

“Sramik Kalyan Bhawan”

P-3, C.I.T. Scheme – VII-M, Kankurgachi, Kolkata-700054

Take notice that following changes have occurred in the particulars furnished in relation to my establishment in the notice in Form A dated

..... with effect from

(Mention the date here.)

CHANGES EFFECTED

(Here specify the details of the changes)

Place

(Signature of the employer with name

Date

and designation or rubber stamp)