FORM NO.7

Notice to be exhibited under Section 20(1) of the Himachal Pradesh Shops and Commercial Establishment Act,1969.

(See rules 13 of the Himachal Pradesh Shops and Commercial Establishment Rules 1972)

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1. 2. 3. 4. 5. 6. 7.	Close day if any. Opening hours of the establishment. Closing hours of the establishment. Name and percentage of the employer. Full postal address of the establishment. Name of establishment Nature of business. Name of employers family engaged in the establishment.							
1	Male Relations i) ii) iii)		hip		Adults		ung persons	
2	Female i) ii) iii)							
	of the employee s name	and	Working Hours		Interval for rest		Weekly off day	
iatiiei ;	s manne		From	То	From	То	uay	
Young persons:								
1 2								
3								
5	persons:							
1 2 3 4 5 6 7	oei solis.							
Registration No						Name and Parentage of		
Date of	Declaration				Employer with full address			
Note: F	amily in relation t Spouse	to employer n	neans:					

I Spouse
Il Children & Step Children end
III Parents sisters and brothers if residing with and wholly dependent.