FORM-II

[See rule 3(10)]

Application for cancellation of Registration Certificate of establishment

1. Registration No.: _____

2. Name and Address of Establishment: _____

3. Name and Designation of employer: _____

4. Full address to which communication relating to the establishment is to be sent:

_____

5. Nature of work of the establishment: _____

I/We hereby intimate that the establishment having registration No. _____ dated _____ is closed with effect from _____ (Date).

Certificate from Employer

I/We hereby certify that the payment of all dues to the workers employed in the establishment having registration no. _____ dated _____ has been made.

I/We hereby certify that the establishment having registration no. _____ dated _____ has been kept free from storage of hazardous chemicals and substances.

[Strike out whichever is not applicable]

Signature / E-Sign / DSC (with designation)