

FORM 25
(see rule -47)
APPLICATION FOR LICENSE

On Line Application for License/Renewal of License/Amendment of License (including Common/single license)	
Government of Gujarat, Labour, Skill Development and Employment Department	
ESTABLISHMENT PROFILE:	
Labor Identification Number	Date
Acknowledgement Number Date of Application:	
I. Particulars of Establishment for which license required:	
1.Name of Establishment:	
2.Address of establishment	
(a)Head Office address along with email Id:	
(b)Corporate office address along with email Id:	
3.Telephone Number:	
4.Activity as per National Industrial Classification: (Select all applicable activities given)	
5.Details of selected NIC Code:	
6.Nature of work carried on in main establishment:	
7.Identifier of the Establishment: (Select): e-sign/digital sign	
II. Details of Employer:	
1.Full Name of Employer:	relationship with establishment.
2.Full Address of Employer:	
3.Email Id of employer:	
4.Mobile No. of employer:	
III. Particulars of the Contract Labor to be employed/is employed (If license is required work wise)	

Locations of work sites	Name of works	Activity as per national industrial classification	Date of commencement	Date of completion	Name of Establishments in which contract labouris/proposed to be employed	Name Address, email id of the Site In charge
1	2		3	4	5	6
5.Maximum number of workmen proposed to be employed on the Establishment on any date:						
6.Amount of License Fee: INR (Transaction Id:)						
7.Amount of Security Deposit: INR (Transaction Id:)						
IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENSE REQUIRED, (IF APPLYING FOR)						

Type of Establishments	Name & Address of establishment	(i) Nature of work carried out in the establishment (ii) Activity as per National Ind'l classification	Date of commencement	Permanent establishment or probable date of completion	Number of employees employed	Maximum number of employees employed/ Proposed to be employed
1	2	3	4	5	6	7

V. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (IF APPLYING FOR)

Name of States in which the establishments are situated	Name of each work	Maximum number of labor will be/is employed	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/ Proposed to be employed	Registration number, if obtained, then details there of
1	2	3	4	5	6	7

Signature of Contractor
(e Sign/DSC)
Note: This is an online application summary applied on ShramSuvidha Portal.
APPLICATION FOR RENEWAL OF LICENSE
1.License No. _____ Date: _____
2.LIN & PAN _____
2.Name and address of the establishment: _____
3.Date of expiry of previous license: _____
4.Whether the license of the employer/contractor was suspended or revoked: _____
5.Details of Fees paid: (Enclosee-payment receipt): Amount.... date of payment: _____
E-sign/digital sign of the employer/contractor _____ date: _____

APPLICATION FOR AMENDMENT OF LICENSE:
1.License No _____ Date: _____
2.LIN & PAN _____
3.Name and address of the establishment: _____
4.Details for which amendment is sought:
(a).Maximum number of worker presently employed: (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited: _____)
(b).Details of fees paid through payment date on which made: _____
(c).Other details requiring amendment in the license issued (Necessary documents maybe uploaded in support of change required)

E-sign/digital sign of the employer/contractor

date of application