### FORM-I

[Vide Rule 3 of A.P. Shops & Establishments Rules, 1990]

**STATEMENT**

1. **Classification of Establishments:**
   - Proprietary Firm
   - Partnership Firm
   - Private Ltd. Company
   - Public Ltd. Company

2. **Category of Establishments:**
   - Shop
   - Commercial Establishment
   - Hotel, Restaurants, Catering House, Lodging and Cafe
   - Theatres, Cinema and other places of Public amusements

3. **Name of Shop / Establishment:**

4. **Address:**
   - Door No.
   - Locality.
   - Village / Town.
   - District.
   - Pin Code.

5. **Location of Office, Godown, Warehouse or work place attached to the shop/ Establishment but situated outside the premises of it.**

<table>
<thead>
<tr>
<th>Door No.</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

6. **Employer, Managing Partner or Managing Director as the case may be.**

- Name...
- Father’s Name...
- Designation...

7. **Residential address of the employer**

- Door...
- Locality...
- Village / Town...

8. **Manager / Agent if any (With residential address)**

- Name...
- Father’s Name...
- Designation...
- Door...
- Locality...
- Village / Town...

10. Date of Commencement of business

11. Name of family members of employers family engaged in Shop/Establishment:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Adults</th>
<th>Young Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Total No. of Employees:

<table>
<thead>
<tr>
<th>Adults</th>
<th>Young persons</th>
</tr>
</thead>
</table>
| Male:
| Female:
| Total |

13. Name of Employees:

<table>
<thead>
<tr>
<th>In a managerial capacity</th>
<th>As sweeper, caretaker and travelling staff.</th>
<th>As persons employed for loading and unloading of goods at godowns</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
</tr>
</tbody>
</table>

14. Details of remittances of the fees:

<table>
<thead>
<tr>
<th>Name of the Treasury</th>
<th>Challan No.</th>
<th>Date</th>
<th>Amount of Fee paid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

I hereby declare that the above information is true to the best of my knowledge and belief.

Signature of employer

Note: This statement shall be submitted to the Inspector of the concerned area accompanied by a challan in support of payment of fees as prescribed in Schedule-I.