

Form I
(See Rule 17(1))
Application for Registration of Establishments Employing Contract Labour

1.	Name and Location of the Establishment.
	TTK HEALTHCARE L.T.D,TAPOOKRA,TIZARA,ALWAR
2.	Postal address of the Establishment
	6,CATHEDRAL ROAD CHENNAI -
3.	Full Name and address of the Principal Employer (furnishing father's name in the case of individuals).
	JAI PRAKASH SINGH
4.	Full Name and address of the Manager or person responsible for the supervision and control of the establishment.
	JAI SINGH
5.	Particulars of contractors and contract labour.

Sr.No	Name and Address of the Contractors	Nature of work in which contract labour is employed or is to be employed	Maximum number of contract labour to be employed on any day through each contractor	Estamited date of termination of employed of contact labour
1	JAI PRAKASH SINGH	NATUREONE	21323	14/04/2015

6.	Particulars if Treasury receipt enclosed JAI
	I hereby declare that the particulars given above are true to the best of my knowledge and belief.
	Principal Employer Seal and Stamp.
	Office of the Registering Officer
Time and Date of receipt of application	15/04/2015
With Treasury Receipt No.	232323 and date. 22/04/2015
	Signature of Registering Officer.