

FORM-VI
[See rule 4(1)]

Notice of Commencement / cessation of operations

1. Registration No:
2. Name and Address of establishment:-
3. Name and Designation of employer :-
4. Full address to which communication relating to the establishment to be sent :-
5. Nature of work of the establishment :-

A. Notice of Commencement / cessation of operations

I/We hereby intimate that the operation of establishment having registration No. dated has commenced with effect from (Date) and approximate duration of operation is _____ year _____ month.

OR

I/We hereby intimate that the operations of the establishment having registration No. dated has ceased with effect from (Date).

[Strikeout whichever is not applicable]

B. Certificate from employer in case of cessation of operation

I/we hereby certify that the payment of all dues to the workers employed in the establishment having registration no. ____ dated ____ has been made.

I/we hereby certify that the establishment having registration no. ____ dated ____ kept free from storage of hazardous chemicals and substances.

[Strikeout whichever is not applicable]

Signature of the Employer

To,

The Registering Officer
The Inspector-cum-Facilitator