

5e Is the Establishment Seeking Voluntary Coverage Yes No

5f If Yes, then date from which coverage / /

5g Reason For Vaoluntary Coverage (Tickmarks one or both as applicable) Less than statutory number of employee's reqd. Specified on Scheduled

Other Supporting Government Codes (if any)	Code No.	Issue Date
a Small Scale Industries Reg.No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
b Income Tax Department PAN	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
c Emp.State Ins. Corporation	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
d General Service Tax No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
e P.T I Sales Tax No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
f EXIM Code No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
g Excise Dept. Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
h Custom Dept. Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
i RBI Registration No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
j IRDA Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
k Apparel Ex.Pro.Council Reg.No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
l Dir. Of Education Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
m CSBE Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
n Dir.Of Health Services Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
o Food Controller Reg.No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
p Drug Controller Reg. No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
q Electricity Connection No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
r Water Connection No.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
s Other Government Code-Shop & Estab.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name Of the Issuing Authority	<input type="text"/>	<input type="text"/>

7a Are There any branches/units/subsidiaries to your Establishment?(Tick Mark) Yes No

7b If Yes, then please mention the total number of branches, units and sub:excluding the Regd/Head office

Please furnish annexure of addresses (In the exact format mentioned in the item 8, 9, 10 above) for all the branches/units/subsidiaries

8 Address of the Establishment (PLEASE FILL THE COMPLETE ADDRESS ALL CORRESPONDENCE WILL BE DONE TO THIS ADDRESS)

*a Serial number (Starting With 0001 for Head Office/Registered office/Corporate Office/Factory)

b House/Door/Flat/Block NO. (30 Blocks)

c Name Of Premises/Building/Village (30 Blocks)

d Road/Street/Lane/Post Office (30 Blocks)

e Area/Locality/Taluka/Sub-Division (30 Blocks)

f Town/City/District (30 Blocks)

g State/Union Territory (30 Blocks)

h Country (27 Blocks)

i Pin Code

S T D N U M B E R

j Phone No.

k FAX No.

l Mobile No.

m E-mail Id

For Office Use Only

a Form Received on

/ /
D D M M Y Y Y Y

b Form Number

c Date Entry Done On

/ /
D D M M Y Y Y Y

Entered By

d Checked on

/ /
D D M M Y Y Y Y

Checked By

e BN Alloted

f Allotment Date

/ /
D D M M Y Y Y Y

/ /
D D M M Y Y Y Y

g Coverage Under Section

h In case the application is rejected, Reason

Signature of Compliance Circle Officer with Date