Government of Rajasthan Dept. of Consumer Affairs (Legal Metrology Cell)

| First Name (Applicant) * | Middle + Last Name (Applicant) * |
|---|---|
| ENTER FIRST NAME | ENTER MIDDLE + LAST NAME |
| Father/ Husband Name * | Date of Birth * |
| ENTER FATHER/ HUSBAND NAME | DD/MM/YYYY |
| Gender | Religion |
| $ullet$ Male \bigcirc Female \bigcirc Other | Hindu \bigcirc Muslim \bigcirc Sikh \bigcirc Christian \bigcirc Buddhist \bigcirc Parsi \bigcirc Jain \bigcirc Others |
| Urban/ Rural | House Number |
| ullet Urban $igtarrow$ Rural | ENTER HOUSE NUMBER |
| Lane/ Street Name * | Locality * |
| ENTER LANE/ STREET NAME | ENTER LOCALITY |
| State * | District * |
| Select State 🗸 | Select District 🗸 |
| Permanent Address * | PIN Code * |
| ENTER PERMENENT ADDRESS | ENTER 6 DIGIT PIN CODE |
| Telephone Number With STD Code | Fax Number With STD Code |
| ENTER TELEPHONE NUMBER WITH STD COD | ENTER FAX NUMBER WITH STD CODE |
| Mobile * | E-Mail Address * |
| ENTER 10 DISGIT MOBILE NUMBER | ENTER EMAIL ADDRESS |
| B. Establishment Details (Registered Office C | unly) |
| Name of the Repairing Unit * | Urban/ Rural |
| Enter Name of the Repairing Unit | ● Urban ○ Rural |
| BRN * | House Number |
| Enter BRN | House Number |
| | |
| Lane/ Street Name * | Locality * |

| | | | District * | | |
|--|---|-----------------------------|---|---------------|-------------|
| RAJASTHAN | | Select District 🗸 | | | |
| City | | | | | |
| Select City/ Block 🗸 | | Select Gram Panchayat/ Ward | | | |
| Pin Code * | | | | | |
| Pin Code | | | | | |
| Telephone | | | FAX Numbe | r | |
| Telephone | | FAX Number | | | |
| | | | Email ID * | | |
| Website | | | Company | / Email Id | |
| Whether Establishme | nt ls * | | Operational Date * | | |
| Owned Rented Taken on Lease Leave licence | | | | | |
| Гуре of Establishment | | | | | |
| Proprietorship \bigcirc Part | nershin 🔿 Company | | | | |
| Name of Partner/ | Father/ Husband | Addre | | Mobile Number | Email |
| Proprieter/ MD | | Auure | >> | | Ellian |
| | Enter Father/ | Ent | er Addres | Enter 10 Digi | Enter Email |
| Enter Name o | Enterration | EIIU | er Adures | | |
| Current Registration Nur | mber And Date of | | | | |
| Current Registration Nur | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice Registration Number | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas Type of Weight And Meas | mber And Date of ence * | | | | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas Type of Weight And Meas (a) Weights * | mber And Date of ence * | | (b) Measure None select | s* | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas Type of Weight And Meas (a) Weights * None selected | mber And Date of ence * | | (b) Measure None selec | s* tted | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas Type of Weight And Meas (a) Weights * None selected (c) Weighing Instruments | mber And Date of ence * | | (b) Measure None selec | s * ted | |
| Current Registration Nur Establishment/ Shop Lice Registration Number C. Weight And Meas | mber And Date of ence * r sure Details asure s * | | (b) Measure None selec (d) Measurir None selec | s * ted | |

| Number of Staff Employed/ Proposed To Be Empl | oyed | |
|---|--|--|
| (a) Skilled | (b) Semi-skilled | |
| Skilled | Semi-skilled | |
| (C) Unskilled | (d) Specialist Trained in the Line | |
| Unskilled | Specialist Trained in the Line | |
| Availability of Electric Energy * | Have You Sufficient Stock of Loan Sets/ Test Weights? (If so, Give details) Have You Sufficient Stock of Loan Sets/ Test Weights? (If so, Give details) | |
| Availability of Electric Energy | | |
| Have you Applied Previously for a Repairer's | Details of Machinery, Tools, Accessories Available. * | |
| License? If so, When and With What Results? Previously Applied Licence Detail | Details of Machinery, Tools, Accessories Available | |

| | Note: Valid File Types: JPG/ JPEG/ PNG/ BMP/ GIF/ PE attachment | DF, Max. File Size: 512 KB per |
|----|---|--------------------------------|
| 1) | Identity proof + Address proof (Aadhar Card/ Driving License/ Passport/ any other identity proof etc). * | Choose File No file chosen |
| 2) | Electricity Bill of Establishment address (Repairing Unit). * | Choose File No file chosen |
| 3) | Ownership of Establishment address in favour of applicants address document (Registry copy/ Lease deed/ Rent Agreement/ etc.). * | Choose File No file chosen |
| 4) | GET/ VAT/ CST/ RST Certificate (If any). | Choose File No file chosen |
| 5) | Attach previous Licence copy (if any). | Choose File No file chosen |
| 6) | Experience certificate in the field of weight or measure with firm valid Licence copy (Apply according to the Licence of the firm which the experience is taken). | Choose File No file chosen |
| 7) | In favour of Loan set/ Test weight or measure valid verification certificate with name of Applicant/ Firm. | Choose File No file chosen |
| 8) | Undertaking or bill in favour of Machinery tools, accessories etc. required in repairing. * | Choose File No file chosen |
| 9) | The Owner/ Partner/ Company in the repairer License for repairing electronic weighing and measuring instruments shall be a diploma holder in Electronic/ Electrical/ Instrumentation engineering in a government recognised institute. However, in the case the Owner/ Partner/ Company does not have the prescribed qualifications, an employee having such qualifications shall be employed. | Choose File No file chosen |

| 10) | The skilled workers employed by the repairer licence shall be holding government recognised ITI Electronic/ Electrical/ Instrumentation trade certificate. Also skilled worker having manufacturing electronic balances will be preferable (Upload supporting documemt). | Choose File No file chosen |
|-----|--|----------------------------|
| 11) | Every Licensed repairer of weight or measure shall compulsorily have RS-CIT (Rajasthan State Certificate Course in Information Technology) certificate in view of departmental work being done online via 'etulaman' application (Upload supporting documemt). * | Choose File No file chosen |
| 12) | Upload supporting document for Nominated Director * | Choose File No file chosen |
| 13) | Any other required attachments (In case of multiple file, Please make single pdf of all file and upload it.). | Choose File No file chosen |

नोट : मैं/ हम घोषणा करता/ करती हूँ कि डीओ स्तर से अधिकतम 3 बार व डीसी स्तर से अधिकतम 2 बार व 15 दिवस में प्रतिउत्तर नहीं करने पर आवेदन स्वतः निरस्त हो जावेगा इसका समस्त उत्तरदायित्व मेरा स्वयं का होगा |

Certified that i/ we have read the Legal Metrology Act, 2009 and the Rajasthan Legal Metrology (Emforcement) Rule 2011 and agree to abide by the same and also the administrative orders and instructions issued or to be issued there under. I/ We do hereby declare that the above statement is true and correct to the best of my/ our knowledge and belief.