

**FORM A**

[See sub-rule (1) of rule 3]

**NOTICE OF OPENING**

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Yash Mehta** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Yash Mehta**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

.....

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Heena N Pandya** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Heena N Pandya**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

.....

.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Jagruti L Gosai** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Office Staff**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Jagruti L Gosai**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

.....

.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Chirag N Patel** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Chirag N Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Hiren D Bhatt** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Hiren D Bhatt**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Husen F Vora** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Husen F Vora**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Vidushi K Joshi** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Vidushi K Joshi**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

.....

.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Piyush P Ramvani** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Piyush P Ramvani**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Nirali V Barot** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Nirali V Barot**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Jigar P Panchal** No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Jigar P Panchal**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Bhavik S Ayer** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Bhavik S Ayer**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Nishidh Y Dave** No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Nishidh Y Dave**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Neha D Chanariya** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Neha D Chanariya**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Neha S. Parmar** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Office Staff**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

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I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Neha S. Parmar**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Ketan A. Patil** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Ketan A. Patil**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Rahul J. Patel** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Rahul J. Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Riddhi M Pandya** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Riddhi M Pandya**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Sandeep M Patel** **Phone No.: 917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

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3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Sandeep M Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Jalpan M Patel** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Jalpan M Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Nilpan G Patel** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Nilpan G Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Neel R Rama** **Phone No.: 917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Neel R Rama**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Vinay G Rana** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Vinay G Rana**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Prachi P Parikh** PAN No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Prachi P Parikh**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Deep K Patel** Phone No.: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Deep K Patel**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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.....

1. Name and address of the establishment : **Demo**  
**401,Shivalik-II,Nr. Shivranjani Cross**  
**Road,Satellite,ahmedabad - 380015**  
**India**

2. Name and designation of the employer : **Dileep Sabhajeet Yadav** Phone No: **917940099190**

3. Number of the persons employed.

4. Maximum number of persons employed on any day during the preceding Twelve months with date.

5. Number of employees covered by the Act.

6. Nature of industry: **Full Time**

7. Whether seasonal.

8. Date of opening.

9. Details of Head Office/Branches.

(a) Name and address of the head office.

Number of employees

(b) Name and address of other branches in India.

1.

2.

3.

I verify that the information furnished above is true to the best of my knowledge and belief.

Place.....

Date.....

**Dileep Sabhajeet Yadav**

*Signature of the Employer with name and designation.*

To,

The controlling Authority.

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