

Form '1'
(See Rule 3)
Statement under section 4
'PART I'

1.	Name of the establishment	RAHULDUSAD
2.	Postal address of the establishment	B-18,SHIV MARG, BANI PARK, JAIPUR
3.	Full name of the occupier of the employer	FFADFAF
4.	Full name of the Manager, if any	AFAFAF
5.	Category of the establishment, i.e. whether a shop,commercial establishment, residential hotel,restaurant,eating house, theatre or other place of public amusement or entertainment.	AFAFAF
6.	Nature of business	FAFAFAFA

Rajasthan Shops & Commercial Establishment Act, 1959

'PART II'

7.	Name of members of employer's family, working in the establishment state separately the name of the young person if any .	AFAFAFAF
8.	Name of other person occupying position of management or employees engaged in confidential capacity .	FAFAF
9.	Total number of employee (state separately the number of men,women, and/or young person if any) men, women, Young person	Men <input type="text" value="32"/> Women <input type="text" value="232"/> Young Person <input type="text" value="3232"/>
10.	Rate of wages including dearness Allowance paid to different categories of employees (information in this respect may be submitted separately and marked confidential, if so desired)	2323.00

S.No	Name of Occupation	No of employees in the occupation	Rate of wages
22	AFDSAFAF	2323	Minimum <input type="text" value="232.00"/> Maximum <input type="text" value="43243.00"/>
Dated	<input type="text" value="09/04/2015"/>		Signature of the employer

Note: This statement shall be sent to the inspector with such fees as are prescribed.

received from 434343

Form "I" with Challan no. 34343434343

Signature