

SHRAMJIVI GOODSHED WORKERS MANAGEMENT CORPORATION LTD

REGISTRATION ACKNOWLEDGMENT RECEIPT

Reference No: sharamjivi-RMS-reg-149/2025

Form No: FORM-149

WORKER INFORMATION:

- Name: N/A
- Father/Husband: N/A
- Mobile: N/A
- DOB: N/A
- Zone: N/A | Designation: N/A
- Aadhaar: N/A
- Address: N/A, N/A

REGISTERED BY:

Admin: user1

Date/Time: 30/12/2025, 9:08:15 pm

OFFICE VALIDATION SECTION (For Official Use)

Zone Leader Signature: _____ Date: ___/___/___

Office Stamp: _____ Status: APPROVED / PENDING

Remarks: _____