

**FORM - G**  
**(See Rule II)**

**NOTICE OF WEEKLY CLOSURE**

(To be displayed in conspicuous Place)

Name of shop / establishment, if any :-

Name of owner / in- charge of shop / establishment :-

Address in full :-

Registration No. :-

Until further notice this Shop / establishment shall remain closed for entirely full day and closed for half day each week as noted below.

**Half day** (from to)

**Full day \***

\*The days to be mentioned

Signature of the shop-keeper/ Manager/ in-charge

Copy forwarded for information to -

1) The Cheif Inspector, shops and establiment, Tripura.

2) The Inspector

\*Strike out the words which are not appropriate.

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