

NOTIFICATION

Industries, Energy and Labour Department,
Mantralaya, Madam Cama Marg,
Hutatma Rajguru Chowk,
Mumbai – 400 032.

Dated the 2 nd February 2018.

Maharashtra
Shops and
Establishments
(Regulation of
Employment
and
Conditions of
Service) Act,
2017.

No. - MSA 11/ 2017/ CR 298/ Labour 10,

.- The following draft of the rules which the Government of Maharashtra proposes to make in exercise of the powers conferred by sub-section (1) of section 37 of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah.LXI of 2017), and of all other powers enabling it in that behalf, is hereby published as required by sub-section (2) of section 37 of the said Act, for the information of all the persons likely to be affected thereby; and notice is hereby given that the said draft will be taken into consideration by the Government of Maharashtra after the expiry of **fifteen** days from the date on which the draft rules are published in the *Maharashtra Government Gazette*.

2. Any objection or suggestion which may be received by post, in person or on e-mail by the Principal Secretary (Labour), Industries, Energy and Labour Department, Madam Cama Marg, Hutatma Rajguru Chowk, Mantralaya, Mumbai- 400 032, on e-mail psec.labour@maharashtra.gov.in or by the Commissioner of Labour, Kamgar Bhavan, “E” Block, C-20, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051, on e-mail mahalabourcommr

[@gmail.com](mailto:), from any person with respect to the said draft, within the aforesaid period, will be considered by the Government.

DRAFT RULES

1. Short Title.- These Rules may be called the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Rules, 2018.

2. Definition.- (I) In these Rules unless the context otherwise requires,-

(a) “Act” means the Maharashtra Shops And Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah.LXI of 2017);

(b) “Form” means a form appended to these Rules;

(c) “Government” means the Government of Maharashtra;

(d) “Schedule” means a Schedule appended to these Rules;

(e) “section” means a section of the Act;

(f) “Managerial Functions” means all such functions which are inherently supervisory in nature and are bestowed with powers and authority to take all policy and administrative decision in an organisation, e.g. power to sanction leave, award increment, take disciplinary action, to terminate, suspend or dismiss a worker or indulge in policy making decision regarding any aspect of the business or service conditions of workers and such other similar powers.

(II) Words and expressions used in these Rules but not defined hereinabove shall have the same

meanings as are respectively assigned to them in the Act.

3. Application for Registration of Establishment.- The employer of every establishment engaging ten or more workers shall submit online application in Form 'A' for registration of the establishment as per section 6 of the Act alongwith the required documents as specified in Part A of the Schedule.

4. Payment of Fees.- (i) Every application for registration in Form A and Renewal in Form 'D' shall be uploaded along with fees of rupees one thousand per year by way of e-payment.

(ii) Every employer shall pay the electronic transaction charges as fixed by the Government from time to time for availing e-services under this Act electronically.

5. Manner of Registration of Establishment.- (1) Every online application in Form 'A' for registration of establishment may be assigned to any of the Facilitator of that local office, who shall scrutinise the applications, uploaded documents and the fees paid along with the details mentioned in the application. If the application is complete in all respects and supported with all the required documents, proper fees, he shall digitally sign the certificate of registration, which shall be in Form 'B' within working seven days from the date the application appears on the dashboard of the Facilitator. The digitally signed certificate may be downloaded by the applicant. The entry of the establishment which is registered shall be made in the Register of Establishment to be maintained in Form 'C'.

(2) If an application is incomplete or not supported with required documents as mentioned in these Rules or if the fees is not properly paid, then the Facilitator, may reject such application by mentioning the reasons thereof within working seven days from the date on which the application appears on the dashboard of the Facilitator.

6. *Renewal of Registration Certificate.*- Every application for renewal of registration shall be submitted online in Form 'D' alongwith the required documents as specified in Part B of the Schedule.

7. *Issue of Renewed Certificate.*- (1) The Facilitator shall scrutinise the application for renewal of registration and the documents uploaded. If an application is complete in all respects and supported with all the required documents and proper fees, he shall digitally sign the Renewed Certificate of Registration which shall be in Form 'E' within working seven days from the date on which the application appears on the dashboard of the Facilitator. The digitally signed certificate may be downloaded by the applicant.

(2) If an application is incomplete or not supported with required documents as mentioned in the Rules or if the fees is not properly paid, the Facilitator by mentioning the reasons thereof, may reject such application within working seven days from the date on which such application appears on dashboard of the Facilitator.

8. *Form for intimation of commencement of business by such employer engaging less than ten employees.*- The employer of every establishment engaging less

than ten employees shall submit an online intimation in Form 'F' of commencement of the business alongwith the required documents as specified in Part 'C' of the Schedule.

9. Issue of Receipt of Intimation.- After receiving an intimation in Form 'F' alongwith all the documents, a receipt of such intimation in Form 'G' shall be issued to the applicant online and the details thereof shall be recorded in a register maintained for that purpose in Form 'H'.

10. Notice to make changes in Registration Certificate.- (1) Any changes in the certificate of registration shall be notified online in Form 'I' to the Facilitator as per section 9 of the Act within thirty days from the date the change took place alongwith the required documents to be uploaded as specified in Part 'D' of the Schedule, alongwith fee of rupees two hundred.

(2) On receipt of such notice the Facilitator shall scrutinise the same and shall digitally sign and issue a fresh modified certificate within working seven days from the date of receipt of such notice. However, if the notice is not complete or is not supported by the required documents or if the fees is not properly paid he shall reject the notice by mentioning the reasons thereof.

11. Closing of Business.- (1) Every employer of an establishment engaging ten or more workers, on closing its business permanently shall communicate the same to the Facilitator in Form 'J'.

(2) Every employer of an establishment engaging less than ten workers on closing its business

permanently shall communicate the same to the Facilitator, in Form 'K'.

12. Power of Government for regulating Opening and Closing Timings of establishments.- The Government may, in the public interest, on its own and, if necessary, after obtaining the views of the concerned Municipal Commissioner in Corporation area or District Collector in other areas and the concerned Police Commissioner or Superintendent of Police, as the case may be, may change the opening or closing timings of any or all classes of establishments in any area or premises.

13. Conditions for employment of women in night shifts .- The following are the conditions for employment of women workers in night shifts, namely:-

(i) Woman worker shall be allowed to work during 9.30 p.m. and 7.00 a.m. in any establishment only after obtaining her consent in Form 'L'.

(ii) The employer shall take all the measures and safeguard to prevent or deter the commission of the acts of sexual harassment at place of work by strictly implementing and enforcing all the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013).

(iii) In case of a sexual harassment at the instance of a third party, either by an act or commission, the employer shall take all necessary and reasonable steps to assist the affected women worker in terms of support and preventive action.

(iv) Provide proper lighting and illumination inside

the establishment and also surroundings of the establishment and to all places where the women worker may move out of necessity in the course of such shift.

(v) To see that the women worker employed in the night shift shall not be less than three at any point of time.

(vi) Separate urinals and latrines shall be maintained for women workers with safety locking facility only from inside and women at night shift should be provided with sanitary napkins.

(vii) To provide safe and secure separate transportation facility for the women workers working in the night shift from the place of workplace to the doorstep of their residence and *vice-versa*. The employer shall have all the details of the drivers, guards and all such employees engaged by themselves or through any agency or contractor. Police verification of all such employees engaged for transportation of women workers shall be required.

(viii) In case the menstruation period of any women workers starts during her duty in the night shift, she shall be eligible for one extra paid holiday apart from those mentioned in the Act, during the menstruation period, as per her necessity or requirement.

(ix) There shall be not less than twelve consecutive hours of rest or gap between the last shift and night shift whenever a women worker is changed from day shift to night shift and also from night shift to day shift.

(x) No women worker shall be allowed to work in night shift during the period of twenty-four weeks

before and after her child birth, of which at least twelve weeks shall be before the expected child birth, and for further such period, if any, as specified in the medical certificate stating that it is necessary for the health of the women worker or her child:

Provided that, the said period may be relaxed at the request of women worker on the basis of medical certificate from a qualified medical practitioner stating that neither her health nor that of her child will be endangered.

14. *Notice of weekly holiday of workers in each shift.*-

Every employer shall display a notice on his website and at a conspicuous place of the premises on a notice board showing the day of rest, in Form 'M'. A copy of the same shall be send to the Facilitator electronically.

15. *Prohibition of overlapping of shifts.*- Work shall not be carried out in any establishment by means of a system of shift so arranged that more than one relay of workers is engaged in work of the same kind at the same time.

16. *List of persons engaged in shift.*- (i) In case of establishment operating in more than one shift, the employer shall display well in advanced a shift schedule, showing the names and designation of all persons working in that shift, so that each worker is aware of the shift in which he has to work. Such list shall be in Form 'N' and shall be kept in every establishment and made available for inspection to the Facilitator on demand. The list shall be displayed on the website and at a conspicuous place of the premises on the notice board. A copy of the same

shall be send to the Facilitator electronically.

(ii) There shall be not less than twelve consecutive hours of rest or gap between the last shift and night shift whenever a worker is changed from day shift to night shift and also from night shift to day shift.

17. *Part-time employment.*- It shall be lawful for the employer to engage any worker as part-time worker provided that he shall not be allowed to work more than five hours in a day.

18. *Other particulars on Identity Card.*- Alongwith the particulars to be contained in the Identity Card of worker specified in section 17 of the Act, the identity card shall also contain an emergency contact number of worker.

19. *Leave Book.*- Every employer shall provide to each worker with a book called 'Leave Book' in Form 'O'. A copy of the same shall be retained by employer. All the entries of sanctioned earned leave as per section 18 shall be noted in the Leave Book. Any earned leave applied for and is refused shall also be noted in the register with initials of the employer or his representative in the respective column of Leave Book. However every employer shall be free to maintain Leave Book in such format either manually or electronically. If the Leave Book is lost by the worker, the employer or manager shall provide him the duplicate copy of the same.

20. *Notice by employer or manager of accumulated leave.*- The employer or manager shall cause a notice to be displayed in Form 'P' giving the names of all workers whose leave, which has been carried forward has reached the maximum limit allowed under sub-

section (5) of section 18, as soon as possible in the first quarter of each calendar year. The notice shall state that no further leave can be carried forward. A copy of the notice shall be given to each worker concerned.

21. Health, Safety and Welfare Committee.- (1) Every establishment wherein one hundred or more workers are ordinarily employed, there shall be constituted a Health, Safety and Welfare Committee.

(1) The representative of the employer and workers on the Health, Safety and Welfare Committee shall include,-

(a) senior official who by his position in the organisation can contribute effectively to the function of the Committee and he shall be the Chairman.

(b) A representative or head of the Department or in-charge of section or Department in an establishment e.g. sales, purchase, material, personnel, etc., if any.

(c) Maximum ten workers representative nominated by the workers of the establishment as members of the Committee.

(2) The following are the duties, functions and responsibilities of the Committee, namely:-

(a) To survey the premises and to examine whether there are any accident prone spots in the premises or defects or hazardous object or hazards in the premises.

(b) To follow and pursue to get such spots, defects, objects or hazards rectified.

(c) To conduct health care or wellness camps once

in a year in the organisation or establishment.

(d) To create awareness about any contiguous disease or epidemics or any natural calamities or any calamities due to accident, fire, etc.

(e) To conduct recreation, cultural, sports activities annually.

(f) To conduct social and educational awareness programmes like Swaccha Bharat Abhiyan, Tree Plantation, Family Welfare, Beti Bachao-Beti Padhao, etc.

(g) It shall be the duty and responsibility of the Committee to organize above event with due care and diligence.

22. *Cleanliness, Lighting, Ventilation.*- Premises of every establishment shall be kept clean and free from infection. It should have proper ventilation and lighting. No rubbish, filth or debris shall be allowed to accumulate or to remain on any premises or in an establishment or in the surroundings of such establishment in such position that effluvia therefrom can arise within the establishment or its surroundings.

23. *Precautions against fire.*- Every employer shall take all the measures to protect the premises and the workers therein from the danger of fire. He shall adopt and implement all such measures as suggested or directed by the Fire Protection Department of the Local Authority or Fire Brigade of that local area or any such authority. It shall be his duty to follow the norms and guidelines for protection against fire as per any law for the time being in force or any direction or instruction issued by any Local Authority or any such authority wherein the establishment is situated.

24. First-Aid Appliances.- Every employer shall maintain such duly equipped first-aid box in each establishment with the following first-aid appliances and medicine, namely:-

(i) small, medium and large sterilized dressing in required numbers

(ii) large size sterilized burn dressing in required numbers

(iii) packets of sterilized cotton-wool in required numbers

(iv) pair of dressing scissors.

(v) bottle containing solution of iodine or mercury-chrome.

(vi) bottle containing solution of savolatine having the dose and mode of administration indicated on the label.

(vii) bottle containing potassium permanganate crystals.

(viii) any antidote for burns.

25. Latrines and Urinals.- Every employer either individually or group of employers shall provide and maintain a common, neat and clean urinal and latrines facility with supply of anti bacterial liquid soap for men and women worker separately in such sufficient numbers. It shall be well ventilated with exhaust fan and lighted and safe for use of women worker in particular. It should have a proper provision of water supply and flushing of waste.

26. Maintenance of Registers and Records.- (i) The employer shall maintain a Muster-Roll cum Wages Register in Form 'Q'

Provided that where any employer or manager

maintains a Muster Roll-*cum*-Wages Register under sub-rule (1) of rule 27 of the Maharashtra Minimum Wages Rules, 1963, it shall not be necessary for him to maintain Muster Roll-*cum*-Wages Register as per Sub-clause (i) of Rule 26.

(ii) Every entry in the register or records requires to be maintained under these Rules shall be authenticated digitally or manually by the employer or the manager or any person so authorised by him. The entries relating to overtime shall be made immediately after completion of such overtime work. In case both the employer and the manager are absent on any day, the entries shall be authenticated by such person as may be authorised in writing by the employer.

(iii) Every register, record and notice required to be maintained, exhibited or given under these Rules shall be either in Marathi or in English language.

(iv) Every employer or manager shall preserve the inspection records of the Facilitator for a period of Five years and shall produce the same whenever demanded by the Facilitator.

(v) Where an office, store-room, godown, warehouse, or work place used in connection with the trade and business of a shop is situated at the premises other than the premises of such establishment, all such registers, records, muster-rolls, notices, etc. required to be maintained, exhibited or given under the Act and these Rules shall be separately so maintained, exhibited or given in respect of such office, store-room, godown, warehouse or work place, etc.

27. Annual Return.- Every employer shall online

upload the Annual Return in Form 'R' on the website within two months after the closing of the financial year ending on 31st March.

28. Supervision of State Government over Local Authority.- (i) If the Local Authority to whom the duty of enforcing the provisions of this Act is delegated under section 27 of the Act makes default in the performance of any duty imposed by or under this Act, the State Government may appoint appropriate person to perform it and may direct that the expenses of the person so appointed to perform the duty, shall be paid forthwith by the Local Authority.

(ii) The Chief Facilitator shall review the performance of such Local Authority periodically.

(iii) Every such Local Authority shall submit a report to the Chief Facilitator in such form as instructed by him.

29. Qualification of Facilitator.- A person shall hold atleast a degree of any recognised University or an equivalent qualification, for being qualified to be appointed as a Facilitator.

30. Duties and powers of Facilitator.- (i) The Facilitator shall make such examination as may appear to him to be necessary for the purpose of satisfying himself that the provisions of the Act and Rules and any orders issued by the Government or the Local Authority under the Act and Rules made thereunder are duly observed;

(ii) He shall maintain a monthly diary as per the instructions of the Chief Facilitator and submit it to such officer as directed by the Chief Facilitator as per

office order;

(iii) It shall be his duty to serve all the notices and orders as per the Act to the concerned persons issued by the Compounding Officer;

(iv) It shall be his duty to carry out inspection as per the online randomisation inspection system or any other system for the time being in force in the office of the Chief Facilitator;

(v) It shall be the duty of the Facilitator to carry out monthly reconciliation of the application and fees received online and the fees deposited in the treasury;

(vi) It shall be the duty of each Facilitator to maintain Court Cases Register individually and the register of cases referred to the Compounding Authority as per the instruction of the Chief Facilitator.

(vii) It shall be the duty of the Facilitator to advise the employer so as to comply with the irregularities pointed out by him in his inspection memo. It shall also be his duty to guide the workers in an establishment about their rights under the Act and the remedies available to them.

(viii) It shall be his duty to confirm that the defaulting employer has paid the fees as per the direction of the Compounding Officer and shall verify whether the amount is deposited in the local area treasury office.

31. Application for Compounding of Offence.- (a) Every application for compounding of an offence shall be in the Form 'S'.

(b) The Compounding Officer shall maintain a proper Rojnama of all the cases heard by him.

(c) The Compounding Officer notified under section 33(1) of the Act shall regularly hold sittings in each district or in such a place in the local area as per the work load or the matter referred to it.

32. Procedure for Compounding of Offence.- (i) The Compounding Officer on receipt of an application shall examine all the documents, the nature of breaches of the Act and Rules framed thereunder and shall pass a detailed order within working seven days from receipt of application. The Compounding Officer while determining the amount of compounding fees shall have regard to the seriousness of breaches, nature of an offence and evidence on record. The Compounding Officer shall on receipt of the compounding fees make the order for deposit of compounding fees and after deposit of such amount, the offence shall be compounded and the Compounding Officer shall make necessary entries in a register kept for that purpose.

(ii) An order passed by the Compounding Officer shall be forwarded to the concerned local Facilitator for serving the same to the defaulting employer within working seven days.

(iii) The maximum fees for compounding of offence may be imposed by the Compounding Officer shall not be less than seventy five per cent of the maximum fine specified for such offence under the Act.

(iv) In calculating the period for filling of prosecution under section 32, the time period taken for compounding of offence shall be excluded.

33. Intimation of persons discharging Managerial

function.- Every employer registered under section 6 shall inform to the Facilitator in Form 'T' the names and designation and brief nature of duties of such persons who are discharging managerial function.

34. Intimation of persons doing confidential work.-

Every employer shall inform in Form 'U' the names of such persons who are occupying position of confidential character in an establishment. However, the number of such persons shall not be more than one percent of the total strength of workers of the establishment subject to a maximum of fifty persons.

35. Name Board to be in Marathi.- The Name Board of every establishment shall be in Marathi language in Devnagari Script and shall essentially be written in the beginning:

Provided that, the employer may also have the Name Board in any other language and script in addition to Marathi in Devnagari Script. However, the font size of Name Board in Marathi shall not be less than that of the Name Board in any other language:

Provided further that, no establishment where liquor is served or sold shall have a Name Board in the name of legends or fort.

36. Cancellation of Registration Certificate- Where the Facilitator proposes to take action under Section 8 for cancellation of registration he shall, -

- i) by a notice require the employer to submit his say as to why the registration shall not be cancelled.
- ii) if, within 10 days from the date of the receipt of the notice, the employer fails to submit his say alongwith relevant documents, the facilitator may cancel the registration. If within the period of ten

days, the employer submits his say alongwith all relevant documents the facilitator may, after considering the say and the documents either withdraw the notice or cancel the registration as he may deem fit.

(See rule 3)

APPLICATION FOR REGISTRATION

1	Name of the Establishment	:-	
2	Postal address and situation of the Establishment	:-	
3	Date of commencement of Business		
4	Nature of Business	:-	
	Whether establishment falls under Public Sector or Private Sector		
<p>Note- (a) Establishment in public sector means an establishment owned or managed by (i)the Government or Department of the Government (ii) a Government Company as defined in clause (45) of section 2 of the Companies Act, 2013 (18 of 2013) (iii)a Corporation (including co-operative society) established by or under any Central Act or State Act which is owned, controlled and managed by the Government (iv)aLocal Authority.</p> <p>(b) Establishment in private sector means an establishment which is not an establishment in public sector.</p>			
5	Address of the office, storeroom, godown, warehouse or work place, if any, other than the above address. (should be field only when office, showroom, etc. is not separately registered under the Act.)		
6	Name of the Employer.		
7	Residential Address of the Employer.		
	Status/ Designation		
	Mobile No. and e-mail id		
	Adhar Card No. (upload copy)		
8	(I) Category of Establishment (i.e. Shop/ Commercial Establishment/ Residential Hotel/ Restaurant/ Theatre/ Other places of public	:-	

	amusement or entertainment and other establishment) (2) Type of organisation (i.e. Proprietor, Partnership, LLP, Company/ Trust/ Co-operative Society/ Board)				
9	Details of the Partner/ Director/ Trustee/ Board and Society Members.	:-	Name and Residential Address	Aadhar Card No.	Mobile No. and e-mail id.
10	Government Resolution No. in case of Board/ Corporation. (upload copy)	:-			
11	In case of Company or LLP, certificate of incorporation or partnership registration certificate of appropriate authority (upload copy)				
12	In case of Co-operative Society or Trust, the certificate of registration of appropriate authority (upload copy)				
13	Reserve Bank of India/Securities and Exchange Board of India/ Insurance Regulatory and Development Authority, etc. Registration No. or any such registration number which is mandatory before starting such business as banking/ share/ mutual fund/ insurance/ finance lending institute, etc. (upload copy)	:-			
14	Name of the members of employer's family employed in the establishment	:-	Name of the person	Relation	
15	Name of the other persons occupying	:-	Name of the person	Designation	

	position of management or workers engaged in confidential capacity				
16	Manpower/ Workers Details	:-	Men	Women	
	Persons working in Managerial/ Supervisory/Confidential capacity				
	No. of workers other than above	:-			
	No. of apprentices under the Apprentices Act, 1961 (52 of 1961)	:-			
	No. of contract labour	:-			
	No. of part-time workers	:-			
	Total	:-			
17	a) Name and Residential Address of Authorized person	:-	Name and e-mail ID	Aadhar Card No.	Mobile No.
	b) Name and Residential Address of Manager		Name and e-mail ID	Aadhar Card No.	Mobile No.
18	(A) Is the place of business conducted in owned premises ?	:-	Yes / No		
	If yes, details of the place of business as per agreement.	:-	Name of the owner - Address of the premises – Plot No.- Gala/ Shop No. – City Survey No.- Name of the Building/ Society - Name of the Road – Locality, District, Taluka, Village – Pin No. -		
	If the place of business is located in self owned premises documents mentioned at serial number (4) of Part-A of the Schedule should be uploaded alongwith the application.				

	(B) Is the place of business conducted in rental premises		Yes / No
	If yes, upload any one of the following documents relating to the owner of the premises		Name of the owner - Name of the Leasee - Address of the premises – Plot No.- Gala/ Shop No. – City Survey No.- Name of the Building/Society - Name of the Road – Locality, District, Taluka, Village – Pin -
	If the place of business is located in rented or leased premises documents mentioned at serial number (5) of Part-A of the Schedule should be uploaded alongwith the application.		
19	Is the business conducted in the premises owned/rented by any member of the family/relative?	:-	Yes / No
	If yes, no objection letter for doing such business in the premises of such owner shall be obtained and uploaded, alongwith documents mentioned in column No. 18.		
20	Is the place of business is conducted in a flat/apartment or residential unit in a housing society ?	:-	Yes/ No
	If yes, obtain and upload a no objection certificate from the society or any such authority responsible for the maintenance of the premises, alongwith documents mentioned in column No. 18.		
21	Period for renewal which is required. (No. of years – maximum upto 10		No.of years

	years)		
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22.

Self-Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place:

Name and Signature of Applicant.

symbol

Form – ‘B’

(See rule 5)

REGISTRATION CERTIFICATE

1.	Registration Number	:-																									
2	Name of the Establishment	:-																									
3.	This certificate is issued based on the application and the uploaded Self-Certified documents and declaration given by the applicant, without physical verification of the existence of establishment, the nature of business carried out and the details mentioned in the application. This is just a certificate of registration and does not give any right to property or possession of the rights of the premises or property. The certificate shall be renewed thirty days before expiry of registration.																										
4.	Date of commencement of business	:-																									
5	Period for which registration is obtained	:-																									
6.	Name of the Employer	:-																									
7.	Nature of Business	:-																									
8.	Postal Address of Establishment	:-																									
9.	Details of Manpower/ employee	:-	<table border="1"><thead><tr><th></th><th>Men</th><th>Women</th></tr></thead><tbody><tr><td>No. of persons working in Managerial/Supervisory/confidential capacity</td><td></td><td></td></tr><tr><td>No. of workers other than above</td><td></td><td></td></tr><tr><td>No. of apprentices under the Apprentices Act, 1961 (52 of 1961)</td><td></td><td></td></tr><tr><td>No. of contract labour</td><td></td><td></td></tr><tr><td>No. of part time workers</td><td></td><td></td></tr><tr><td>Total</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Men	Women	No. of persons working in Managerial/Supervisory/confidential capacity			No. of workers other than above			No. of apprentices under the Apprentices Act, 1961 (52 of 1961)			No. of contract labour			No. of part time workers			Total					
	Men	Women																									
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No. of part time workers																											
Total																											

It is hereby certified that the above establishment has been registered under the Maharashtra Shops and Establishments (Regulations of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) on this _____ day of _____ 20__ as shop/commercial establishment/eating house/residential hotel/theater or other places of public amusement or entertainment and other establishment.

Date :

Place:

Name & Signature of Facilitator
Office Address

Date of Expiry	Application Id No.	Fees paid (rupees)

Form – ‘C’

(See rule 5)

REGISTER OF ESTABLISHMENT

Sr. No.	Registration Certificate No. with Date	Name and Address of the Establishment	Name and residential address of the Employer	Name and residential address of the Authorised Person and Manager	Whether establishment falls under public/private sector	Situation of office, showroom, godown, warehouse or workplace, if any, attached to a shop but situated in premises different from those of the shop
1.	2.	3.	4.	5.	6.	7.

Date of Commencement of business	Nature of business	No. of family members of employer employed in the establishment (Men/Women)	No. of other persons occupying position of management or persons engaged in confidential capacity.	Total No. of workers (including part-time workers)	Date of renewal of registration certificate .	Fees paid	Application ID No.	Remarks, if any.
8.	9.	10.	11.	12.	13.	14.	15	16

Form – ‘D’

PHOTO

(See rule 6)

APPLICATION FOR RENEWAL OF REGISTRATION

CERTIFICATE

1	Previous details of establishment a) <u>In case of online registration</u> i) Registration No. (Sr.No.1 on the certificate issued online) ii) Application IDNo.		
	b) <u>In case of manual registration</u> RegistrationNo.		
	Date of Expiry		
	Period for which (in years) renewal is required (Max. upto 10 years)		
2	Name of the establishment as per certificate		
3	Postal Address and situation of the establishment		
	Address of Registered Office / Head office, If any		
4	Nature of Business	:-	
	Whether establishment falls under Public Sector or Private Sector		Public/Private
	Note- (a) Establishment in public sector means an establishment owned or managed by (i)the Government or Department of the Government (ii) a Government Company as defined in clause (45) of section 2 of the Companies Act, 2013 (18 of 2013) (iii) a Corporation (including co-operative society) established by or under any Central Act or State Act which is owned, controlled and managed by the Government (iv) a Local Authority.		
	(b) Establishment in private sector means an establishment which is not an establishment in public sector.		
5	Address of the office storeroom, godown, warehouse or work place if		

	any other than the above address. (should be field only when office showroom etc. is not separately register under the Act)				
6	Name of the Employer.				
7	Residential Address of the Employer.				
	Status/ Designation				
	Mobile No. and e-mail ID				
	Adhar Card No. (upload copy)				
8	Name and residential address of the Manager, if any.				
9	(1) Category of Establishment (i.e. Shop / Commercial Establishment/ Residential Hotel / Restaurant / Theatre / Other places of public amusement or entertainment and other establishment) (2) Type of organization (i.e. Proprietor, Partnership, LLP, Company/Trust/ co-operative Society/ Board)	:-			
10	Details of the Partner/ Director/ Trustee/ Board and Society Members.	:-	Name and Residential Address	Aadhar Card No.	Mobile No. and Email Id.
11	Government Resolution No. in case of board/ corporation. (upload copy)	:-			
12	In case of Company or LLP, certificate of incorporation or partnership registration certificate of appropriate authority (upload copy)				
13	In case of Co-operative Society or Trust, the certificate of registration of appropriate authority (upload copy)				
14	Reserve Bank of India/Securities and Exchange Board of India/ Insurance	:-			

	Regulatory and Development Authority etc. Registration No. or any such registration number which is mandatory before starting such business as banking/ share/ mutual fund/ insurance/ finance lending institute, etc. (upload copy)				
15	Name of the members of employer's family employed in the establishment	:-	Name of the person		Relation
16	Name of the other persons occupying position of management or workers engaged in confidential capacity	:-	Name of the person		designation
17	Manpower/ employee Details	:-	Men	Women	
	No. of persons working in Managerial/ Supervisory/Confidential capacity				
	No. of workers other than above	:-			
	No. of apprentices under the Apprentices Act, 1961 (5 of 1961)	:-			
	No. of contract labour	:-			
	No. of part time workers	:-			
	Total	:-			
18	(a) Name and Residential Address of Authorized person	:-	Name and e-mail Id.	Aadhar Card No.	Mobile No.
	(b) Name and Residential Address of Manager		Name and e-mail Id.	Aadhar Card No.	Mobile No.
19	(A) Is the place of business conducted in owned premises ?	:-	Yes / No		
	If yes, details of the place of business as per agreement.	:-	Name of the owner - Address of the premises –		

			Plot No.- Gala/ Shop No. – City Survey No.- Name of the Building/ Society - Name of the Road – Locality, District, Taluka, Village – Pin No. -
	If the place of business is located in self owned premises documents mentioned at serial number (5) of Part-B of the Schedule should be uploaded alongwith the application.		
	(B) Is the place of business conducted in rental premises		Yes / No
	If yes, upload any one of the following documents relating to the owner of the premises		Name of the owner - Name of the Leasee - Address of the premises – Plot No.- Gala/ Shop No. – City Survey No.- Name of the Building/Society - Name of the Road – Locality, District, Taluka, Village – Pin -
	If the place of business is located in rented or leased premises documents mentioned at serial number (6) of Part-B of the Schedule should be uploaded alongwith the application.		
20	Is the business conducted in the premises owned/rented by any member of the family/relative?	:-	Yes / No
	If yes, no objection letter for doing such business in the premises of such owner shall be obtained and uploaded, alongwith documents mentioned in column No. 19.		

21	Is the place of business is conducted in a flat/apartment or residential unit in a housing society ?	:-	Yes/ No
	If yes, obtain and upload a no objection certificate from the society or any such authority responsible for the maintenance of the premises, alongwith documents mentioned in column No. 19.		

22.

Self-Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for procecuton and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for procecuton and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place:

Name and Signature of Applicant.

symbol

Form – ‘E’

(See rule7)

RENEWED CERTIFICATE OF REGISTRATION

1.	Registration Number	:-	
2.	Old Registration Number and date	:-	
3.	Name of the Establishment	:-	
4.	This certificate is issued based on the application and the uploaded Self-Certified documents and declaration given by the applicant, without physical verification of the existence of establishment, the nature of business carried out and the details mentioned in the application. This is just a certificate of registration and does not give any right to property or possession of the rights of the premises or property. The certificate shall be renewed thirty days before expiry of registration.		
5.	Date of commencement of business	:-	
6.	Period for which registration is obtained	:-	
7.	Name of the Employer	:-	
8.	Nature of Business	:-	
9.	Postal Address of Establishment	:-	
10.	Manpower/ Workers Details	:-	Men
			Women
	No. of persons working in Managerial/Supervisory/Confidential capacity	:-	
	No. of workers other than above	:-	
	No. of apprentices under the Apprentices Act, 1961 (52 of 1961)	:-	
	No. of contract labour	:-	
	No. of part time workers	:-	
	Total	:-	

It is hereby certified that the above establishment has been registered under the Maharashtra Shops and Establishments (Regulations of Employment and Conditions of Service) Act, 2017 on this _____ day of _____ 20__ as shop/commercial establishment/eating house/residential hotel/theater or other places of public amusement or entertainment and other establishment

Date :

Place:

Name & Signature of Facilitator.
Office Address.

Date of Expiry	Application Id No.	Fees paid (rupees)

Form – ‘F’

PHOTO

(See rule 8)

APPLICATION FOR INTIMATION

1	Name of the Establishment	:-	
2	Previous details of establishment	:-	
	In case of online Certificate	:-	
	(i) Registration No.		
	(ii) Application ID No.	:-	
3	In case of Manual Certificate Registration No.	:-	
4	Date of Expiry	:-	
5	Postal address and situation of the Establishment	:-	
6	Date of Commencement of Business	:-	
7	Nature of Business	:-	
	Whether establishment falls under Public Sector or Private Sector	:-	Public / Private
	Note- (a) Establishment in public sector means an establishment owned or managed by (i)the Government or Department of the Government (ii) a Government Company as defined in clause (45) of section 2 of the Companies Act,2013 (18 of 2013) (iii)a Corporation (including co-operative society) established by or under any Central Act or State Act which is owned, controlled and managed by the Government (iv)aLocal Authority. (b) Establishment in private sector means an establishment which is not an establishment in public sector.		
8	Total No. of Employee	:-	Men... Women... Total
9	Name of the Employer		
	Residential Address of the Employer		
	Status / Designation		
	Mobile No. and e-mail ID		
	Adhar Card No. (upload copy)		

10	Name, Address, Mobile No. and E-mail ID of the Manager (if any)			
11	(a) Category of Establishment i.e. Shop/ Commercial Establishment/ Residential Hotel/ Restaurant / Theatre / Other places of public amusement or entertainment and other establishment	:-		
	(b) Type of organisation i.e. Proprietor, Partnership, LLP, Company/ Trust/ Co-operative Society/ Board			
12	Name of the members of employer's family employed in the establishment	:-	Name of the person	Relation

13. Self-Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place:

Name and Signature of Applicant.

LOGO

Form – ‘G’

(See rule 9)

INTIMATION RECEIPT

The applicant has intimated the following details for having commenced the

Business in Form “F” to this office. The details thereof are as follows: –

1	Receipt Number	:-	
2	Application Id number	:-	
3	Name of the Establishment	:-	
4	Total No. of Workers	:-	
5	a) Name of the Employer	:-	
	b) Postal Address of the Establishment	:-	
	c) Registered Office Address of the Establishment (if any)	:-	
6	This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the Intimation application. It shall be the responsibility of the employer to obtain all the prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority.		
7	Nature of Business	:-	
8	Old Registration No. and Date, if applicable	:-	

(Note :-This is an electronically generated receipt, hence does not required signature.)

Date:

Place:

Office Address.

Form – ‘H’

(See rule 9)

REGISTER OF ESTABLISHMENT WHO HAVE GIVEN INTIMATION

(For Establishment engaging less than ten workers)

Sr. No.	Intimation Receipt No. with Date	Name and Address of the Establishment	Name and residential address of the Employer	Name and residential address of the Authorised Person and Manager	Whether establishment falls under public/private sector	Situation of office, showroom, godown, warehouse or workplace, if any, attached to a shop but situated in premises different from those of the shop	Date of Commencement of business	Nature of the business	No. of family members of employer employed in the establishment (Men/Women)	Total No. of Workers [Including part time workers]
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.

[Type text]

Form – ‘I’

(Seerule 10)

NOTICE OF CHANGE

To,
The Facilitator,
Office Address.

Subject:- Request to make the changes in the Registration Certificate No. as mentioned below.

Dear Sir,

It is to inform you that I/We wish to make following changes in the Registration Certificate as per details mentioned below:-

Details.

1	Name of the employer.	:-						
2	Aadhar card no. of the employer.	:-						
3	Registration Certificate No./ Intimation Receipt No.	:-						
4	The following change shall be made in the registration certificate :-							
			Existing details	Change to be made				
	(a) Name of the Establishment	:-						
	(b) Name of the employer/ applicant							
	(c) Nature of Business	:-						
	(d) Postal address of place of the establishment	:-						
	(e) Manpower Details		Change the figure in manpower as follows.					
		:-	Men		Women		Total	
			existing	new	existing	new	existing	New
	(f) Any other details to be changed	:-						

5

Self- Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the
[Type text]

consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place:

Name and Signature of Applicant.

[Type text]

Form – ‘J’

(See rule 11(1))

INTIMATION OF CLOSING OF BUSINESS

To,
The Facilitator,
Office address.

Subject : Closing of business and removal of the name of the
Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below :-

I/We request you to cancel our Registration number and remove the name of our establishment from your records.

Details of establishment.

1	Registration Certificate no.	:-	
2	Validity period		
3	Name of the Establishment	:-	
4	Postal Address of place of establishment	:-	
5	Registered/ principal office address, if any.	:-	
6	Type of organization	:-	Proprietor, Partnership, LLP, Company/Trust/ Society/ Board
7	(A) Category of business (B) Nature of business	:-	
8	Name and residential address of the Proprietor	:-	
9	Details of the Partner / Director/ Trust/Board Member/Member	:-	
10	Name and residential address of Authorized person, if any.	:-	Name and e-mail Aadhar Card No Mobile No.

[Type text]

11	Name and residential address of Manager, if any .		Name and e-mail	Aadhar Card No.	Mobile No.
12	Manpower Details	:-	Men	Women	Total
13	Date of closing of business	:-			
14	Reasons for closing of business	:-			

15

Self- Declaration

I/ We hereby solemnly affirm and state that the business which I/we had started was not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for procecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant.

[Type text]

Form – ‘K’

(See rule 11(2))

INTIMATION OF CLOSING OF BUSINESS

(For establishment engaging less than ten workers)

To,

The Facilitator,

Office address.

Subject : Closing of business and removal of the name of the
Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below :-

I/We request you to remove the name of our establishment from your register.

Details of establishment.

1	Intimation Receipt no.	:-			
2	Name of the Establishment	:-			
3	Postal Address of place of establishment	:-			
4	Registered/ principal office address, if any.	:-			
5	Type of organization	:-	Proprietor, Partnership, LLP, Company/Trust/ Society/ Board		
6	(A) Category of business (B) Nature of business	:-			
7	Name & Residential Address of the Proprietor	:-			
8	Details of the Partner / Director/ Trust/Board Member/Member	:-			
9	Name and Residential Address of Authorized person, if any.	:-	Name and e-mail	Aadhar Card No	Mobile No.
10	Name and Residential Address of Manager, if any .		Name and e-mail	Aadhar Card No	Mobile No.

[Type text]

11	Manpower Details	:-	Men	Women	Total
12	Date of closing of business	:-			
13	Reasons for closing of business	:-			

14

Self- Declaration

I/ We hereby solemnly affirm and state that the business which I/we had started was not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I/ we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant

[Type text]

Form – ‘L’

(See rule 13)

CONSENT OF WOMEN WORKER TO WORK IN NIGHTSHIFT

I Miss / Smt. ----- residing at -----
----- (Full Address)

state that I am working as (Designation) ----- in M/s. -----
----- since -----

I am aware that, -

the employer will provide safe transport facility from the doorstep of my residence to the place of work and *vice-versa*—and that there will be at least three women worker working in the nightshift and that there is a Committee to prevent sexual harassment at work place under the Chairmanship of Smt. -----

I am therefore willing to work at nightshift for the period from ----- to -----
period.

Date :

Place :

Signature of the Women worker.

Name, address and Signature of witnesses

1.-----

2.-----

[Type text]

FORM – ‘M’

(See rule 14)

NOTICE OF WEEKLY HOLIDAY

Name and address of the Establishment : _____

Name of the Manager/Authorised representative. : _____

All the workers in the establishment are hereby informed that the days of weekly holiday of each worker is given below:-

Sr. No.	Name of worker	Designation	Day of weekly holiday	Hours of Work form ... to...
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				

Date :

Signature of the Manager or
Authorised representative.

Place :

[Type text]

FORM- 'N'

(See rule16)

LIST OF WORKERS ENGAGED IN SHIFT

All the workers in establishment are hereby informed that the establishment shall operate in more than one shift from ----- date. The shift schedule of the workers is as follows: -

Shift schedule for the month -----

Sr. No.	Name of the worker	Designation	Dates of the Month	Dates of the Month	Dates of the Month	Weekly holiday day.
			1 st Shift	2 nd Shift	3 rd shift	
1			From – To -	From – To -	From – To -	
2						
3						
4						

Date:

Place:

Signature of Manager/ Authorised representative.

[Type text]

Form – ‘O’
(See rule 19)
LEAVE BOOK

Name of the establishment :			Name of the employer :							Receipt of leave book -	
Name of the worker :			Date of entry into service :							(Signature or thumb impression of worker)	
Description of the Department (if applicable) :											
Accumulation of leave		Leave allowed	Payment for leave made on		Refusal of leave		Payment for Leave on discharge of an worker quitting employment if admissible				
1.	2.	3.	4.		5.		6.			7.	
Leave due on	No. of days	From ---- To -	1 st Moiety	2 nd Moiety	Application Date	Date of Refusal	Date of discharge	Date and amount paid	Signature or left hand thumb impression of worker	Remarks	

DETAILS OF FESTIVAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Payment made in lieu of Festival Leave, when called for work.	Remarks
From	To					

DETAILS OF CASUAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Remarks
From	To				

Name and Signature of Authority.

[Type text]

Form – ‘P’

(See rule 20)

NOTICE OF MAXIMUM LEAVE ACCUMULATED

Name and address of the establishment.

Name of the Authorised person / Manager.

Notice.

As per section 18 (5) of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) the maximum leave that can be accumulated is for 45 days. The following workers whose names are mentioned below have maximum leave of 45 days accumulated at their credit. Hence, no further leave due to them but not availed by them will be accumulated and it shall lapse if unavailed.

Details of workers.

Sr.No.	Name of workers	Number of accumulated leave	Period for which leave is accumulated	
			From	Till

Date :

Place :

Name and Signature of
Authorised Representative
/Manager.

Copy to Workers

[Type text]

Form 'Q'

(see rules 26)

MUSTER-ROLL CUM WAGE REGISTER

Name of the Establishment :

Name of the employer :

Month :

Sr. No. (1)	Full Name of the worker (2)	Designation Name of the worker (3)	Age (4)	Sex (5)	Date of entry into service (6)	Working hours (7)		Interval for Rest (8)		Date of the Month (9)					
						From	To	From	To	1	2	3	4	5	6

Date of the Month (9)																				Total Days worked (10)					
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

[Type text]

Minimum rate of wages payable Rs. (11)	Total production in case of piece rate Rs. (12)	Actual Wages Paid Rs. (13)	House Rent Allowance Paid Rs. (14)	Dearness Allowance Paid Rs. (15)	Gross Amount Payable Rs. (16)	Total hours of overtime worked during the month (17)	Overtime earnings Rs. (18)

Deductions								Total Deduction Rs.	Net Payable Rs.
Provident Fund Contribution Rs. (19)	Family Pension Rs. (20)	ESI Contribution Rs. (21)	Professional Tax Rs. (22)	Income Tax Rs. (if any) (23)	Loan and IntrestRs. (24)	Advances Rs. (25)	Other Deductions Rs. (if any) (26)	(27)	(28)

Date of Payment (29)	Signature/ Thumb Impresion of the worker (30)

Signature of employer or authorised representative.

[Type text]

Form – ‘R’

(See rule27)

ANNUAL RETURN

(for the financial year ending as 31st March)

1. Name of the Establishment :-
2. Name of the Owner / Partner / Occupier :-
/Director / Authorised Person
3. Name of the Manager :-
4. Total number of Workers :- Men Women
Managerial Staff
Workers
Contract Labour
Causal
Part Time
Others
Total
5. Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent? :- Yes No
6. Nature of Business :-
7. Registration number
Date of Validity of the Registration Certificate
8. Number of shift if applicable :- 1st 2nd 3rd
Average number of persons engaged shift wise
9. Whether notice of shift is displayed and copy sent to the Facilitator? :- Yes No
10. Number of women workers engaged during the year (if applicable) :-
Number of women workers engaged in night shift
11. Whether consent letter from women workers working in night shift is obtained? (if applicable) :- Yes No

[Type text]

- | | | | | | |
|-----|---|----|-----|----|------|
| 12. | Whether notice showing the weekly holiday of each worker is displayed? | :- | Yes | | No |
| 13. | Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013) is constituted ? (if applicable) | :- | Yes | No | N.A. |
| | Name of the Chairman of the Committee | | | | |
| 14. | Whether police varification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable) | :- | Yes | | No |
| 15. | Is identity card issued to all workers? | :- | Yes | | No |
| 16. | Is leave book maintained ? | :- | Yes | | No |
| 17. | Whether Committee for Health, Safety and Welfare is constituted ? (if applicable) | :- | Yes | No | N.A. |
| 18. | Whether all safety measures as per the directions of fire protection department / local authority are observed? | :- | Yes | | No |
| 19. | Whether First aid box is maintained? | :- | | | |
| 20. | Whether the following welfare facilities are provided (wherever applicable) | :- | | | |
| | (a) sufficient number of laterines and urinals | | Yes | | No |
| | (b) Creche | | Yes | No | N.A. |
| | (c) Canteen | | Yes | No | N.A. |
| 21. | Whether all the records and registers are maintained and required notices are displayed. | :- | Yes | | No |
| 22. | Any application for compounding of an offence is made during the year ?
if yes,
Date of application
Date of disposal
Amount of fees deposited | :- | | | |

[Type text]

23. Number of accident occurred in the establishment during the year
Number of workers injured
Amount of compensation paid

24. Is the name board displayed in Marathi. :- Yes No

Declaration

I /we Mr./Mrs.----- hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I /we am/are aware that if any information submitted by me turns out to be false or not true or incorrect. I shall be liable for legal action under the concerned Law.

Date :

Place :

Signature of Employer.

FORM – ‘S’

(Seerule 31)

APPLICATION FOR COMPOUNDING OF OFFENCE BY AN EMPLOYER

To,

The Compounding Officer,
Office Address.

Subject : Request for compounding of offence/s.

Reference : Inspection memo dated

Dear Sir,

This is to inform you that the local areas Facilitator visited and inspected our establishment on -----(date). He had pointed out certain breaches of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the rules made thereunder during his inspection and an inspections memo as refered above was issued to us. We have received a notice dt.----- for compounding of the offence by the authority.

We are willing and request you to compound all the offences mentioned in the inspection memo, or to compound only the following offences mentioned in the inspection memo.

Sr. No.	Section / Rule	Description of offences in short

You are, therefore, requested to compound the above offences. We will deposit the amount of fine fees as decided by you within the time mentioned in the order passed by you.

[Type text]

I/We am/are aware that if we failed to pay the fine in stipulated time we will be liable for additional fine as per the provisions of the Act and prosecution may also be launched against us in the Court of Law.

Date : Name and Signature of the Proprietor/
Partner/ Director or Authorised Representative

Place : Name and Address of the Establishment with Seal.

FORM – ‘T’

(Seerule33)

DETAILS OF PERSONS DISCHARGING MANAGERIAL FUNCTIONS

Name and address of the Establishment /Organisation :

E-mail ID / Website Address :

Name of Authorised person/manager :

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged to conduct managerial functions and shall be responsible for discharging managerial functions, for the period from ----- till ----- .

Sr. No.	Name of the person.	Designation.

Date :

Place :

Signature of the Manager/Authorised Person.

CC to - Facilitator

FORM – ‘U’

(*Seerule34*)

**DETAILS OF PERSONS OCCUPYING POSITION OF CONFIDENTIAL
CHARACTER**

Name of the Establishment / Organisation :

E-mail ID /Website Address :

Name of Authorised person/manager :

E-mail ID :

The Management hereby declares that the following persons to be the persons who will be engaged in and shall be responsible for discharging work of confidential Nature relating to the Business of the Establishment for the period from ----- till ----- .

Sr. No.	Name of the person.	Designation.

Date :

Place :

Signature of the Manager / Authorised Personwith Seal

CC to – Facilitator

SCHEDULE -I

(see rules 3, 6, 8 and 10)

LIST OF DOCUMENTS TO BE UPLOADED

PART- A

- (A) Documents to be uploaded for New Registration (Form A):-
- (1) Aadhar card of the employer.(in case of legal statute such as company, etc. copy of Adhar card of responsible person under the respective act.)
 - (2) Actual photo of the establishment displaying the interior and the NameBoard(Marathi) at the appropriate place of the establishment.
 - (3) Copy of the Licence, Registration which is mandatory under any other law from competent authority before starting of such business.
 - (4) In case of business conducted in owned premises any one of the following:-
 - (i) Sale/ Purchase Deed
 - (ii) Current Property Tax paid Receipt
 - (iii) Current Electricity Bill
 - (iv) Current Society Maintenance Receipt
 - (5) In case of business conducted in rental /leased premises any one of the following documents:-
 - (i) Lease Agreement
 - (ii) Leave and Licence Agreement
 - (iii) in case where the possession is held by way of any other order of the court or order of any competent authority, copy of such order. And
 - (i) Any one document mentioned at Sr. No. 4 with respect to the owner of the establishment whose premises is rented or leased.
 - (6) If the place of business is owned or leased or rented by any member of family or relative No objection letter from such member or relative.
 - (7) If the place of business is situated in any residential housing society No objection certificate from the residential society or any such authority responsible for its maintenance .
 - (8) All such documents wherever mentioned in the forms.

PART B

(B) Documents to be uploaded for Renewal of Certificate of Registration (Form D):-

- (1) Aadhar card of the employer.(in case of legal statute such as company, etc. copy of Adhar card of responsible person under the respective act.)
- (2) Actual photo of the establishment displaying the interior and the NameBoard (Marathi) at the appropriate place of the establishment.
- (3) Last Registration Certificate.
- (4) Copy of the Licence, Registration which is mandatory under any other law from competent authority before starting of such business.
- (5) In case of business conducted in owned premises any one of the following documents:-
 - (i) Sale/ Purchase Deed
 - (ii) Current Property Tax paid Receipt
 - (iii)Current Electricity Bill
 - (iv)Current Society Maintenance Receipt
- (6) In case of business conducted in rental /leased premisesany one of the following documents:-
 - (i) Lease Agreement
 - (ii) Leave and Licence Agreement
 - (iii) In case where the possession is held by way of any other order of the court or order of any competent authority, copy of such order. And
 - (i) Any one document mentioned at Sr. No. 5 with respect to the owner of the establishment whose premises is rented or leased.
- (7) If the place of business is owned or leased or rented by any member of family or relative No objection letter from such member or relative.
- (8) If the place of business is situated in any residential housing society No objection certificate from the residential society or any such authority responsible for its maintenance .
- (9) All such documents as mentioned wherever in the forms.

PART- C

(C) List of documents to be uploaded for intimation (Form F):-

- (1) Aadhar card of the employer.(in case of legal statute such as company, etc. copy of Adhar card of responsible person under the respective act.)
- (2) Actual photo of the establishment displaying the interior and the Name Board (Marathi) at the appropriate place of the establishment.

PART-D

(D) List of documents applicable to be uploaded for Notice of Change(Form I):-

- (1) Aadharcard of the employer.(in case of legal statute such as company, etc. copy of Adhar card of responsible person under the respective act.)
- (2) Actual photo of the establishment displaying the interior and the Name Board (Marathi) at the appropriate place of the establishment.
- (3) Old registration certificate.
- (4) Copy of the Licence, Registration which is mandatory under any other law from competent authority before starting of such business.
- (5) In case of business conducted in owned premises any one of the following:-
 - (i) Sale/ Purchase Deed
 - (ii) Current Property Tax paid Receipt
 - (iii) Current Electricity Bill
 - (iv) Current Society Maintenance Receipt
- (6) In case of business conducted in rental /leased premises any one of the following documents:-
 - (i) Lease Agreement
 - (ii) Leave and Licence Agreement
 - (iii) In case where the possession is held by way of any other order of the court or order of any competent authority, copy of such order. And
 - (i) Any one document mentioned at Sr. No. 5 with respect to the owner of the establishment whose premises is rented or leased.
- (7) If the place of business is owned or leased or rented by any member of family or relative No objection letter from such member or relative.

- (8) If the place of business is situated in any residential housing society No objection certificate from the residential society or any such authority responsible for its maintenance.
- (9) All such documents as mentioned wherever in the forms.

By order and in the name of the Governor of Maharashtra,

(Rajesh Kumar)
Principal Secretary
Indusries, Energy and Labour Department
