



Reg. No : DER01/202205/008

Issue Date : 29-Mar-2023

File No: SCA1-220513515



Department of Labour
Govt. of Punjab

FORM F

REGISTRATION CERTIFICATE OF SHOPS & COMMERCIAL ESTABLISHMENTS UNDER THE PUNJAB SHOPS AND COMMERCIAL ESTABLISHMENTS ACT, 1958

**Statement of Amendment of Establishment under Section 13 of
The Punjab Shops and Commercial Establishments Act,1958
[Rule 13 of the Punjab Shops and Commercial Establishments
Rules, 1958]**

To
The Inspector of Shops and Commercial Establishments,
Derabassi Grade-I Circle

I hereby submit this statement for registration of my establishment . The
information furnished hereunder is correct to the best of my knowledge.

- | | |
|---|--|
| 1. Name and Father's/Husband's
Name of Employer: | GURNAM SINGH S/o, D/o, W/o:
HARDAYAL SINGH |
| 2. Name of Manager , if any : | GURNAM SINGH |
| 3. Name of the Establishment : | WELLCARE CLINICAL LAB |
| 4. Full Postal Address of the
Establishment : | Cabin -3, SC0-05, Old Ambala
Kalka Road, Opposite Nursery,
Dhakoli, Zirakpur, Punjab,
S.A.S.Nagar, 160104 |
| 5.1: Nature of Business : | 5.2: Project Purpose : |
| 86905 - Activities of independent
diagnostic/pathological laboratories | LAB TEST |
| 6. No. of Employees if any: | 1 |
| 7. No and Date of Previous
Registration Certificate
surrendered: | ----- |
| 8. Date: | 29-Mar-2023 09:38:31 |

The Establishment mentioned above is hereby registerd under Reg. No.
DER01/202205/008

Annexure to be attached at the back side of Form F and Form B (SHOP ACT LICENSE)

1	The employer should notify any change within seven days after the changes has taken place in the prescribed Form B or A to the concerned authority/labour inspector [section 13 (4)]
2	Notice in form B under sub section (1) of section 20 should be exhibited by the employer in the establishment.
3	Registers of attendance, wages and deduction should be maintained by the employer in Form C, B and E under Section 20.
4	Register of deduction in form E should be maintained by the employer.
5	The women employee who was entitled for maternity benefit , should be paid to her immediately i.e. within one week after the date of delivery (section 31)
6	The establishment should kept neat, clean and free from dirt and refuses, sufficiently lighted and properly ventilated [rule 16]]
7	There should be effective means of drainage provided (in case of wet flooring).[rule 16 (2)]
8	There should be sufficient supply of drinking water fit for human consumption stored in shelter place.[rule 16.3]
9	Any dangerous parts of machinery while in motion should be securely fenced by safeguards and shutting devices for cutting of power in emergencies from running machinery. [rule 17]
10	Tight fitting clothes should be provided to the workers employed on or near the moving part. [rule 17(3)]
11	There should be emergency exit in case of fire and fire extinguisher shall be provided [rule 18].
12	There should be first aid box equipped with prescribed contents i.e., iodine, bandage, burnol, etc, [rule 19].
13	The premises of every establishment shall be properly ventilated so as to permit sufficient air and light into the premises.[rule 16].
14	Any employer found violating any of the provisions of the Act or Rules will be punishable under section 26 of the Act.



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FORM B

REGISTRATION CERTIFICATE OF SHOPS & COMMERCIAL ESTABLISHMENTS UNDER THE PUNJAB SHOPS AND COMMERCIAL ESTABLISHMENTS ACT, 1958

Notice to be exhibited under the section 20(1) of the Shops and
Commercial Establishments Act, 1958

The Punjab Shops and Commercial Establishments Act,1958
[Rule 4 of the Punjab Shops and Commercial Establishments Rules,
1958]

1. Close Day, if any:	Sunday
2. Opening Hours of the Establishment:	8:00am
2.1. Closing Hours of the Establishment:	8:00am
3. Name and Father's/Husband's Name of Employee:	GURNAM SINGH D/o,S/o,W/o: HARDAYAL SINGH
4. Name of the Manager , if any :	GURNAM SINGH
5. Name of the Establishment :	WELLCARE CLINICAL LAB
6.1: Nature of the Business :	6.1: Project Purpose :
86905 - Activities of independent diagnostic/pathological laboratories	LAB TEST
7. Full Address :	Cabin -3, SC0-05, Old Ambala Kalka Road, Opposite Nursery, Dhakoli, Zirakpur, Punjab, S.A.S.Nagar, 160104
8. Employees if any	1 (Annexure Attached)
9. Date of Declaration	29-Mar-2023 09:38:31

Annexure to be attached at the back side of Form F and Form B (SHOP ACT LICENSE)

1	The employer should notify any change within seven days after the changes has taken place in the prescribed Form B or A to the concerned authority/labour inspector [section 13 (4)]
2	Notice in form B under sub section (1) of section 20 should be exhibited by the employer in the establishment.
3	Registers of attendance, wages and deduction should be maintained by the employer in Form C, B and E under Section 20.
4	Register of deduction in form E should be maintained by the employer.
5	The women employee who was entitled for maternity benefit , should be paid to her immediately i.e. within one week after the date of delivery (section 31)
6	The establishment should kept neat, clean and free from dirt and refuses, sufficiently lighted and properly ventilated [rule 16]]
7	There should be effective means of drainage provided (in case of wet flooring).[rule 16 (2)]
8	There should be sufficient supply of drinking water fit for human consumption stored in shelter place.[rule 16.3]
9	Any dangerous parts of machinery while in motion should be securely fenced by safeguards and shutting devices for cutting of power in emergencies from running machinery. [rule 17]
10	Tight fitting clothes should be provided to the workers employed on or near the moving part. [rule 17(3)]
11	There should be emergency exit in case of fire and fire extinguisher shall be provided [rule 18].
12	There should be first aid box equipped with prescribed contents i.e., iodine, bandage, burnol, etc, [rule 19].
13	The premises of every establishment shall be properly ventilated so as to permit sufficient air and light into the premises.[rule 16].
14	Any employer found violating any of the provisions of the Act or Rules will be punishable under section 26 of the Act.

Annexure Form B (Employees Details)

Employees Detail					
	Working hours		Interval For rest		
Name of the employee and father's Name/ husband's Name	From	To	From	To	Weekly off day
Anil Kumar	09:00 AM	06:00 PM	01:00 PM	02:00 PM	SUNDAY