



Grant of Repairing Fresh License

Establishment Details

Name of Concern seeking License _____

Types of Premises _____

District _____

Mandal _____

Village Name _____

Pin Code _____

Shop No _____

Date of Establishment of Workshop _____

Management Details

MD/Proprietor / Partner	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

Tax Type _____ Tax number _____

Date of current registration number of establishment /Shop Municipal 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

S.No	Name	Field Name	Certificate No	Date of Renewal

Applicant details

Applicant Name _____

Father/Husband Name _____

District _____

Mandal _____

Village _____

Pin Code _____

Email Id _____

Mobile No _____

Relationship _____