

\_\_\_\_(in hours)

\_\_\_\_(in hours)

Signature of Employer/  
Authorised person.

Signature of Employer/  
Authorised person.

Date .....

Date .....

**FORM 'B'**

**Notice of Weekly Closure**

***[See Rule 5]***

(To be displayed in a conspicuous place)

Name of shop .....

Name of Employer .....

Address .....

Registration No. ....

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

**EVERY ..... OF THE WEEK**

Counter Signature of the  
Inspector of Shops and  
Establishment

Signature of the employer/  
the Manager/ Agent or any  
other authorised persons  
acting in the general  
management :

Designation.

Date .....

Date .....

Official Seal of the Inspector with

Date .....

Copy to: The Inspector of Shops and Establishments and  
Labour Inspector ..... Assam.

**FORM 'C'**

**Notice of Weekly Holidays**

***[See Rule 61]***

(To be displayed in the Establishment)

Name of : (i) Commercial Establishment  
(ii) Establishment for public Entertainment:  
(iii) Establishment of Amusement:

Address :

Registration No.

Until further notice employees in this Commercial Establishment/ Establishment for Public Entertainment/ Establishment for Amusement (Strike out the words which are not applicable) shall be allowed holidays continuously for one and a half day in each week as specified below following the date of this notice:

Name of Employees	Days on which Half Holiday is allowed	Days on which Full Holiday is allowed
(1)	(2)	(3)

Counter Signature of the Inspector of Shops and Establishments.

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

Designation

Date:

Date :

Office Seal of the Inspector with date :

Copy to—(1) \_\_\_\_\_The Inspector of Shops and Establishments and

Hlabour Inspector ..... Assam.

**FORM 'D'**

**Notice to the employee under Section 18(3)**

***[See Rule 19]***

To

Shri .....

Address .....

.....

Your appeal dated ..... has been posted for hearing  
on the ..... day of ..... 20

..... A.M./P/M. ....  
at.....

Your shall appear before the Appellate Authority on that day to prove the claim. You must be prepared to produce on that day all the witnesses on whose evidence and all the documents upon which you intend to rely in support of your case. In default of your appearance on that day, the matter will be heard and determined in your absence.

Office Seal .....  
-----  
Appellate Authority.  
Date .....

**FORM 'E'**

**Notice to the employer under Section 18(3)**

***[See Rule 19]***

To

Shri .....  
Address .....  
.....

Shri ..... has appealed to the Appellate Authority under sub-section (2) if section 18 of the Assam Shops

and Establishments Act, against the orders of the termination of his services by you. A copy of his appeal petition enclosed herewith.

The appeal has been posted for hearing on the ..... day of ..... 20 ..... at ..... A.M./ P.M. at ..... you shall appear before the Appellate Authority on that day and answer the charges. You must be prepared to produce on that day all the witnesses upon whose evidence and all the documents upon which you intend to rely in support of your defence. In default of your appearance on that day the matter will be heard and determined in your absence.

Office Seal  
with date

.....  
Appellate Authority.  
Date .....

**FORM 'F'**

**Record of Decision/Order of the Appellate Authority**

***[See Rule 9(2)]***

1. Serial Number.
2. Date of application/appeal.
3. Date of receipt of application/appeal.