

CLOSURE NOTICE

1. Name of the Industry and its code number :-
2. Name and address of the concern where the the closure occurred. :-
3. Date of closure :-
4. Date of Re-opening :-
5. No. of working days on which the factory Shift or Deptt. remained closed during the Month. :-
6. Nature of closure :-
7. Reasons for closure :-
8. No. of persons on the muster roll of the concern before the closure occurred. :-
9. Maximum number of worker effected by the Closure. :-
10. Number of workers :-
 - (i) Provided with alternative employment during:- the closure.
 - (ii) Re-employed if the unit has resumed work. :-
11. Mandays lost during the month :-
12. Compensation if any paid to the worker remaining idle due. :-
 - (i) No. of persons to whom compensation was paid:-
 - (ii) Amount of compensation paid :-
13. Steps taken or proposed to be taken by the State Govt. to avert the closure. :-
14. Estimated loss of productions on account of the :- Closure during the month.

Signature of occupier