

FORM-IV
(See rule-3(9) and rule- 5)

A-Notice of Commencement / completion of work /cessation of Establishment:

1. Registration No:
2. Name and Address of Establishment:-
3. Name and Designation of employer/ Port authority (who has ultimate control over the affairs of the establishment :-
4. Full address to which communication relating to the establishment to be sent :-
5. Nature of work of the establishment :-
6. In case of the notice is for commencement of work the approximate duration of work:-
7. in case of completion of work/cessation of establishment, the date of completion /cessation:

I/We here by intimate that the work of establishment having registration No.....dated
..... is likely to commence/cessation is likely to be completed with effect from
..... (Date)/ On..... (Date)

In case of cessation of work:

I/we hereby certify that the payment of all dues to the workers employed in the establishment has been made and the premises are kept free from storage of hazardous chemicals and substances.

Signature of the Employer

To,

The Inspector-cum-Facilitator