

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