

FORM NO.6

Intimation under section10(2) of the Himachal Pradesh Shops and Commercial Establishment Act,1969.

Registration No:_____

To

The Inspector of Shops and Commercial Establishments
Circle_____

I hereby furnish the following information which is correct to the best of my

knowledge.

The working hours and the period of interval of the persons employed in my establishment are fixed below and shall take effect fro (date)_____

Name of the employee and father's name	Working Hours		Interval for rest	
	From	To	From	To
1.	2.	3.	4.	5.

Young persons:

- 1
- 2
- 3
- 4
- 5

Other persons:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Dated_____

*Name and Parentage of
Employer with full address*