

## CHANDIGARH ADMINISTRATION DEPARTMENT OF LABOUR FORM - F

# Registration of Establishment under section 13 of the Punjab shops and Commercial Establishment Act 1958

(Rule 13 of the Punjab Shops & Commercial Establishment Rule, 1958)

To The Inspector Shop and Commercial Establishment Chandigarh.

I hereby submit the statement for the Registration/Renewal of my Establishment for the Year 2018-19. The information furnished hereunder is correct to the best of my knowledge.

1. Name and Parentage of Employer

2. Name of manager, if any

3. Name of the Establishment

4. Full postal address of the establishment

5. Nature of Business

6. No. of Employees, if any

7. No.and Date of previous Registration

Certificate surrendered

8. Date of Commencement of Business

SANJEEV KUMAR

RACHHPAL SINGH

SURE SUCCESS EDUCATION AND

**IMMIGRATION CONSULTANTS** 

SCO 141, FIRST FLOOR, SECTOR 40,

CHANDIGARH

STUDY VISA EDUCATION AND IMMIGRATION

CONSULTANTS

Young Persons: 0 Other persons: 0

Number: Date:

15/08/2019



Applicant Signature

 $\label{eq:Registration No: 202340483951} \textbf{ Application Refrence No. PSCEA/2023/00559 Issue Date: 28/04/2023}$ 

Renewed

Inspector Shop and Commercial Establishment Chandigarh

#### FORM-B

### Notice to be exhibited under section 20(1) of the Punjab shops and Commercial Establishment Act 1958

## Rule 4 of the Punjab Shops & Commercial Establishment Rule,1958)

1. Close Day, if any: Sunday Year: 2018-19

2. Opening hours of the

establishment

10.00 AM

Closing hours of the establishment 06.00 PM

3. Name and Parentage of Employer SANJEEV KUMAR **RACHHPAL SINGH** 4. Name of manager, if any

SURE SUCCESS EDUCATION AND IMMIGRATION 5. Name of the Establishment

**CONSULTANTS** 

STUDY VISA EDUCATION AND IMMIGRATION 6. Nature of Business

**CONSULTANTS** 

7. Full postal address of the

establishment

SCO 141, FIRST FLOOR, SECTOR 40, CHANDIGARH

Date Of Declaration: 04/04/2023 Licence validity period: ONE-TIME

One time deposit fees:3.Rs.2000

Licence/Stall-





सत्यमेव जयते



**Applicant Signature** 

Sr. No.	Name of Employee	Father Name	Working Hours From	Working Hours To	Interval For Rest From	Interval For Rest To	Weekly Off	Date of Joining	Designation	Gender
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA