

Grant of Repairing Fresh License

Establishment Det	tails					
Name of Concern see	eking License					
Types of Premises						
District		_				
Mandal		_				
Village Name		_				
Pin Code		Shop No				
Date of Establishment of Workshop						
Management Details						
MD/Proprietor / Partne	Name	Father name / Hus Name	Address			



The type of Weights and Measures proposed to be manufactured

Weights	Measures				
Weighting Instruments					
Measuring Instruments with details in each case _					
Manufacturing Section Details					
Тах Туре	Tax number				
Date of current registration number of establishment /Shop Muncipal trade licence					
Number					
No of Skilled Worker	No of Semi Skilled				
No of Unskilled Worker	Number of Specialist Trainers				
Details of Machinery tool accessories owned and used for manufacturing weights / Measures					
Details of foundry Or workshop facilities arranged	(Ownership / long term lease)				
Availability of Electric Energy					
Details of loan received from Govt / Financial	institution				
Have you sufficient					
The Monogram/Trade Mark intended to be imprinted on weights/Measures to be manufactured					



Details of Worker

Applicant details

S.No	Name	Field Name	Certificate No	Date of Renewal

Applicant Name _____ Father/Husband Name _____

 District
 Mandal

 Village
 Pin Code

Email Id _____ Mobile No _____

Relationship _____