

FORM-1
OFFICE OF THE DEPUTY LABOUR COMMISSIONER: ANGUL

Registration Form

1. Name of the shop/ Vendor/ Agency:-
2. Address of the firm/ Dealers with Mobile No.:-
3. Name of the proprietor / partner:-
4. Year of Commencement:-
5. GSTIN No.:-
6. PAN/TAN/Service Tax Number:-
7. Date of filling of last return:-
8. Whether empanelled with any Central/ State Govt./ PSU:-
(Enclose an authentic letter of empanelment letter/ Certificate)
09. Details/ Types of Goods dealt with Brand Name

DECLARATION

It is to declared that

1. The information given above is True to the best of my knowledge. The Shop/ Vendor shall stand liable for any information given above which is later found to be false and action as deem proper shall be initiated by the Authorities.
2. I/Our Shop/ Agency have not been blacklisted by any Central/ State Govt. Department/ Public Sector Undertaking.
3. I also declare that I/Our Shop/ Agency do/ does not have any religious or political affiliation
4. I am competent to sign this certificate/ declaration.

Signature of the Proprietor/ Employer/
authorized person with Seal

Name:-Designation