To, The Commissioner of Labour, Telangana, Hyderabad.

## APPLICATION SEEKING EXEMPTION FOR OPERATING SHOPS I ESTABLISHMENTS FOR ALL 365 DAYS IN YEAR AND 24X7 UNDER THE PROVISIONS OF THE TELANGANA SHOPS & ESTABLISHMENT ACT, 1988 AND RULES, 1990.

1.	Name of the Shop / Establishment Address of the Shop / Establishment with Door No. Locality, Village / Town, District. Pin Code.	
3.	Branches if any in Telangana state seeking permission for open 24X7.	
4.	Name of the Employer.	
5.	Residential address of Employer / Contact No. Email address and Aadhar No.	
6.	Name of the Manager / Authorized person	
7.	Nature of Trade/ Business/ Profession	
8.	Number of Employees (List of the Employees shall be enclosed)	Total Male Female Others
9.	Date of commencement of Business	
10.	Details of Registration certificate and Number issued under the Telangana Shops and Establishment, Welfare fund.	
11.	Address of the Corporate Office.	

I / we herewith enclose DD for an amount of Rs. 10,000/- (each unit) drawn in favour of the Commissioner of Labour, Telangana under the Telangana Shops & Establishment Act, 1988, Labour Department, Government of Telangana.

- Encl: 1. Registration certificate issued by Labour Department
  - 2. List of Employees.
  - 3. Details of the DD.
  - 4. Undertaking.
  - 5. Details of remittance of the Labour Welfare Fund.

Signature of the Employer / Authorized person with office seal