

FORM – G

{See Rule 16}

Notice Of Weekly Closure

(To be displayed in a conspicuous place in the Shop/Establishment)

1. Name of Shop : _____
2. Address : _____
3. Name of Employer/
Proprietor : _____
4. Registration No : _____
5. Valid up to : _____

Until further notice this shop shall remain entirely closed for one day in each week as specified below following the date of this notice.

Every _____ of the week

Place : _____

Dated : _____

Signature of the Employer/Manager/Agent
or any other authorized person acting in the
general management

Countersignature of
The Inspector Shops & Establishments
Designation:

Copy to :

The Labour Commissioner, Meghalaya Shillong, for information.