

**GOVERNMENT OF MEGHALAYA  
LABOUR DEPARTMENT**

**Application Form For Registration Of Establishments Employing Building Workers**

**Name of the Employer and Postal Address where Building or Other Construction Work is  
to be carried on**

Name \*:

Postal Address \*:

District \*:

Police Station:

Post Office:

PIN Code \*:

Mobile Number \*:

E-Mail \*:

**Name and Permanent Address of the Establishment (Principal Employer)**

Full name of the Establishment \*:

Permanent address of the Establishment \*:

State \*:

District \*:

Post Office:

PIN Code \*:

**Manager or Person Responsible for the Supervision and Control of the Establishment**

Name \*:

Address \*:

District \*:

Police Station:

Post Office:

PIN Code \*:

**Details of the Building or Other Construction work to be carried on in the Establishment**

Nature of Building or Other Construction Work \*:

Maximum number of workers to be employed on any day \*:

Estimated date of commencement of construction work \*:

Estimated date of completion of the construction work \*: